

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 19 JUL 2023

Time :

By Fax :

TO :

ECGS LTD

Accident involving Your insured vehicle No. SLT9994A with
My vehicle No. SLX3419M along PIE

1. I, the owner of Vehicle No. SLX3419M intend to make a 3rd party claim against your insured.
2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature

Name :

NRIC :


Teo Chan Hong
144772614

CK TEO & CO

Advocates & Solicitors

101A Upper Cross Street #08-17

People's Park Centre Singapore 058358

Tel : 6535 4788 Fax : 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 15 Jul 2023 / 15:00:00)

Vehicle Insurance Details

Vehicle No.:

SLT9994A

Make Description/Model:

HONDA / CIVIC 1.6L AUTO

Insurance Company Name:

ECICS LIMITED

Business Transaction Reference No.:

20230717125536801532

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

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	17/07/2023 09:59 (SGT)
Reported by	Actual Driver
Date of Accident	15/07/2023 14:15 (SGT)
Exact Location of Accident	Near 47 Merryn Rd, Singapore 298496
Additional Location Information	ALONG PIE TO CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3419M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Teo Chan Hiong
NRIC No	S1447726H
Email Address	teochanhiong@gmail.com
Mobile Phone No	(Phone) +65-96780313
Alternative Phone No	-

VEHICLE PARTICULARS	
Manufacturer	Hyundai
Model	KONA
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	1000

INSURANCE COMPANY	
Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10707888R01

DRIVER	
Name of Driver	TEO TE WEI
NRIC No	S9044386J
Date Of Birth	23/11/1990
Occupation	Indoor

Date Of Driving Pass 24/02/2011
 Driving experience 12 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96450636
 Alt. Phone Number -
 Email Address te_wel_90@hotmail.com
 Address BLK 319 BT BATOK ST 33 #06-26
 Address complement -
 Postcode 650319
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Child
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 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

REFER TO SKETCH PLAN

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 8LT9994A
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver Suherman Bin Rahoam
 Contact Number (Phone) +65-90903143

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 Teo
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained Neck pain
 Injured person in which vehicle? SLX3419M
 Were seat belts worn? -
 Was this Injured conveyed to hospital by ambulance? -

SKETCH PLAN

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1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder or for the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to the QIA Records Management Centre established by the General Insurance Association of Singapore (QIA) 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.

3. 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 insurers) 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 would 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.

[Signature]

[Signature] Ng Keng Guan

Policyholder's Signature / Date & Time

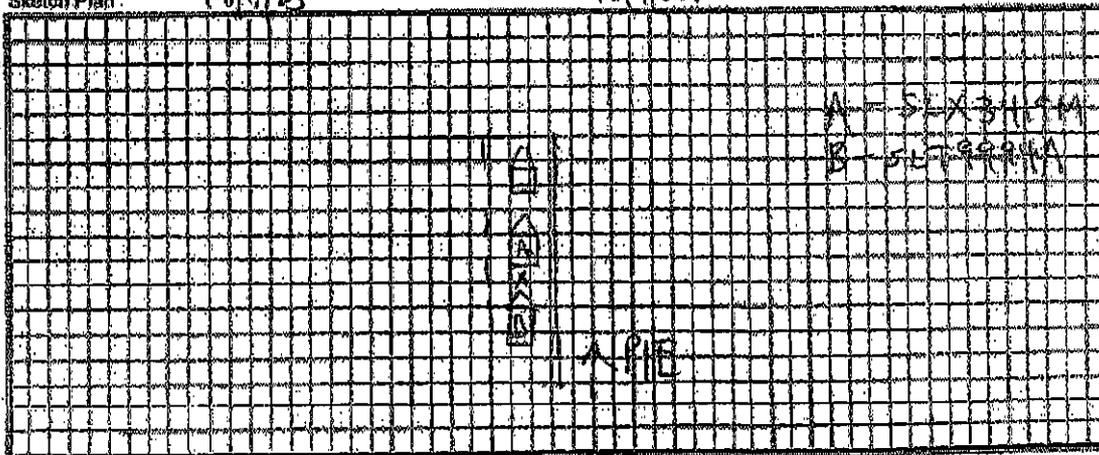
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NERSHO card)

Sketch Plan

06/7/12

15/7/12



Describe Circumstances of the Accident

Car ahead suddenly slowed down and I also
slowed down. But car B pulled into my lane.

Declaration

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

Policyholder's Signature / Date & Time

LDAM
10/7/23

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

LDAM
10/7/23

Witnessed by Reporting Constable Personnel
(Please see in NR(C)30, c.2)

Ng Keng Guan