

# 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 .....	03/07/2023 14:34 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	01/07/2023 18:08 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AMK AVE 5
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLN9879G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN PEI MING GRACE
NRIC No .....	SXXXX647B
Email Address .....	GGRACEEY@LIVE.COM.SG
Mobile Phone No .....	(Phone) +65-97867603
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Lexus
Model .....	Nx200t
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MPC23B00023700

### DRIVER

Name of Driver .....	TAN YI YU
NRIC No .....	SXXXX520E
Date Of Birth .....	24/09/1989
Occupation .....	Indoor

Date Of Driving Pass .....	24/03/2008
Driving experience .....	15 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98753113
Alt. Phone Number .....	-
Email Address .....	TAN_YIYU@HOTMAIL.COM
Address .....	BLK 261 TOA PAYOH EAST #11-06
Address complement .....	-
Postcode .....	310261
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	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) .....	6
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 .....	TAN PEI MING GRACE
Gender .....	Female

#### PASSENGER 2

Name .....	ELLIOT TAN XUAN DE
Gender .....	Male

#### PASSENGER 3

Name .....	BEDANIA CRISTIFA SUPSUP
Gender .....	Female

#### PASSENGER 4

Name .....	LIM SIEW HUAT
Gender .....	Male

#### PASSENGER 5

Name .....	HENG SEOK HWA
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? .....	-

## REF ATTACH

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SML2037P  
 Vehicle Manufacturer ..... Mitsubishi  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... EDOUARD ALEXIS ESCALLE  
 NRIC No ..... SXXXX798A  
 Contact Number ..... -  
 Address ..... 108 SUNRISE AVENUE  
 Address complement ..... -  
 Postcode ..... 806725  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 1

## Describe Circumstance of the Accident

Traffic lights red along Ang Mo Kio Ave 5, and I was stationary in the queue, on Lane 2. While stationary, vehicle B (SML 2037 P) collided onto the rear of my vehicle. After the accident, we alighted from our vehicles to take photos and exchanged particulars and left the scene.



## 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  
(Name as in NRIC/ID card)

**SKETCH PLAN**

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6. 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.
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:

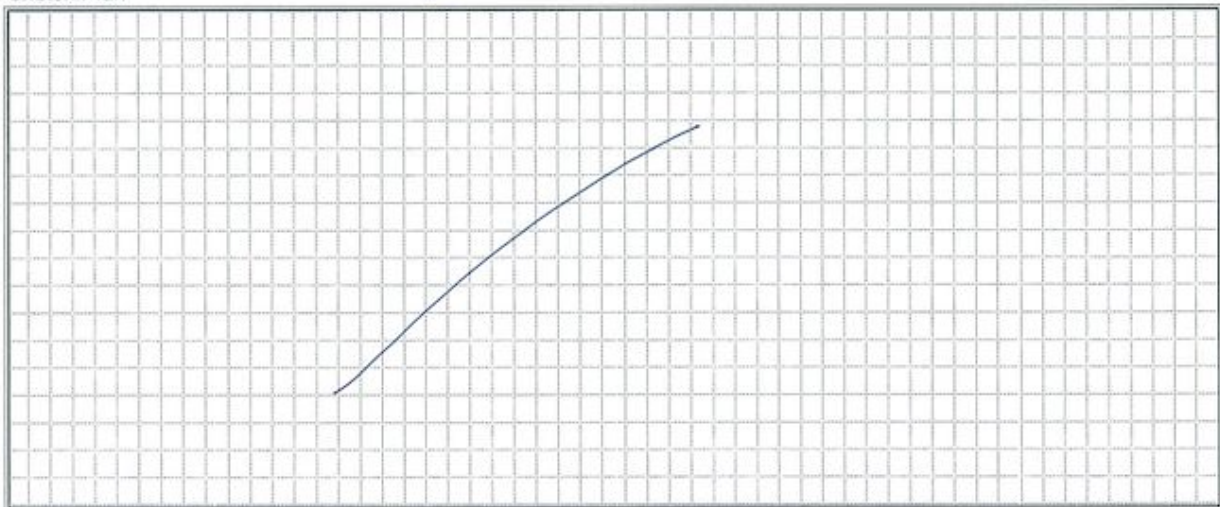
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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 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 & Time

