

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 Authorised 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 Report	22/10/2018 15:02
Date Of Accident	19/10/2018 21:30
Exact Location Of Accident	TUAS CHECKPOINT VIADUCT TOLL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP261K
Insured/Policyholder	
Name Of Registered Owner	ZHANG HENGMI @ SETIANO HENRY
NRIC No	S8104458I
Email Address	BOSTONCREME@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98504422
Alternative Phone No	OTHERS-98504422

Vehicle Particulars

Manufacturer	FIAT
Model	BRAVO-1.4 (A)
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 your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP304946
Cover Note Number	09/03/2018 - 08/03/2019

Driver

Name of Driver	ZHANG HENGMI @ SETIANO HENRY
NRIC No	S8104458I
Date Of Birth	08/02/1981
Occupation	INDOOR
Date Of Driving Pass	05/08/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98504422
Fax Number	
Contact Number	OTHERS-98504422
E-Mail Address	BOSTONCREME@GMAIL.COM

Address	BLK 231 HOUGANG ST 21 #02-316
Postcode	530231
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : SIEW YEE WEN GENDER: : FEMALE
Passenger 2	NAME: : ZHANG KE'EN AMBER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC8342C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOO GIN BOOI
NRIC/Passport Number	S7373480J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

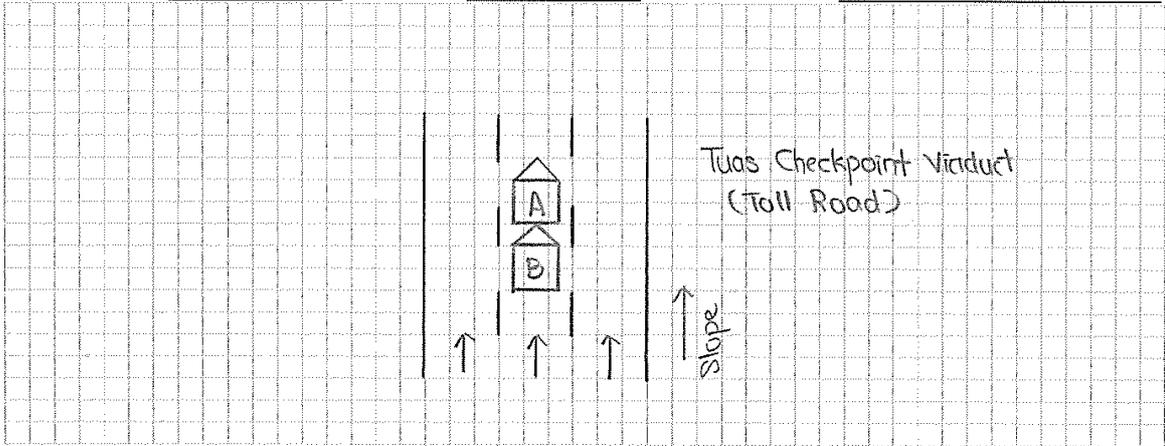
No. Of Passenger (Including Driver)

Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 19/10/2018 Time: 9:30pm Location: Tuas Checkpoint Viaduct (Toll Road)

My Vehicle A: SJP861K Vehicle B: SLC 8342C Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/10/2018 around 9:30pm, I was stationary at Tuas checkpoint. Suddenly I felt an impact from rear portion, vehicle B had hit onto rear portion of my vehicle.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to:
 My workshop : Accord Auto Services Pte Ltd
 email address : claims@mycarworkshop.com.sg
 & myself : Zhang Hengmi @ Setono Henry
 email address : bostoncreme@gmail.com
 Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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:



 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

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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 : MP304946

Type of Coverage	: Comprehensive	Own Damage Excess	: SGD600.00
Sum Insured	: Market Value	Windscreen Excess	: SGD100.00

1. Index Mark and Registration Number of Vehicle : SJP261K
 Chassis Number of Vehicle : ZFA19800004204064
2. Name of Policyholder : ZHANG HENGMI, @ SETIONO HENRY
3. Effective date of the Commencement of Insurance for the purposes of the Act : 09 Mar 2018
4. Date of Expiry of Insurance : 08 Mar 2019
5. Persons or Classes of Persons entitled to drive*

01. ZHANG HENGMI, @ SETIONO HENRY	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 : N/A

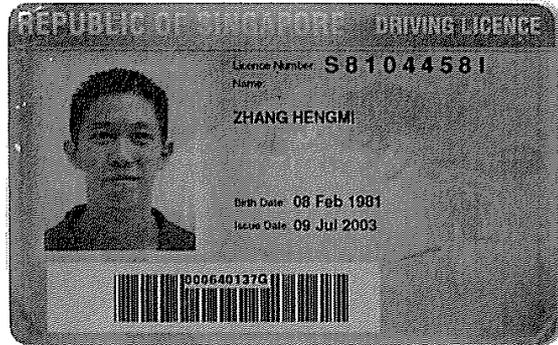
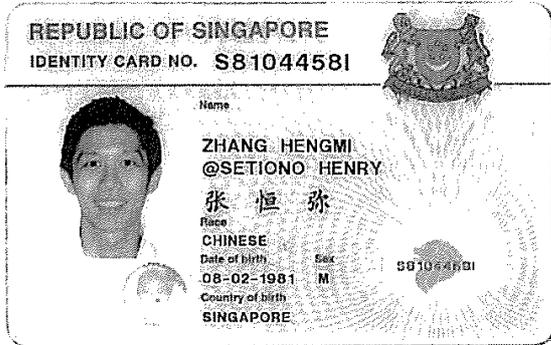
I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.

Authorized Signature

Issue on: 06 Mar 2018

Sketch Plan Pg. 4



Sketch Plan Pg. 6

Accord Auto Services Pte Ltd

Tel: 6481 9517 / 9740 0999 Fax: 6481 9516 Email: claims@mycarworkshop.com.sg

Particular Of Insured/Driver & Details Of The Accident

*Date of Accident: 19/10/2018 *Time of Accident: 9:30pm

*Accident Location: Tuas Checkpoint Viaduct (Toll Road)

Vehicle Details

*Vehicle Number: SJP 261K * Make & Model: Fiat Bravo

Insured / Policyholder

*Owner Name: Zhang Hengmi @ Setiono Henry *NRIC: S 810 4458I

*Address: Blk 231 Hougang Street 21 #02-316 Singapore 530231

*Email: bostoncreme@gmail.com * HP: 9850 4422

*Occupation: Finance analyst (Indoor) Outdoor * Tel/H/Other:

Driver / same as above

*Driver Name: *NRIC:

*Address:

*Date of Birth: 08/02/1981 *Driving Pass Date: 05/08/2002 * HP:

*Email: *Gender: Male / Female

*Occupation: (Indoor / Outdoor) * Tel/H/Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Owner)

Passengers Details

* P/Name: Siew Yee Wen (Male/Female) * P/Name: (Male/Female)

* P/Name: Zhang Ke'en Amber (Male/Female) * P/Name: (Male/Female)

Insurance Company

*Insurer: HL *Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SIC 8342C

Make & Model: BMW

Vehicle Category: Private Car

Name of Driver: Koo Gin Booi

NRIC : S 7373480J

HP :

No. of Passengers (Including Driver): 2

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head/Rear / Side swipe / others:

*Weather conditions: Clear / Raining / others: *Any video cam: Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name: NRIC: HP:)

*Accident reported to police: Yes / No *Summon against whom:

*Injured party: Yes / No *No. of passengers (include driver): 3

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MALM 19136841 Vehicle Registration No: SJP261K
Name (as shown in NRIC) : Zhang Mengmi @ Setiono Henry NRIC/FIN/Passport No : 88104458I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 231 Hougang Street 21 # 02-316 Singapore (530231)
Contact (Tel) : 9850 4422 Mobile No. :
Email Address : bostoncreme@gmail.com
Date of Accident : 19/10/2018 Time of Accident : 21:30
Place of Accident : Tuas Checkpoint Viaduct (Toll Road)
Insurance Company: HL Assurance Pte Ltd

(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:

To Amend from Reporting to Third Party Claim.
[Multiple blank lines for additional information]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: