

## 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	31/12/2018 15:36
Date Of Accident	30/12/2018 17:40
Exact Location Of Accident	CTE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDA9638Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW KIAN SOON
NRIC No	S1572086G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92761838
Alternative Phone No	OTHERS-83663921

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180 R17-1.6 (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	MP305070
Cover Note Number	03/03/2018 - 02/03/2019

### Driver

Name of Driver	EDDIE CHEW YANG JIN
NRIC No	S9548628B
Date Of Birth	24/03/1995
Occupation	INDOOR
Date Of Driving Pass	23/10/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83663921
Fax Number	
Contact Number	OTHERS-92761838
Email Address	EDDIECHEWYJ@GMAIL.COM

Address	7 RIVERVALE LINK #06-38
Postcode	545125
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : YEE MING JIE 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR1983G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**SKETCH PLAN**

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7. By the lodgment 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.
- (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: 31/12/18



Driver's Signature

(If driver is not the policyholder)

Date & Time:  
31/12/18



Reporting Centre Personnel's Signature

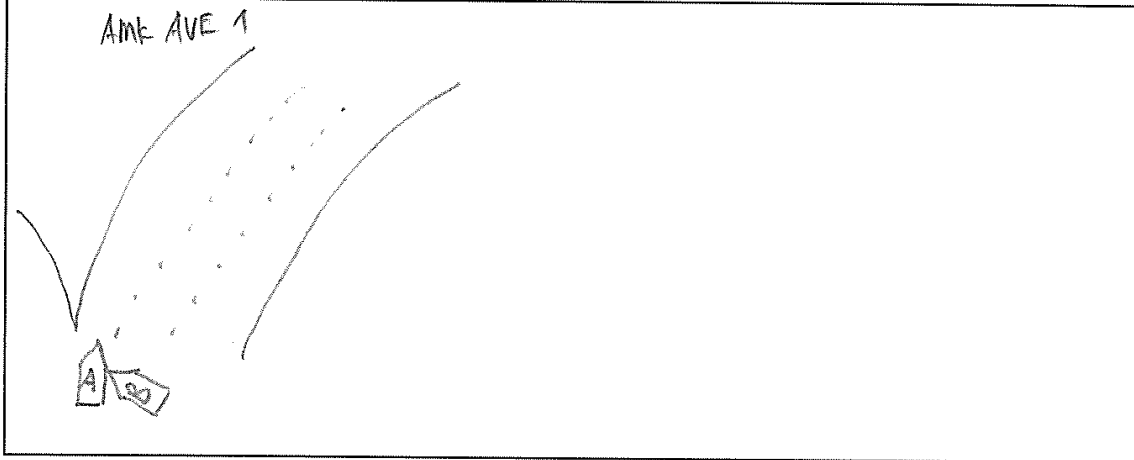
Name:

NRIC/FIN No.:

# Sketch Plan Pg. 2

Date of accident: 30/12/18 Time: 1740 Location: CTE AMK AVE 1 Exit.  
 My Vehicle A: SDA9638Z Vehicle B: SKR 1983G Vehicle C: \_\_\_\_\_

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting AMK AVE 1 from CTE. 3 lane road. Was traveling on the left most lane, coming to a stop due to traffic light.
Suddenly, a vehicle hit me on the right side of my car.
Right side of my car is damaged.
Veh B left front hit my vehicle.
Driver of Veh B was not owner of Veh B upon exchange of information.

☒ 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 :

Email address :

& myself :

Email address : EDDIECHEWYJ@GMAIL.COM

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you 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: 31/12/18

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 31/12/18

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



AH LIM MOTOR COMPANY



### THE SCHEDULE

**Insured Name and Address:**  
 CHEW, KIAN SOON  
 7 RIVERVALE LINK  
 06-38 THE RIVERVALE  
 SINGAPORE 545125

**Policy No.:** MP305070  
**Period of Insurance**  
**From :** 03 Mar 2018  
**To :** 02 Mar 2019  
*(Both Dates Inclusive)*  
**Date of Issue :** 09 Feb 2018

