

PRIVATE SETTLEMENT FOR MOTOR ACCIDENTS

When involved in a motor accident, you are required to report accident (whether claiming under own policy or not) with accident vehicle (whether damage or not) within 24 hours or the next working day after the accident. Failure to report or late reporting of accident will result in insured's NCD reduction, upon the next renewal of your motor policy.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and the damage to the cars is minor. Under a private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

ECICS Limited policyholders should fax the signed form to 6338 6951 or email attachment to claims@ecics.com.sg. ECICS Limited will then take up the case on your behalf should the other party decide to lodge a claim subsequently. Your NCD will be protected even if we have to pay the claim.

ECICS Limited collects uses and discloses the information in this claim form for insurance and claims administration purposes. For more details about ECICS Limited Privacy Policy, please visit <http://www.ecics.com.sg/pers.htm>

1. Details of Accident

a) Date/Time of Accident

b) Place of Accident:

2a) Motor-vehicle registration no. _____ driven by _____ (Name & NRIC no)

and owned by _____ (Name & NRIC no)

2b) Motor-vehicle registration no. _____ driven by _____ (Name & NRIC no)

and owned by _____ (Name & NRIC no)

3. There are no personal injuries or death involved or damage to other property.

4. The parties have agreed to settle this matter amicably as follows: *(Please tick accordingly.)*

Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of accident.

Without any admission of liability, (party paying compensation) has paid a sum of \$_____ which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident

5. Both parties have not and will not make a police report of this accident.

NOTICE: Personal Data Protection Policy

We/I understand, acknowledge, agree and consent that:

- a) ECICS Limited (the “Insurer”) is permitted to collect, use, disclose and/or process my personal data/personal information set out in this Claim Form and any other personal information provided by me or possessed by ECICS Limited (collectively the “Personal Information”) and disclose and transfer such Personal Information to the Insurers’ lawyers/law firms, Insurers’ doctors, 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
 - (ii) investigations relating to the claims;
 - (iii) investigating my claims
 - (iv) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (v) 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
 - (vi) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the “Purposes”)

- b) the Insurers’ lawyers/law firms, insurer’s doctors, adjuster 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 Singapore, for one or more of the above Purposes.

Note: ECICS Limited Privacy Policy can be found at <http://www.ecics.com.sg/pers.htm>

Signature (paying party)

Name: _____

NRIC/Passport No.: _____

Tel/Fax: _____

Signature (owner receiving compensation)

Name: _____

NRIC/Passport No.: _____

Tel/Fax: _____