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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 04/07/2024 10:41 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 04/07/2024 07:26 (SGT) Exact Location of Accident Tampines Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

1800

Vehicle Registration Number **SLT3459T**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **KOO CHOONG PENG** NRIC No S7233353E Email Address CHOONGPENGKOO@GMAIL.COM Mobile Phone No (Phone) +65-96884562 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

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

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd Policy Number / Cover Note Number MP320925

DRIVER

CC

Name of Driver KOO CHOONG PENG NRIC No S7233353E Date Of Birth 19/09/1972 Occupation Indoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	10/05/1993 31 YEARS AND 2 MONTHS Male (Phone) +65-96884562 - CHOONGPENGKOO@GMAIL.COM 165 TAMPINES ST 12 #08-315 - 521165 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
ON 4/7/24 AT ABOUT 7.26AM, I WAS STATIONARY DUE TO THIMPACT THE VEHICLE SCR622A COLLIDED ONTO REAR POR	HE FRONT TRAFFIC AT TAMPINES AVE 3 SUDDENLY I FELT AN RTION OF MY VEHICLE SLT3459T
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SCR622A -

Private car

Accident report SS2X24740003

Vehicle Variant
Vehicle Colour
Vehicle Category

Contact Number	-
Address	-
Address complement	·····
Postcode	
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 Traffic Police Department for investigation.
- 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.
- 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.

XXV

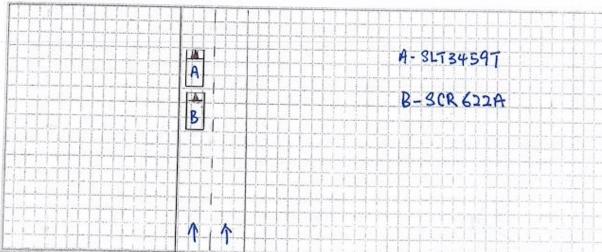
Policyholder's Signature / Date & Time Dri

XXon

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

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

Sketch Plan



1

stationary due to the front traffic at Tampines Ave 3	
and the sco con collidad	
Suddenly I felt an impact. The vehicle SCR 602A collided o	· IIO
rear portion of my vehicle SLT 3459T.	
	4
[1.692122-8	
12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
Declaration	
11 C 98 3 S S - 8	







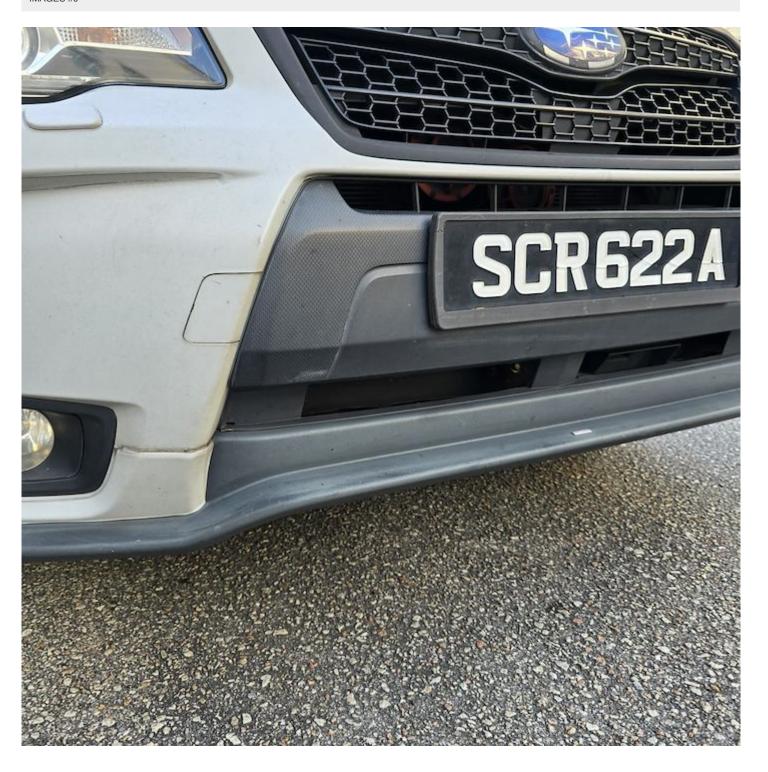








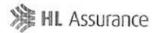






GENERAL INSURANCE

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SSZX24740003 Original Report No: Vehicle Registration No: Name (as shown in NRIC): _ NRIC/FIN/Passport No: (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate _ Singapore (Mobile No.: Contact (Tel):_ Email Address: Time of Accident: Date of Accident: Place of Accident: _ HL Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: email to: choonglengkoo@gmail-Com Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .: Date:



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

Index Mark and Registration Number of Vehicle

CERTIFICATE NUMBER

: MP320925

Type of Coverage

: Comprehensive

Own Damage Excess

: SGD 600.00

Sum Insured

: Market Value

Windscreen Excess

: SGD100.00

Chassis Number of Vehicle

SLT3459T

JTDGG20W30JI007965 KOO, CHOONG PENG

Name of Policyholder

Effective date of the Commencement

of Insurance for the purposes

of Insurance for the purposes of the Act

26 Oct 2023 25 Oct 2024

Date of Expiry of Insurance

Persons or Classes of Persons entitled to drive*

02. N/A

01. KOO, CHOONG PENG 03. N/A

04: N/A

05. N/A

06. N/A

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.

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) Ac. (Chapker 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

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

: DBS Bank Ltd

IWE 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: 03 Oct 2023

Authorized Signature

HL Assurance Pte. Ltd. A Member of the Hong Loving Group 11 Keppel Road, #11-01 ABI Plaza, Singapore 089057 Tel: 65 6702 0202 Fax: 65 6922 6002 UNIVEST Regin No. 201229558W

20100306