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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 01/12/2020 15:12 (SGT) Date of Accident 27/11/2020 17:25 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS CHANGI B4 THOMSON EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI F1303X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KAREN WONG LIKEE NRIC No. SXXXX648B Email Address BRYAN.YWM@GMAIL.COM Mobile Phone No (Phone) +65-98522030 Alternative Phone No +65-98522030

VEHICLE PARTICULARS

Manufacturer Honda Model Mobilio Variant 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 - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Hong Leong Type of Coverage Comprehensive Fleet Policy Policy Number MP313836 Cover Note Number

DRIVER

Name of Driver YONG WEI MENG NRIC No SXXXX410Z Date Of Birth 12/05/1988 Occupation Outdoor

Date Of Driving Pass 17/10/2008 Driving experience 12 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-98522030 Alt. Phone Number Email Address BRYAN.YWM@GMAIL.COM Address 508B YISHUN AVE 4 Address complement #09-72 Postcode 762508 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE SKETCH PLAN BY DRIVER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMU7620A
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	
	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP1714D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJW4991Z
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKF1848C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

IMPORTANT NOTICE

HL Assurance Ven: SLF 1203 X

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

t 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 Persornel's Signature

NRIC/FIN No.:

V No.:

GIARRAC Shandarhad son (2)

The state of the s	1 1
Date of accident: 27/11/2020 Time: 17:25 Location: PIE twd	s Changi BY Momson Exit.
My Vehicle A: SLF 1303 X (A) Vehicle B: SMU 7620 A (B) Vehicle	cle C: SMP 1714 D (C)
SKETCH PLAN	
A A A A A A A A A A A A A A A A A A A	E: Avdi D: VW C: KIA B: BMW A: Honda
DESCRIBE CIRCUMSTANCÈS OF THE ACCIDENT	
ON the States dute and time, I relice A'S	LF1303X Wis
travelly on the stated viewe. I was travelly	alon lane 1
and notice there was three reluces startion	rary at the side,
upon seem I immediately applied brakes t	o my vehicle
7 3003 2 1000	
and come to a stop. The next few seconds I	fett an impud
against my stationary rear, the impact ranshed me	, vehule to
)
propelled forward and hit against vehicle rear	left portion.
☐ 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: Team AutoPro Pte. Ltd.	
Emall address : Teamautopl@gmail.com & myself :	
Email address : BRYAN.YWM@GMAIL.COM	
Note: Please take note that your insurer have 14 days timeframe for you to submit ov	vo damade claim under
you own policy. Kindly check with your own insurer for more information.	A Transfer Claim under
DECLARATION I/We declare the foregoing particulars are true in every respect. Vehicle SLF 1203X	THE LIM 40 OF
	entre Personnel Signature
Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No	3.1 Ma L
GIARMC SketchPlanForin_V3	A ILLIM MOTOR COMPANY
	00/11/20/1



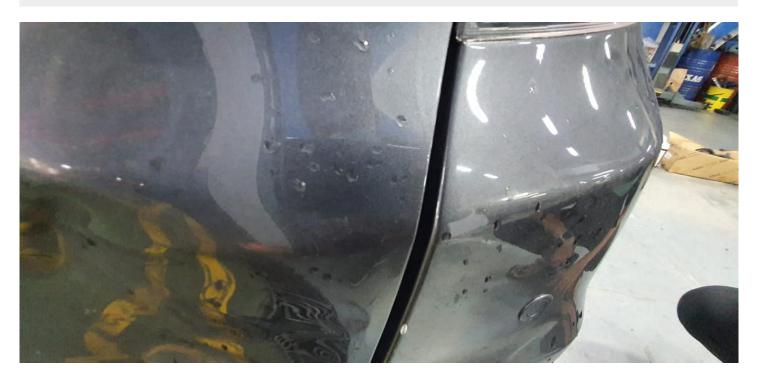




















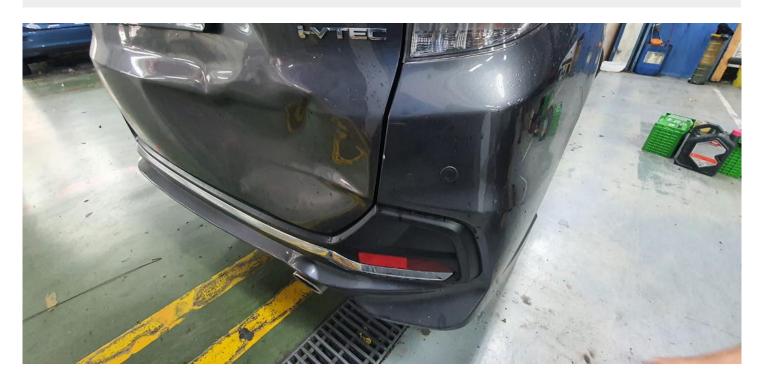














CERTIFICATE OF INSURANCE

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 : MP313836

Type of Coverage : Comprehensive Own Damage Excess : SGD600.00

Sum Insured : Market Value Windscreen Excess : SGD100.00

Index Mark and Registration Number of Vehicle
 SLF1303X

Chassis Number of Vehicle MRHDD487GP000230

2. Name of Policyholder WONG, LI KEE

 Effective date of the Commencement of Insurance 15 Aug 2020 for the purposes of the Act

4. Date of Expiry of Insurance 14 Aug 2021

5. Persons or Classes of Persons entitled to drive*

01. WONG, LI KEE 02. YONG, WEI MENG

03. WONG, LI YAN 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

IME 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: 31 Jul 2020

Authorized Signature

HL Assurance Pte. Ltd. A Mariber of the Hong Leony Group
11 Keppel Road, #11-01 ABI Plaza, Singapore 089057 Tel: 65 6702 0202 Fax: 65 6922 6002 Lenyost Regon No. 201229255W WWW.hlas.com.sg

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