

## 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 First Submission .....	19/11/2024 15:55 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/11/2024 07:40 (SGT)
Exact Location of Accident .....	Punggol Fld, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKW9910M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA MEI LING
NRIC No .....	S7732490I
Email Address .....	ELAINE4643@YAHOO.COM
Mobile Phone No .....	(Phone) +65-82882351
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Qashqai
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 .....	1197
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	HL Assurance Pte Ltd
Policy Number / Cover Note Number .....	-

#### DRIVER

Name of Driver .....	CHUA MEI LING
NRIC No .....	S7732490I
Date Of Birth .....	03/11/1977
Occupation .....	Indoor
Driving Pass Date .....	05/02/2002
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	22 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82882351
Alt. Phone Number .....	-
Email Address .....	ELAINE4643@YAHOO.COM
Address .....	BLK 105D EDGEFIELD PLAINS
Address complement .....	#09-51
Postcode .....	824105
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACH

#### 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 .....	YP5951S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	CHUA MEI LING
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	SKW9910M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

Describe Circumstance of the Accident

Refer to police report.

-T/20241119/2039.

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

## IMPORTANT NOTICE

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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.**
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.

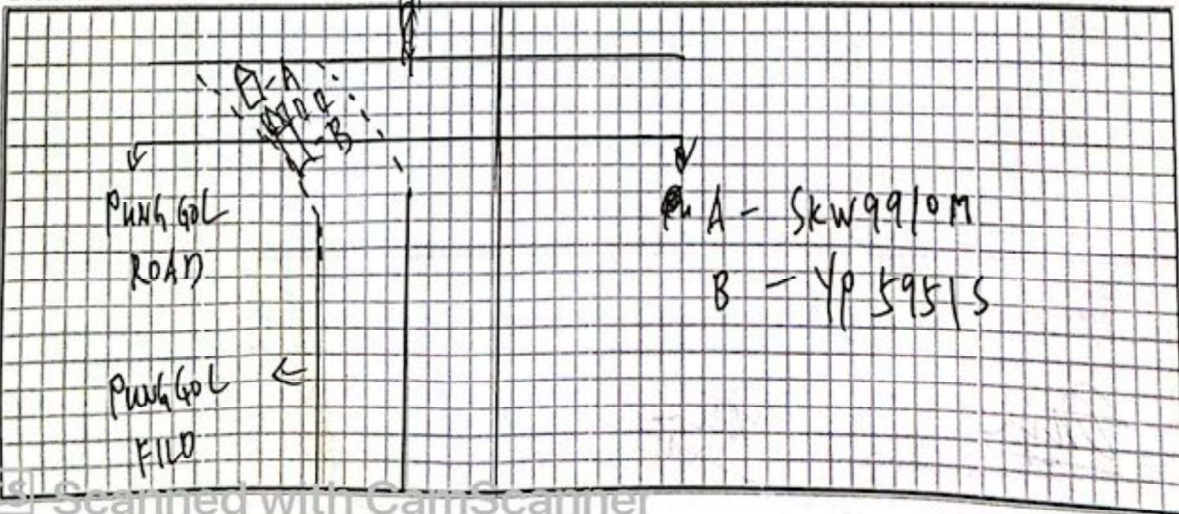


*[Signature]*  
Policyholder's Signature / Date & Time

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

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

Sketch Plan






























**SINGAPORE  
POLICE FORCE**


T/20241119/2039

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20241119/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/11/2024 13:53	Vide Report No.:	Station Diary No.: 53
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**Informant's Particulars**

Name of Informant: CHUA MEI LING			Address: 105D EDGEFIELD PLAINS #09-51 SINGAPORE 824105		
ID Type / ID No.: NRIC NO / S77324901			Contact No.: Home/Office: Mobile: 82882351		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 03/11/1977	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: CHILD CARE SUPERVISOR			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2024 07:40	Type of Location: Bend
Location:  PUNGGOL FIELD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

