

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	09/11/2020 17:55
Date Of Accident	09/11/2020 06:50
Exact Location Of Accident	KJE (PIE) BEFORE CORPORATION.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7681U
Insured/Policyholder	
Name Of Registered Owner	WONG AI LIAN
NRIC No	SXXXX259D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96435308
Alternative Phone No	OFFICE-96435308

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
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	MP313605
Cover Note Number	

Driver

Name of Driver	GIANG CHWEE LENG
NRIC No	SXXXX396E
Date Of Birth	02/03/1957
Occupation	INDOOR
Date Of Driving Pass	11/04/1977
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97574290
Fax Number	
Contact Number	
Email Address	LOKEMARTIN67@GMAIL.COM

Address	BLK 518 CHOA CHU KANG ST 51 #04-02
Postcode	680518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	SMP91Z
	-
	-
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT NO.T/20201109/2014.

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	SKA7941C
Vehicle Make/Model/Colour	
Details Of Properties	VEH 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMN4099L
Vehicle Make/Model/Colour
Details Of Properties VEH C
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKT518M
Vehicle Make/Model/Colour
Details Of Properties VEH D
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SMQ2974H
Vehicle Make/Model/Colour
Details Of Properties VEH E
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)

DETAILS OF INJURED PERSON 1

Name GIANG CHWEE LENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLE7681U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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:

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

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

REVO's Accident Investigation

Revo Auto

SKETCH PLAN

KJE (PIC)

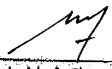
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B: SLE 73410
C: SMN 40596
D: SET 518m
E: SMQ 25244


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


PLEASE REFER TO POLICE REPORT. T 20201109/2014

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.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201109/2014

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20201109/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 11:01	Vide Report No.: J/20201109/0043	Station Diary No.: 33
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Informant's Particulars				
Name of Informant: GIANG CHWEE LENG			Address: APT BLK 518 CHOA CHU KANG STREET 51 #04-02 SINGAPORE 680518	
ID Type / ID No.: NRIC NO / S2168396E			Contact No.: Home/Office: Mobile: 97574290	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 02/03/1957	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name: Technician
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/11/2020 06:50	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA7941C	Car			Grey	Seriously Damaged	2
SKT518M	Car			Red	Seriously Damaged	0
SLE7681U	Car	NISSAN	Tenna	White	Slightly Damaged	0
SMN4099L	Car			Blue	Totally Damaged	0
SMQ2974H	Car			Red	Slightly Damaged	0

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201109/2014

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20201109/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GIANG CHWEE LENG	ID No.	S2168396E
Related Vehicle	SLE7681U (Car)	Contact No.	97574290
Hospital/Clinic	JO-LIN FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	09/11/2020	Date Discharge	09/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09 November 2020 at about 0650hrs, I was driving my car (SLE7681U) along Kranji Expressway towards Pan Island Expressway. There was an accident happened in front of my car. Thus I applied emergency brake and managed to stop in time. However, a car (SKA7941C) behind my car hit onto the back of my car. The rear bumper of my car was scratched, dented and cracked due to the impact. I came down from my car and realized that it was a chain accident involving additional three more car (SMN4099L, SKT518M, SMQ2974H). Subsequently, ambulance and traffic police came down to assist. One lady from car (SMN4099L) was conveyed by ambulance. Police case card was issued to me and I was advised to lodge a traffic accident report at nearest Police station. I wish to state that I also went to clinic for check up and was given 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20201109/2014

Police Station Of Origin:
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

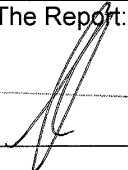
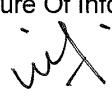

Report No. T/20201109/2014

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: J / Staff Sgt ZHU XI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable 	Date/Time: 09/11/2020 11:01
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:

Authentication Stamp
NP168

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 : MP313605

Type of Coverage : Comprehensive Own Damage Excess : SGD750.00

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

- | | |
|--|-------------------|
| 1. Index Mark and Registration Number of Vehicle | SLE7681U |
| Chassis Number of Vehicle | MNTBBAL33Z0005894 |
| 2. Name of Policyholder | WONG, AI LIAN |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 29 Jul 2020 |
| 4. Date of Expiry of Insurance | 28 Jul 2021 |
| 5. Persons or Classes of Persons entitled to drive* | |
| 01. WONG, AI LIAN | 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 : **MAYBANK 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: 16 Jul 2020

HL Assurance Pte. Ltd. A member of the HONGKONG GROUP
 11 Keppel Road, #11-01 ABE Plaza, Singapore 089057 Tel: 65 6702 0202 Fax: 65 6922 6002 EMAIL: hl@hl.com.sg WWW.HL.COM.SG

20160308

CLAIMS PROCEDURE

1. **Exchange particulars** with all parties involved and including Vehicle numbers, Name, NRIC/FIN number, Telephone number, Address and Insurer. **Take photographs** of all the vehicles involved in the accident and a view of the accident scene. These are to be included in the accident report to be filed later. Obtain

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