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

Sketch Plan



## AUTHORIZATION LETTER

Date: 3/7/2023

To: ECICS

Cc: Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

**RE: Authorization to Act on Behalf for Insurance Claims Documentation**

I, (full name) Tan Pei Ming Grace. NRIC No. S9019647B hereby  
authorized my (relationship) husband (full name) Tan Yi Yu,  
NRIC No. S8933520E to exercise and execute to sign all / any necessary transaction  
documentation pertaining to my registration vehicle number SLN 9879G. as I am  
currently having tight official business schedules / away from Singapore on duty overseas travel.  
Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature :   
Name : Tan Pei Ming Grace  
Contact No : 97867603.









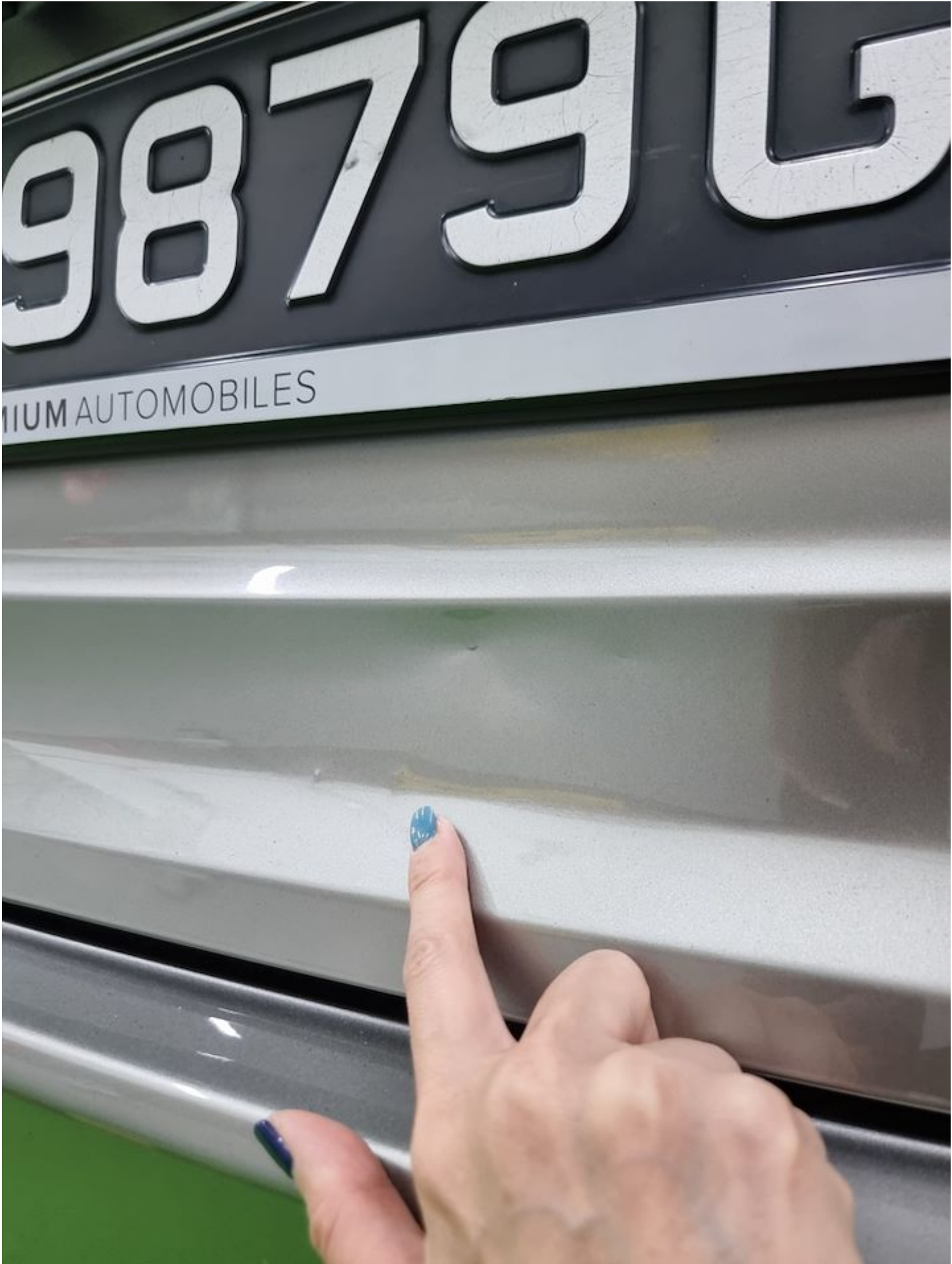
























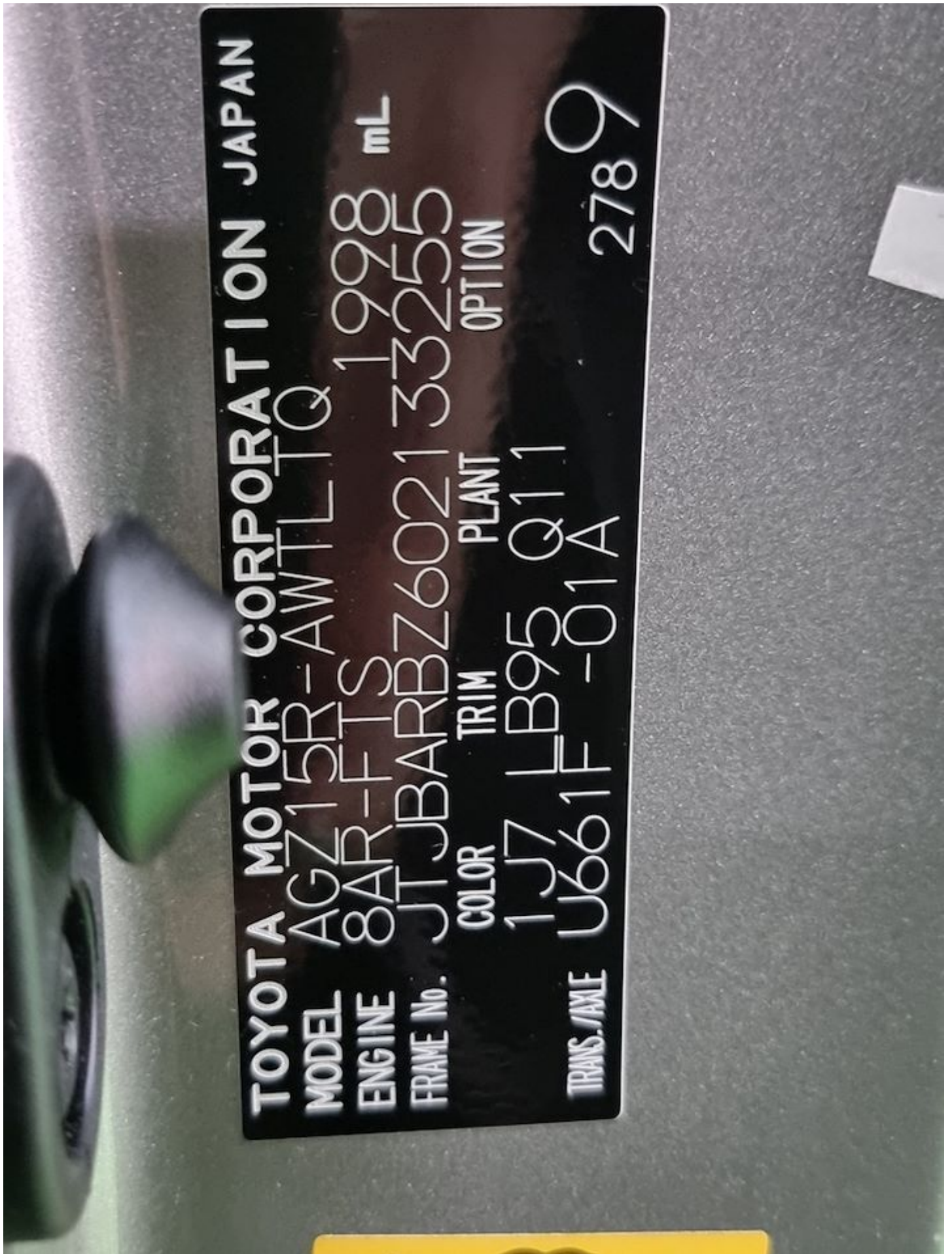






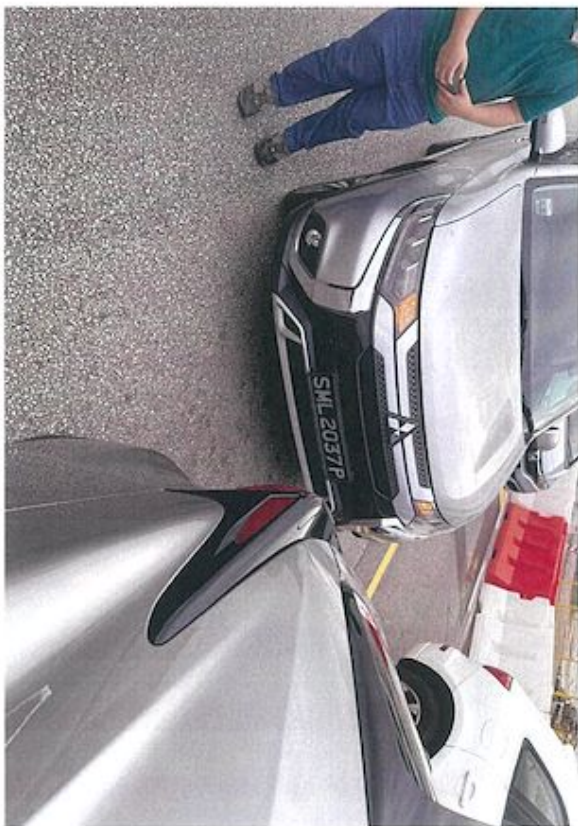


































## CERTIFICATE OF INSURANCE

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

ANY WORKSHOP

MZ300  
COMPREHENSIVE  
ORIGINAL

<p>CERTIFICATE NO: <b>MPC23B00023700</b></p> <p>Agency Name: <b>ASSURE (SINGAPORE) PTE. LTD.</b></p> <p>Agency Code: <b>B0000888</b></p>	<p>Chassis No: <b>JTJBABZ602133255</b></p> <p>Engine No: <b>8ARW552782</b></p>										
<p>1. Index Mark and Registration Number of Vehicle: <b>SLN9879G</b></p> <p>2. Name of Policyholder: <b>TAN PEI MING, GRACE</b></p> <p>3. Period of Insurance (both dates inclusive): <b>24 May 2023 to 23 May 2024</b></p> <p>4. Persons or Classes of Persons entitled to drive</p> <p style="margin-left: 20px;">a) The Policyholder and all Named Drivers declared under the Policy.</p> <p style="margin-left: 20px;">b) Any other person who is driving on the Policyholder's order or with his permission.</p> <p style="margin-left: 20px;">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.</p> <p>5. Limitations as to use</p> <p style="margin-left: 20px;">Use for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, 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.</p> <p>6. EXCESS APPLICABLE</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">WINDSCREEN</td> <td style="text-align: right;">SGD 100.00</td> </tr> <tr> <td>SECTION 1 - STANDARD EXCESS (INSURED/NAMED DRIVER)</td> <td style="text-align: right;">SGD 600.00</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">ADDITIONAL EXCESS:</td> </tr> <tr> <td>SECTION 1 - UNNAMED DRIVERS</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td>SECTION 1 - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE &lt;26, &gt;65 OR HOLDS A VALID DRIVING LICENSE FOR &lt;2 YEARS)</td> <td style="text-align: right;">SGD 3,000.00</td> </tr> </table>		WINDSCREEN	SGD 100.00	SECTION 1 - STANDARD EXCESS (INSURED/NAMED DRIVER)	SGD 600.00	ADDITIONAL EXCESS:		SECTION 1 - UNNAMED DRIVERS	SGD 500.00	SECTION 1 - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <26, >65 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	SGD 3,000.00
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<p>Signed for and on behalf of ECICS Limited</p> <div style="text-align: center;">   <hr style="width: 200px; margin: 0 auto;"/> <p>AUTHORISED SIGNATORY</p> </div>											

### Important Notice:

- i) 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 that 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 vehicle has been sold or transferred.
- iv) 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.

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Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature :   
Name : Tan Pei Ming Grace  
Contact No : 97867603.