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.

By the lodgement of this report to the insurers, you aforesaid.	ou 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	02/11/2020 11:15
Date Of Accident	31/10/2020 19:30
Exact Location Of Accident	TRAFFIC JUNCT YISHUN CENTRAL 1 & YISHUN CENTRAL 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX6771A
Insured/Policyholder	
Name Of Registered Owner	SIEW FUKANG
NRIC No	SXXXX140D
Email Address	RIC.SIEWFK@OUTLOOK.SG
Mobile Phone No	(LOCAL) +65-97642772
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

TOYOTA Manufacturer

Model SIENTA HYBRID 1.5G CVT

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 **COMPREHENSIVE**

Fleet Policy NO

Policy Number MP312871

Cover Note Number

Driver

Name of Driver SIEW FUKANG NRIC No SXXXX140D Date Of Birth 02/09/1986 Occupation **INDOOR Date Of Driving Pass** 09/05/2006

Driving Experience 14 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97642772

Fax Number

Contact Number **OFFICE-NOPHONE**

EMail Address RIC.SIEWFK@OUTLOOK.SG Address BLK 318A YISHUN AVE 9 #06-114

Postcode 761318

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 (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

NO

4

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHUA XIN YI

GENDER: : FEMALE

Passenger 2 NAME: : SIEW JIA LING STEFFI

GENDER: : FEMALE

Passenger 3 NAME: : SIEW QUN HONG RYAN

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?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO THE ACCIDENT SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT1197L
Vehicle Make/Model/Colour NISSAN

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver BENEDICT CHUA SONG SHING

NRIC/Passport Number SXXXX678B
Contact Number 83398726

Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

2

Sketch Plan

SKETCH PLAN

Veh A: SLX 6771A Veh B: SLT 1197L

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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. 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.
- 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)
 - (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.
- 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY DWAY POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature 02/11/20

Date & Time:

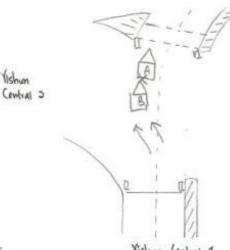
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: (sta Li

NRIC/FIN No.

SKETCH PLAN

Veh A: SLX 6771 A Veh B: SLT 1197 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vishum (entral I

My family and	I was were driving on Yishun Central 1 on 31/10/20
at 7-30 pm, as	I was were driving on Yishun Central 1 on 31/10/20 my vehicles approaching the traffic junction linking I and Yishun Central 2. I noticed uphicles
Vishun Central	I and Yishun Central 2. I noticed vehicles
stopping at the	e crossing and I slowed down and saw
a lady crossin	I the road even though it was red man on
the traffic ligh	
0	as the lady is now in the way
As I slow do	own to almost stopping, my vehicle suddenly
recieved a ba	on the lady is now in the way our to almost stopping, my vehicle suddenly any from the rear.

DECLARATION

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

Policyholder's Signature

Date & Time: 02/11/20

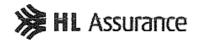
Driver's Signature

(If driver is not the policyholder)

Date & Time:

itre Personnel's Signature

Name: Whi \ai



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 : MP312871

Type of Coverage : Comprehensive Own Damage Excess

Sum Insured : Market Value Windscreen Excess : SGD100.00

 1. Index Mark and Registration Number of Vehicle
 SLX6771A

 Chassis Number of Vehicle
 NHP1707091380

 2. Name of Policyholder
 SIEW, FUKANG

3. Effective date of the Commencement of Insurance 17 Jun 2020

for the purposes of the Act
4. Date of Expiry of Insurance 16 Jun 2021

5. Persons or Classes of Persons entitled to drive*

01. SIEW, FUKANG 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 : DBS Bank Ltd

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.

: SGD500.00

Issue on: 15 May 2020

Authorized Signature

HL Assurance Pte. Ltd. Amenber of the Hong Leong Group

11 Keppel Road, #11-01 ABI Pizza, Singapore 089057 Tel: 65 6702 0202 Fax: 65 6922 6002 Lengton Regional 2002292899 WWW.fillas.com.sq

20160308











