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 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.
- 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 aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/11/2018 16:55
Date Of Accident	22/11/2018 16:40
Exact Location Of Accident	LORONG MAMBONG HOLLAND RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF7054L
Insured/Policyholder	
Name Of Registered Owner	SWEE HSIEN LIANG
NRIC No	S7839653I
Email Address	JOHN_SWEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96977038
Alternative Phone No	OFFICE-96977038

Vehicle Particulars

SUBARU Manufacturer Model **LEGACY**

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company HL ASSURANCE PTE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number MP301175

Cover Note Number

Driver

Name of Driver SWEE HSIEN LIANG

NRIC No S7839653I Date Of Birth 23/12/1978 Occupation INDOOR **Date Of Driving Pass** 01/07/1998

Driving Experience 20 YEARS AND 4 MONTHS

Gender MALE

(LOCAL) +65-96977038 Mobile Number

Fax Number

OFFICE-96977038 Contact Number

EMail Address JOHN SWEE@HOTMAIL.COM Address 5 DOVER RISE #17-01

Postcode 138678

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 SIDE SWIPE
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?

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

NO

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20181123/2097.

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 SL1111T

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
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 Pg. 1

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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)

Lunderstand, 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:
 - 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.

olicyholder's Signature

Date & Time:

16:30 60

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

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DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	denti-me a me ama dan dan dan dan	Ann also radimentus e camanite e case e e elemen	mundan in alma har e also dena
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	rticulars are true in every resp	ect.	. 1	
	rticulars are true in every resp	ect.	72/11/10	433 nm
	rticulars are true in every resp	ect.	23/11/18	4.33 pm
ECLARATION We declare the foregoing pa Micyholder's Signature ate & Time:	rticulars are true in every resp Driver's Signature (If driver is not the p			Ct. 33 pm Rersonnel's Signature

Sketch Plan #3 Pg. 1





1 of 3

Report No. T/20181123/2097

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Pata/Time Panart Made:			Vide Report No.:	Station Diary No.:			
Date/Time Report Made:		laue:	vide Report No	Station Blary No.:			
23/11/2018 15:52							
Informant	's Particu	ılars		Account Accounting the Control of th			
Name of Informant:			Address:				
SWEE HSIEN LIANG		G	6 DOVER RISE #17-01 HEF	6 DOVER RISE #17-01 HERITAGE VIEW SINGAPORE			
			138678	138678			
ID Type / ID No.:			Contact No.:				
NRIC NO / S7839653I		31	Home/Office: Mobile: 96977038				
Nationality:			Email:				
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	39	23/12/1978	Driver				
Race:			Language:	Institution / School Name:			
Occupation	Occupation:		Driving Licence Information:				
Supply and			Class: 3	Date of Expiry:			
		/Warehousing		- -			
manager							

General Informat	on of the Accident	The state of the s	DROCKER (C) SECURITY OF THE SE		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/11/2018 16:40	Type of Location:	
Location: Along Road 1 Tra LORONG MAMB HOLLAND ROAD		2			
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:	•	Traffic Volume:	
Two Way		Not Controlled		Moderate	
Type of Collision: Between Moving	Vehicles - Side Swip	e - Same Direction		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF7054L	Car	SUBARU	LEGACY 2.0 GT SPEC-B TOURING WAGON A	Grey		0
SL1111T	Car					0

Sketch Plan #4 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20181123/2097

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKF7054L	HL ASSURANCE PTE. LTD	MP301175	24/01/2018	23/01/2019		

Details of Perso	n Involved	and the second				
Any Pedestrian I	nvolved: No					<u> 22 </u>
No. of Pedestriar	ns Injured: NIL		Use of Peo	destriar	Cross	sina: NA
Driver						
Name	SWEE HSIEN LIANO	3		ID No	•	S7839653I
Related Vehicle	SKF7054L (Car)			Conta	ıct No.	96977038
Hospital/Clinic	NIL			Class Drivin Licend	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discl	·	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING OUT FROM LORONG MAMBONG TO HOLLAND ROAD. I STOPPED BEFORE MAKING A LEFT TURN ONTO HOLLAND ROAD. I WAS STATIONARY, I WAITED FOR ONE CAR TO DRIVE PAST AND THEN TRAFFIC WAS CLEAR. I PROCEEDED TO MAKE A LEFT TURN. WHILE TURNING, THE OTHER VEHICLE MENTIONED ABOVE CUT INTO MY LANE FROM THE MIDDLE LANE AND GRAZED THE FRONT RIGHT SIDE OF MY VEHICLE. HOWEVER, HE HAD CHANGED LANE AT THE DOUBLE WHITE LINE WHICH IS ILLEGAL. AFTERWARDS, THE CAR DID NOT STOP AND JUST CONTINUED DRIVING OFF. I HAVE VIDEO FOOTAGE OF THE WHOLE INCIDENT AS EVIDENCE OF THIS ACCIDENT.

Sketch Plan #5 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20181123/2097

CONTINUATION OF REPORT

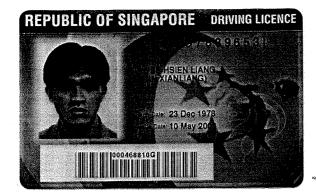
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP /		Signature Of Informant:	
KHALED AMR HASSAN MOHSSEN			
Signature Of Interpreter: Not applicable		Date/firne: 23/11/2018 15:52	
Officer In Charge Of Case:		Classification Of Case:	
Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145		SINGAPORE PORCE	
Authentication Stamp NP168		Melo	
	Signat	Will CI marries the instance of the transfer of the transfer that were the second assessment assessment	

Sketch Plan #6 Pg. 1



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S78396531





Name

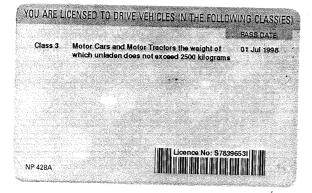
SWEE HSIEN LIANG (SUN XIANLIANG)

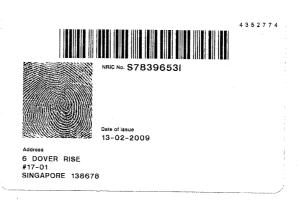
孙 显 亮 Race CHINESE

CHINESE
Date of birth Sex
23-12-1978 M

5,429**6**631

Country of birth SINGAPORE







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 X

CERTIFICATE NUMBER : MP301175

Type of Coverage

: Third Party, Fire & Theft

Own Damage Excess

: N/A

Sum Insured

: Market Value

Windscreen Excess

: N/A

Index Mark and Registration Number of Vehicle

Chassis Number of Vehicle

SKF7054L BP5137363

2. Name of Policyholder

SWEE, HSIEN LIANG

3. Effective date of the Commencement of Insurance

for the purposes of the Act

24 Jan 2018

23 Jan 2019

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive*

01. SWEE, HSIEN LIANG

02. N/A

03. N/A 05. N/A 04. 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.

Issue on: 10 Jan 2018

Authorized Signature

HL Assurance Pte. Ltd. Amember of the Hong Leong Group
11 Keppel Road, #11-01 ABI Plaza, Singapore 089057 Tel: 65 6702 0202 Fax: 65 6922 6002 URINGST Regin No. 20122955599 www.hlas.com.si

20160308









Accident Photo



Accident Photo