<b>Name of Product</b>	:	Car Protect360		
<b>Scope of Cover</b>	:	Comprehensive		
<b>Registration No.</b>	:	SDA9638Z		
<b>Make &amp; Model</b>	:	Mercedes Benz A 180 (A)		
<b>Engine No.</b>	:	27091030330142		
<b>Chassis No.</b>	:	WDD1760422J229693		
<b>Engine Capacity</b>	:	1595 c.c		
<b>Year of Registration</b>	:	2014		
<b>Sum Insured</b>	:	Market Value	<b>Windscreen</b>	: Unlimited
<b>No Claim Discount</b>	:	50%	<b>Off-Peak Car</b>	: No
<b>Offence Free Dis.</b>	:	Yes	<b>Vehicle Usage</b>	: Private Use
<b>NCD Protector</b>	:	Yes	<b>Approved Workshop</b>	: No
<b>Own Damage Excess</b>	:	SGD600.00	<b>Windscreen Excess</b>	: SGD100.00
<b>Y/I Driver Excess (if applicable)</b>	:	SGD3,000.00		
<b>Hire Purchase</b>	:	Standard Chartered Bank (Singapore) Limited		
<b>Authorized Drivers</b>	:	CHEW, KIAN SOON		
		N/A		
		N/A		
		N/A		
<b>Limitation as to Use</b>	:	As specified in the Certificate of Insurance		
<b>Subject to Endorsement(s)</b>	:	MAE, M02, M06, M09, M11, M03, M12, M13		
<b>Premium Payable</b>	:	SGD 934.67 (Inclusive of GST)		

Signed for and on behalf of  
 HL Assurance Pte. Ltd.

Authorized Signature

20160602



### 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 : MP305070	
Type of Coverage	Comprehensive
Sum Insured	Market Value
Own Damage Excess	SGD600.00
Windscreen Excess	SGD100.00
1. Index Mark and Registration Number of Vehicle	SDA9638Z
Chassis Number of Vehicle	WDD1760422J229693
2. Name of Policyholder	CHEW, KIAN SOON
3. Effective date of the Commencement of Insurance for the purposes of the Act	03 Mar 2018
4. Date of Expiry of Insurance	02 Mar 2019
5. Persons or Classes of Persons entitled to drive*	
01. CHEW, KIAN SOON	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	Standard Chartered Bank (Singapore) 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.

Authorized Signature


Issue on: 09 Feb 2018

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


11 Keppel Road, #11-01 ABI Plaza, Singapore 089057 Tel: 65 6922 6030 Fax: 65 6221 3782 UEN/GST Regn No. 201229558W www.hlas.com.sg

20160308

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9548628B




Name  
EDDIE CHEW YANG JIN  
周 扬 津  
Race  
CHINESE  
Date of birth  
24-03-1995 M  
Country of birth  
INDONESIA



S9548628B


REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number  
Name  
EDDIE CHEW YANG JIN  
Birth Date: 24 Mar 1995  
Issue Date: 23 Oct 2014

002357896G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1572086G



Name  
CHEW KIAN SOON  
周 建 顺  
Race  
CHINESE  
Date of birth  
28-03-1963 M  
Country/Place of birth  
SINGAPORE




S1572086G

2pax - Yee Ming Jee (P)  
video - yes  
no injuries  
clear & dry.


83663941 / 92761838 (owner - father)

3<sup>rd</sup> party  
2pax  
hp - 98710233

4594371



NRIC No. S9548628B



Date of issue  
28-06-2010

Address  
7 RIVERVALE LINK  
#06-38  
SINGAPORE 545125


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

CLASS	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	23 Oct 2014


NP 428A

Licence No: S9548628B

5918920



NRIC No. S1572086G



Date of issue  
19-04-2018

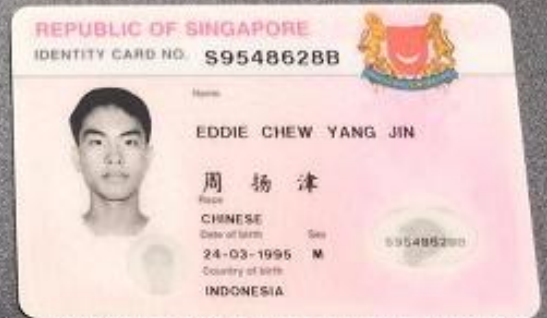
Address  
7 RIVERVALE LINK  
#06-38  
SINGAPORE 545125