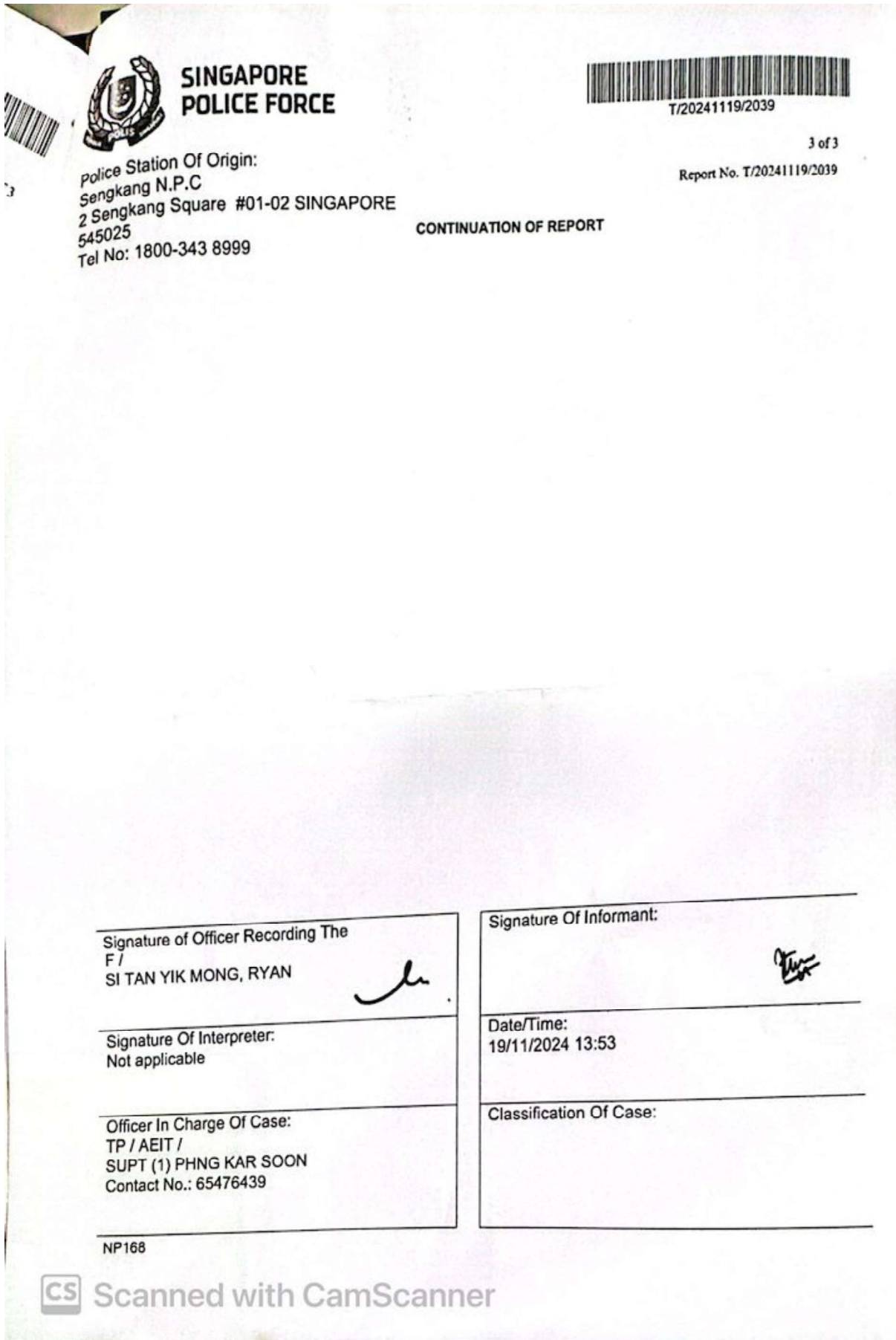
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SKW9910M	Motor car				Seriously Damaged	0
YP5951S	Lorry				Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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**SINGAPORE  
POLICE FORCE**



T/20241119/2039

2 of 3

Report No. T/20241119/2039

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHUA MEI LING	ID No.	S7732490I
Related Vehicle	SKW9910M (Motor car)	Contact No.	82882351
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	19/11/2024	Date Discharge	19/11/2024
No. of Days granted Medical Leave	05	Degree of	NIL
<b>Driver</b>			
Name	MAYAVEL MUTHAIYA	ID No.	G8483075K
Related Vehicle	YP5951S (Lorry)	Contact No.	82224959
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>WITNESS</b>			
Name	RICHARD	ID No.	NIL
Related Vehicle	NIL	Contact No.	90528546
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 19/11/24 at about 0740hrs, I was travelling along Punggol Field and approached the X-junction of Punggol Road. As I entered the filter lane towards Punggol Road, I stopped my vehicle to check for on-coming traffic. As my vehicle came to a stop, a few seconds later, I felt a huge impact collided into the rear of my vehicle, causing my vehicle to jerk forward.

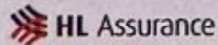
Due to the impact, I felt in a daze, and I alighted and made a check. As I was taking photos, a male witness approached me and mentioned that he could be a witness for the incident.

There is a dash cam installed in my vehicle and the incident was captured.



Scanned with CamScanner





### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form X1

CERTIFICATE NUMBER	MP924620		
Type of Coverage	Comprehensive	Own Damage Excess	SGD1 000.00
Sum Insured	Market Value	Windscreen Excess	SGD100.00
1. Index Mark and Registration Number of Vehicle	S30W9910M		
Chassis/Vehicle Identification No.	SUNFEA/11U1516265		
2. Name of Policyholder	CHUA, MEI LING		
Effective date of the Commencement of Insurance for the purposes of Insurance for the purposes of the Act	30 May 2024		
4. Date of Expiry of Insurance	29 May 2025		
5. Persons or Classes of Persons entitled to drive*			
01. CHUA, MEI LING	02. N/A		
03. N/A	04. N/A		
05. N/A	06. N/A		

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle 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 Vehicle.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business or profession. The Policy does not cover use for hire or reward, racing, 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.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Please note that the Own Damage Excess will be halved if claims related repairs are done at HL Assurance Approved Workshops listed in the attached.

This Certificate is not transferable to a new owner of the Motor Vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to HL Assurance Pte. Ltd. Within 7 days of the termination or if the Certificate 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 (Cap. 189).

Hire Purchase Company : Oversea-Chinese Banking Corporation Limited

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.

Issue on: 28 Apr 2024

Authorized Signature

HL Assurance Pte. Ltd. A member of the Hongkong Group

11 Raffles Road, #11-01 ARI Plaza, Singapore 089057 Tel: 65 6702 0202 Fax: 65 6922 6002 [info@hl.com.sg](mailto:info@hl.com.sg) [www.hl.com.sg](http://www.hl.com.sg)

20-102018

#### CLAIMS PROCEDURE

- Exchange particulars with all parties involved and including Vehicle numbers, Name, NRIC/IN number, Telephone number, Address and Insured. Take photographs of all the vehicles involved in the accident and a view of the accident scene. These are to be included in the accident report to be filed later.

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