

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	06/04/2023 13:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/04/2023 08:25 (SGT)
Exact Location of Accident	460 Alexandra Rd, Singapore 119963
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5242B
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SNG PENG KWEI
NRIC No	S6837683A
Email Address	RICHARDSNG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98429922
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00063500

DRIVER

Name of Driver	SNG PENG KWEI
NRIC No	S6837683A
Date Of Birth	29/09/1968
Occupation	Outdoor

Date Of Driving Pass	24/12/2003
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98429922
Alt. Phone Number	-
Email Address	RICHARDSNG@HOTMAIL.COM
Address	14 KAMPONG ARANG RD #09-43
Address complement	-
Postcode	431014
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZY
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CELESTINE CHO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9513H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	MARIYA ARULAPPAN ARUL RAJAN
Contact Number	(Phone) +65-98510115
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process
 2. The Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability
 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 5. Any false assertion may be referred to the Police for investigation
 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
 7. By the lodgement of this report to the insurers you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident, all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"; the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims,
 - (ii) investigating the accident and/or my claims,
 - (iii) carrying out and/or acting with my instructions or responding to any enquiries by me,
 - (iv) administering my claims including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/fms/packages), and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
 - (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes



Policyholder's Signature - Date & Time

Sketch Plan

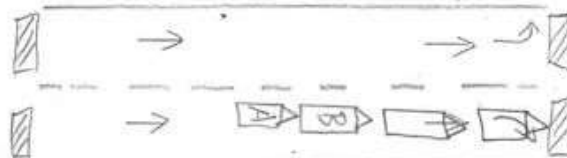


Driver's Signature (if driver is not the policyholder) - Date & Time



Witnessed by Reporting Centre Personnel

A = SMA 5242B
B = GBD 9513H



460 Alexandra Rd
The Arc Shopping Center.

█ = Carpark
--- = gantry



Certificate of Insurance

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
 Road Transport Act, 1987 (Malaysia)
 Road Transport (Amendment) Act, 2019 (Malaysia)

SGDRIVERS
 PROTECTOR PLAN

MZ300
 COMPREHENSIVE

Certificate No.: **MPC23P00063500** Chassis No.: **ZGE200013381**
 Agency Name: **SGDRIVERS PTE LTD** Engine No.: **2ZR0437349**
 Agency Code: **A0000069**

1. Index Mark and Registration Number of Vehicle: **SMA5242B**
 2. Name of Policy Holder: **SNG PENG KWEI**
 3. Period of Insurance (both dates inclusive): **27-02-2023 to 26-02-2024**
 4. Persons or Classes of Persons entitled to drive

- a) The Insured and all the Named Drivers declared under this Policy
 b) Any other person who is driving on the Insured's order or with his/her permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car.

5. Limitations as to use

Use for social, domestic and pleasure purposes and for the Insured's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

6. Excess Applicable

Windscreen	SGD 100.00
Section I - Insured / Named Driver	SGD 500.00
Additional Excess - Other than Named Drivers:	
Section I - Unnamed Drivers	SGD 500.00
Section I - Age < 25, Age > 70 or Driving Experience < 2 years	SGD 3,000.00

7. Hire Purchase Company: **KENSO LEASING PTE LTD**

Signed for and on behalf of ECICS Limited

Authorised Signatory

Important Notice

- Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a Motor Vehicle without a valid insurance under the Act.
- On the sale of a Motor Vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- The Certificate of Insurance and the Policy will cease to be valid once the Motor Car has been sold or transferred.
- The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

ECICS Limited A0000069 / Operations, Sgdrivers Pte Ltd / MPC23P00063500 / 22-02-2023 3:35:52 PM
 10 Esplanade Road # 03-04A Singapore Post Centre Singapore 408600 Tel: (65) 6206 5568 Fax: (65) 6338 8267 Co. Reg. No. 196901301C Email Address: enquiries@ecics.com.sg
 Website: <http://www.ecics.com.sg>

Describe Circumstances of the Accident

I was waiting to exit gantry towards Alexandra Road.

Vehicle B GBD 9513H, suddenly reverse his lorry and I horn at him but he still keep reversing and hit my front bonnet and bumper.

I alight the car and took his particulars and photo to submit this claim.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature - Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel







