

## 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	19/12/2018 09:16
Date Of Accident	18/12/2018 17:40
Exact Location Of Accident	PASIR PANJANG RD TOWARDS MAPLETREE BUSINESS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3139Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG JUNXIONG (WANG JUNXIONG)
NRIC No	S8526681J
Email Address	JUNXIONG_ONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93858576
Alternative Phone No	OTHERS-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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
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	MP307599
Cover Note Number	

### Driver

Name of Driver	ONG JUNXIONG (WANG JUNXIONG)
NRIC No	S8526681J
Date Of Birth	03/09/1985
Occupation	INDOOR
Date Of Driving Pass	19/05/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93858576
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	JUNXIONG_ONG@HOTMAIL.COM

Address	BLK 250 KIM KEAT LINK #04-95
Postcode	310250
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 - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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: : TAN KAR WEI GENDER: : MALE
Passenger 2	NAME: : TIAN PING HUA GENDER: : MALE

#### 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

-

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6372G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	HUAN CHANG CHUN
NRIC/Passport Number	G3204966X
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**SKETCH PLAN**


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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

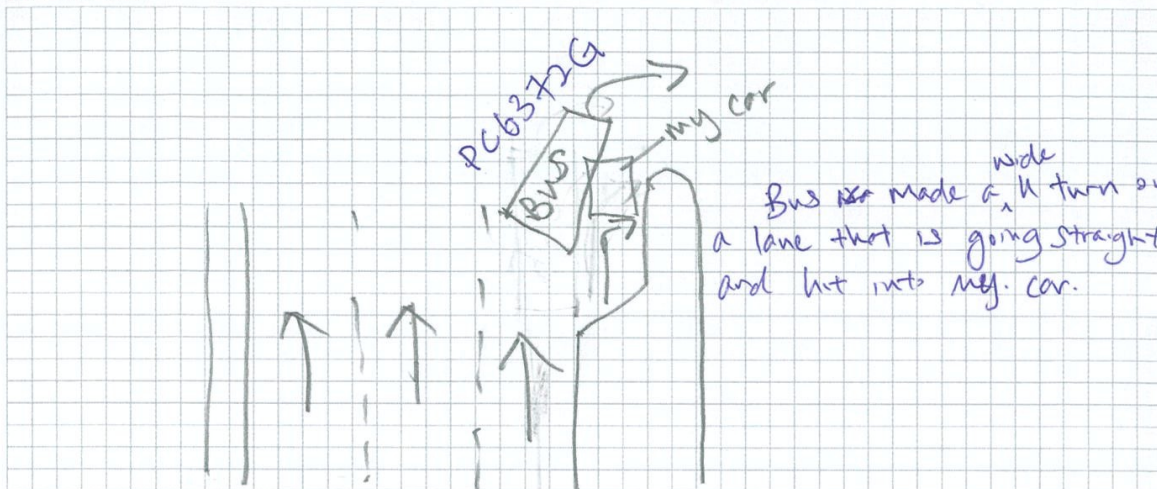
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time: 19/12/18 9:22 am

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKU3139Z	ACCIDENT DATE & TIME: 18/12/18 5:43pm
CONTACT NUMBER: 93858576	E-MAIL ADDRESS: junxiang-ong@hotmail.com
LOCATION: Pasir Panjang Rd towards direction of Maple tree business city, before AVA Centre for Animal Welfare and Control.	
<p>I was making a U-turn at Pasir Panjang road. A comfort delgro bus suddenly made a wide-Uturn on the lane that is indicating going straight. It is illegal to make a wide Uturn on the lane that is supposed to be going straight. I had the impression the bus was lining up to make a right turn at the junction just metres in front. He did not check his mirror that my car had already entered the slip lane to make a U-turn and bumped into the front left of my car.</p>	
Bus licence plate no: PC6372G	
Particulars of driver: Huan Chang chun G3204966X	
Driving licence issue date: 16 Apr 2016	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

## DECLARATION

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

Policyholder's Signature

Date & Time: 19/12/18 9:22am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8526681J**

Name: **ONG JUNXIONG**  
(WANG JUNXIONG)

Birth Date: **03 Sep 1985**

Issue Date: **19 May 2004**

001221603A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8526681J**

Name: **ONG JUNXIONG**  
(WANG JUNXIONG)  
**王 俊 雄**

Race: **CHINESE**

Date of birth: **03-09-1985**

Country/Place of birth: **SINGAPORE**

Sex: **M**

552530



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
19 May 2004

NP 428A



552530



NRIC No: **S8526681J**

Date of issue: **07-09-2015**

Address: **APT BLK 250 KIM KEAT LINK**  
**#04-95**  
**SINGAPORE 310250**



### 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 : MP307599

Type of Coverage : Comprehensive Own Damage Excess : SGD500.00

Sum Insured : **Market Value** Windscreen Excess : SGD100.00

- |  |                   |
|--|-------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SKU3139Z          |
| Chassis Number of Vehicle  | JM6BM42A8G0313058 |
| 2. Name of Policyholder  | ONG, JUNXIONG     |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 16 Jul 2018       |
| 4. Date of Expiry of Insurance   | 15 Jul 2019       |
| 5. Persons or Classes of Persons entitled to drive*                            |                   |
| 01. ONG, JUNXIONG  | 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: 18 Jun 2018

**HL Assurance Pte. Ltd.** A Member of the Hong Leong Group

11 Keppel Road, #11-01 ABI Plaza, Singapore 089057 Tel: 65 6702 0202 Fax: 65 6221 3782 UEN/GST Regn No. 201229558W

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