

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	13/07/2023 14:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/07/2023 19:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT961R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENG WEI CONG ALOYSIUS
NRIC No	S9525599Z
Email Address	alloysius.twc@hotmail.co.uk
Mobile Phone No	(Phone) +65-96363784
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	1560

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23A00171000

DRIVER

Name of Driver	TENG WEI CONG ALOYSIUS
NRIC No	S9525599Z
Date Of Birth	22/07/1995
Occupation	Indoor

Date Of Driving Pass	21/08/2014
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96363784
Alt. Phone Number	-
Email Address	alloysius.twc@hotmail.co.uk
Address	305D ANCHORVALE LINK #11-29
Address complement	-
Postcode	544305
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	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)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 12/7/2023 AT AROUND 7.05PM, I WAS TRAVELLING ALONG PIE TOWARDS CTE/TUAS. DUE TO HEAVY TRAFFIC, VEHICLE B (SLQ760H) SLOWED DOWN TO A STOP, THUS I FOLLOWSUIT TO STOP MY VEHICLE. AFTER A FEW SECONDS, VEHICLE B (SLQ760H) SUDDENLY MOVE BACKWARDS AND COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE (SKT961R)

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	SLQ760H
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)	-



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)

**AUTHORISED
WORKSHOPS**

MZ300
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MPC23A00171000 Agency Name: LEO MANAGEMENT CONSULTANTS PTE LTD Agency Code: A0000168	Chassis No: YV1FS84ABF2357722 Engine No: D4162T3157716										
1. Index Mark and Registration Number of Vehicle: SKT961R											
2. Name of Policyholder: TENG WEI CONG, ALOYSIUS											
3. Period of Insurance (both dates inclusive): 06 June 2023 to 05 June 2024											
4. Persons or Classes of Persons entitled to drive a) The Policyholder and all Named Drivers declared under the Policy. b) Any other person who is driving on the Policyholder's order or with his 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 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.											
6. EXCESS APPLICABLE <table style="width: 100%;"> <tr> <td>WINDSCREEN</td> <td style="text-align: right;">SGD 100.00</td> </tr> <tr> <td>SECTION I - STANDARD EXCESS (INSURED/NAMED DRIVER)</td> <td style="text-align: right;">SGD 600.00</td> </tr> <tr> <td colspan="2">ADDITIONAL EXCESS:</td> </tr> <tr> <td>SECTION I - UNNAMED DRIVERS</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td>SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <26, >65 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)</td> <td style="text-align: right;">SGD 3,000.00</td> </tr> </table>		WINDSCREEN	SGD 100.00	SECTION I - STANDARD EXCESS (INSURED/NAMED DRIVER)	SGD 600.00	ADDITIONAL EXCESS:		SECTION I - UNNAMED DRIVERS	SGD 500.00	SECTION I - 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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7. Hire Purchase Company: HONG LEONG FINANCE LIMITED											
Signed for and on behalf of ECICS Limited _____ AUTHORISED SIGNATORY											

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.

10, Leong Fong, #06-04/5, Singapore Free Centre, Singapore 417111. Tel: +65 334725 Fax: +65 33927
COMPANY REGISTRATION NO: 148401301C. WEBSITE: <http://www.ecics.com.sg>

Describe Circumstances of the Accident

On 12/7/2023 at around 7:05PM, I was travelling along PIE towards CTE/TUAs. Due to heavy traffic, vehicle B (SLQ760H) slowed down to a stop, thus I followed to stop my vehicle. After a few seconds, vehicle B (SLQ760H) suddenly move backwards and collided onto the front portion of my vehicle (SKT 96/R).

Declaration

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

SKETCH PLAN**IMPORTANT NOTICE**

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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

Sketch Plan







