

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 Submission 04/05/2021 13:50 (SGT)
Date of Accident 03/05/2021 15:13 (SGT)
Exact Location of Accident Lor 6 Toa Payoh, Singapore
Additional Location Information SLIP RD TO PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH9236T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PECK LEE LING
NRIC No SXXXX518J
Email Address PECKLEELING@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98196610
Alternative Phone No +65-91905525

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MP311278
Cover Note Number 23/11/2020 - 22/11/2021

DRIVER

Name of Driver KENNETH NG WEI WEN
NRIC No SXXXX047G

Date Of Birth	07/10/1997
Occupation	Indoor
Date Of Driving Pass	13/02/2018
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91905525
Alt. Phone Number	-
Email Address	KENNETHNGWEIWEN@GMAIL.COM
Address	23 MAKEPEACE RD
Address complement	-
Postcode	228647
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCZ9118M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PATRICK CHUA MUI CHYE
NRIC No	SXXXX033A
Contact Number	-
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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: 4/5/21



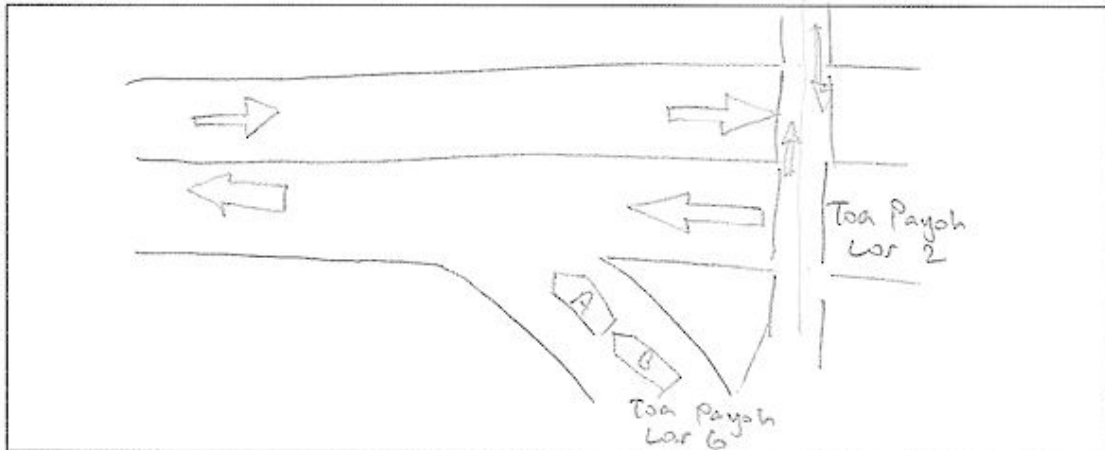
Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/5/21 09:15



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

Date of accident: 13/05/21 Time: 3 13pm Location: Lor 6 Toa Payoh (Slip road to PIE)
 My Vehicle A: SLH9236T Vehicle B: SCZ 9118M Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out from Lor 6 Toa Payoh, about to enter Toa Payoh Lor 2 to enter the PIE (Tuas). As I was about to leave Lor 6 Toa Payoh (via slip road), I saw that there was incoming traffic coming in from Lor 2 Toa Payoh. As such, I stopped to allow for the traffic to pass. At this point, the car behind me collided into my back.

☒ 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 :

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: 4/5/21


 Driver's Signature

(If driver is not the policyholder)
 Date & Time: 4/5/21 0905



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

AH LIM MOTOR COMPANY































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 : MP311278

Type of Coverage	: Comprehensive	Own Damage Excess	: SGD600.00
Sum Insured	: Market Value	Windscreen Excess	: SGD100.00

- | | |
|--|-------------------|
| 1. Index Mark and Registration Number of Vehicle | SLH9236T |
| Chassis Number of Vehicle | JTDGG20W30J005987 |
| 2. Name of Policyholder | PECK, LEE LING |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 23 Nov 2020 |
| 4. Date of Expiry of Insurance | 22 Nov 2021 |
| 5. Persons or Classes of Persons entitled to drive* | |
| 01. PECK, LEE LING | 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 : 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.

Authorized Signature

Issue on: 28 Sep 2020

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

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