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.

- 4. The issue and acceptance of this is form by instrained 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 19/06/2023 13:06 (SGT) Reported by **Actual Driver** Date of Accident 19/06/2023 00:02 (SGT) Exact Location of Accident Jurong West Street 42, Singapore Additional Location Information **OPEN CARPARK OF BLK 559** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number **SLP6234B**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG ENG HENG NRIC No S1555712E Email Address DANNGEH@YAHOO.COM.SG Mobile Phone No (Phone) +65-90018806 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Outlander 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 - Reporting only Vehicle Category Private car Transmission Auto CC 2360

INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Policy Number / Cover Note Number MPC23A00165500

DRIVER

Name of Driver NICOLE NG JUN YI NRIC No S9427912G Date Of Birth 03/08/1994 Occupation Indoor

| Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver | 10/04/2023 2 MONTHS Female (Phone) +65-94777397 - NICOLENG@LIVE.COM.SG 11 WOODLANDS DRIVE 72, #01-35 - 738094 No Child No |
|--|---|
| Insurance Company of Other Vehicle Owned by Driver | - |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Chain Collision Clear Dry |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement | No 3 No - Yes 1 No |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT | No No - |
| REFER TO SKETCH | |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? DETAILS OF OTHER | Yes No VEHICLE PROPERTY 1 |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver | GBC1160A Commercial vehicle |

Contact Number

| Address | - |
|---|---|
| Address complement | _ |
| Postcode | _ |
| Insurance Company Name | _ |
| Nature Of Damage | _ |
| Details of property damaged in accident | _ |
| No. Of Passenger (Including Driver) | 0 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | SLD3915C |
|---|-------------|
| Vehicle Manufacturer | _ |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | _ |
| Vehicle Category | Private car |
| 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) | 0 |

SKETCH PLAN

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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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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 dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the malling 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")

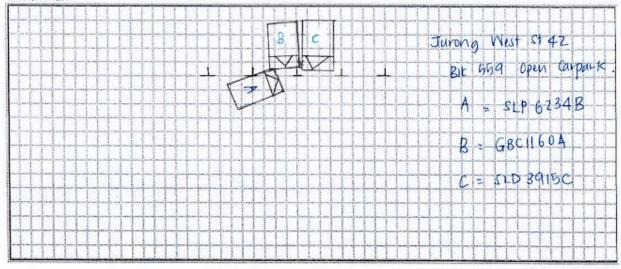
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



| On 19 June 2023, at about 12:02 a.m at Junong West | |
|---|--------|
| Street 42 BlK 559, I was driving it the outdoor carpark to exit. There were cars parked vertically on both sides and I was driving along the left (are of the road at a | |
| to exit. There were cars parked vertically on both sides and | - |
| Slow speed of about 10km/hr. | - |
| slow speed of about 10km Mr. | |
| From the corner of my eye, I saw | |
| I glanced up (left) and did not realise that I was | |
| steering slowly towards the left until I bumped to | |
| steering slowly towards the left until I bumped total the true front left side of my Vehicle A (my car) | 1 |
| onto the front right side of Vehicle B. | |
| | |
| As Vehicle B and C were parked closely beside | |
| each other, Vehicle B also touched Vehicle C on the front the Pleft side of Vehicle B also touched | -touch |
| the front the left side of venicle b also total | Touch |
| the top right side of Vehicle C, and Vehicle C This caused Vehicle C to receive some minor | |
| scratch on the top the right side of the top bumper. | |
| Total of the top brunder. | |
| The traffic police was alerted by an unknown person | 1 |
| and the off came down and assessed the ortustion. They have | |
| advised that no police report is necessary and no | |
| points would be deducted. | |
| 7 70 - 11 1 | |
| The TP called the owner of the Vehicles (both belonging | |
| to the same owner) but they were overseas. So the sister/daughter came down to take the plutos and exchan | , |
| contacts. | jel |
| must D. | |
| | |
| | - |

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

Policyholder's Signature / Date & Time

0 | 0 | 2 3 | Driver's Siggrature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID cerd)

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