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 witholding 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.

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 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 24/05/2023 20:38 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/05/2023 17:55 (SGT) Exact Location of Accident Singapore Additional Location Information CLEMENTI AVE 6 EXIT TOWRADS AYE TUAS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SE8088T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOW KWANG CHIN NRIC No SXXXX226B Email Address kclow406@gmail.com Mobile Phone No (Phone) +65-86932999 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model C180 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1597

INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Policy Number / Cover Note Number MPC23P00097600

DRIVER

Name of Driver LOW KWANG CHIN NRIC No SXXXX226B Date Of Birth 28/10/1967 Occupation Indoor

Date Of Driving Pass 29/05/1993 Driving experience 30 YEARS Gender Male Mobile Number (Phone) +65-86932999 Alt. Phone Number Email Address kclow406@gmail.com Address 406 PANDAN GARDENS #09-39 Address complement Postcode 600406 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ACCIDENT SKETCH PLAN 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 SMJ7283Y Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category NA / Unknown

Name of Driver
Contact Number

Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW KWANG CHIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SE8088T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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 dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing 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/mail 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 law yers/fiqw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policybolder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident
I was traveling along the Etit of Clementi Ave 6
towards ATE-THAS, I SEO Stop at the Give way like
waiting for the traffic to be clear, Suddenly
Vehicle B Collided outo the rear of my car.
Declaration A
We declare the foregoing particulars are true in every respect.
(/in (/in
Policyholder Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Witnesses by Reporting Centre



























Certificate of Insurance

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 109) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) 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.: MPC23P00097600

Chassis No.:

WDD2040452A695098

Agency Name: SGDRIVERS PTE LTD

Engine No.:

27191031353831

Agency Code: A0000069

1. Index Mark and Registration Number of Vehicle:

SES038T

2. Name of Policy Holder:

LOW KWANG CHIN

3. Period of Insurance (both dates inclusive):

14-05-2023 to 13-05-2024

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 - Standard Excess

SGD 500.00

(Insured / Named Driver)

Additional Excess - Other than Named Drivers:

Section I - Unnamed Drivers

SGD 500.00

Section I - Young, Elderly or Inexperienced Drivers Excess

SGD 3,000,00

(Age <26, >70 or Holds a valid Driving License for <2 years)

Signed for and on behalf of ECICS Limited

Authorised Signatory

Important Notice

- ii) 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.
- ii) 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).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the Motor Car has been sold or transferred.
- iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be compiled with otherwise there would be no liability under the Policy and Certificate of Insurance

FCICS Limited

A0000069 / Operations, Sgdrivers Pte Ltd / MPC23P00097600 / 30-03-2023 5:13:21 PM

10 Euros Road 8 #00 04A Singapore Post Centre Singapore 406000 Tel: (65) 6000 5568 Fax: (65) 6000 5568 Co. Reg. No. 198901305C Email Address: engárias@ecics.com.sg