Accident Photo



# Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo







Accident Photo



Accident Photo



Accident Photo

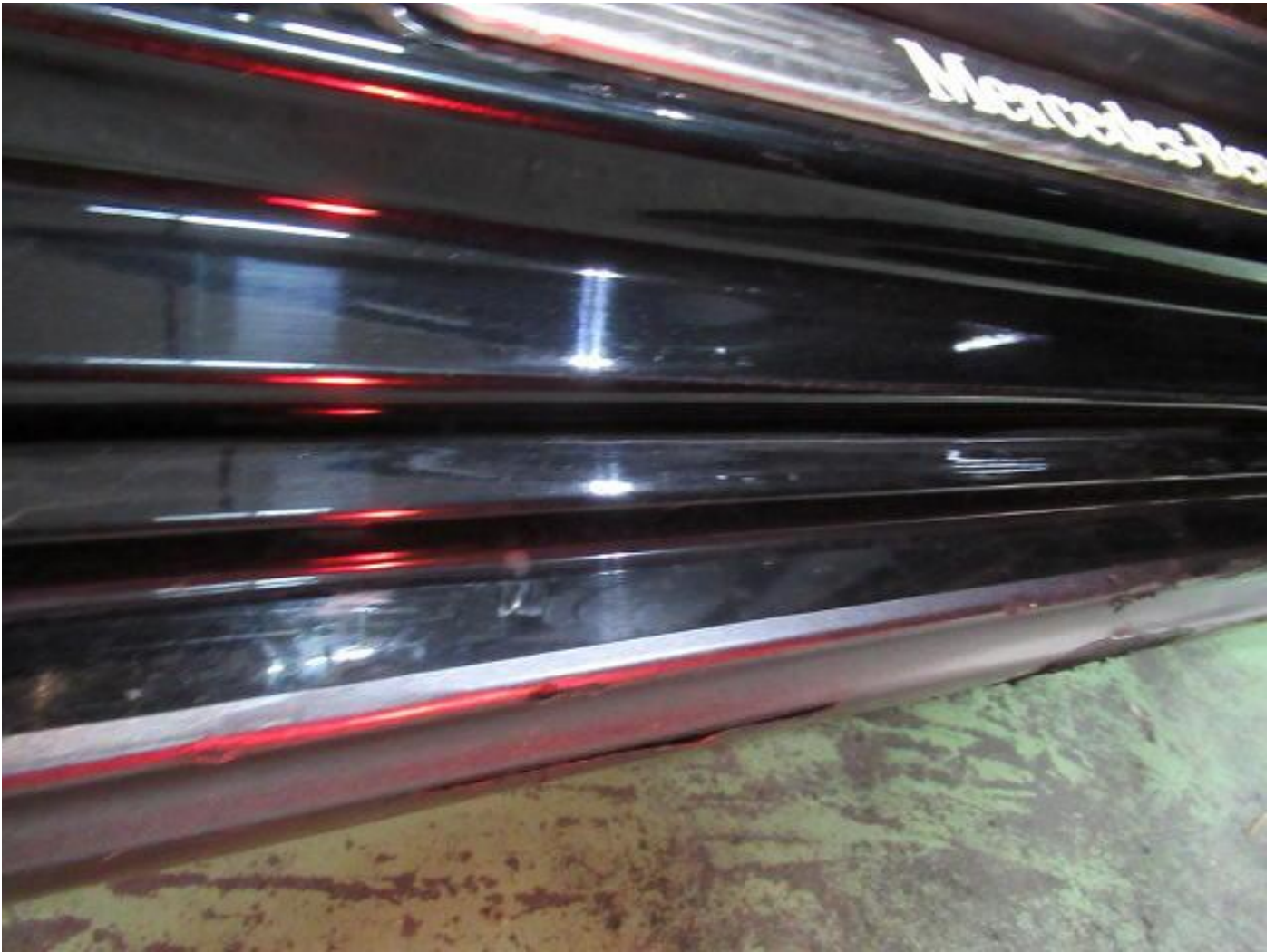




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