

# 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 ..... 10/08/2021 16:31 (SGT)  
Date of Accident ..... 07/08/2021 14:30 (SGT)  
Exact Location of Accident ..... W Coast Park, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX9138Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN ZONG XIONG  
NRIC No ..... SXXXX712G  
Email Address ..... tanzongxiong@hotmail.com  
Mobile Phone No ..... (Phone) +65-91543396  
Alternative Phone No ..... +65-91543396

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... HONDA / VEZEL 1.5X CVT  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... HL Assurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MP316594  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HONG LINK HUI, MABEL  
NRIC No ..... SXXXX134E

Date Of Birth .....	03/10/1991
Occupation .....	Indoor
Date Of Driving Pass .....	28/03/2012
Driving experience .....	9 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82289366
Alt. Phone Number .....	+65-96494592
Email Address .....	mabelhonglh@gmail.com
Address .....	39F WEST COAST PARK #07-19
Address complement .....	-
Postcode .....	127717
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 .....	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 vehicle 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? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SML9008C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	(Phone) +65-98291127
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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.
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.



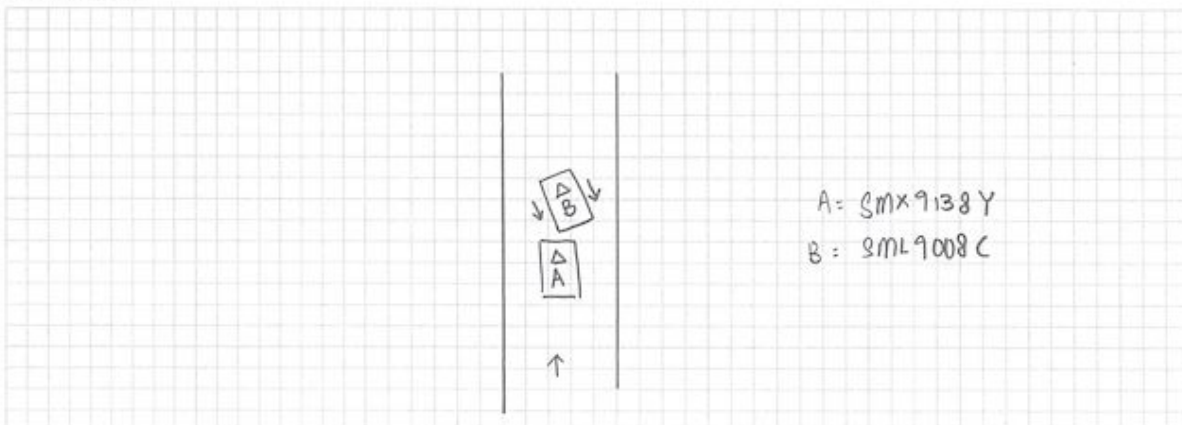
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

**Sketch Plan**


A: 8MX9138Y  
B: 8ML9008C

## Describe Circumstances of the Accident

On 7 Aug 2021 at around 14:30 hrs, I was driving at along West coast Park  
 . I slowed down and stopped as the vehicle SML9008C stopped as well. Suddenly the  
 vehicle reversed and then hit onto my front portion of vehicle.

## Declaration

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




Witnessed by Reporting Centre  
Personnel































**SINGAPORE  
POLICE FORCE**



D/20210807/7017

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**POLICE REPORT (NP299)**

Report No. D/20210807/7017

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 07/08/2021 15:06	Vide Report No.	Station Diary No.
Name Of Informant HONG LINK HUI, MABEL	Address 39F WEST COAST PARK #07-19 SINGAPORE 127717	
ID Type / ID No. NRIC NO / S9136134E	Contact No. Home/Office:	Mobile: 82289366
Nationality SINGAPORE CITIZEN	Email Address MABELHONGLH@GMAIL.COM	
Occupation	Sex	Age
Educator	Female	29
Institution/School Name	Date of Birth	Race
	03/10/1991	Chinese
	Language English	
Date/Time Of Incident 07/08/2021 14:30 - 07/08/2021 14:30	Location Of Incident 39F WEST COAST PARK #07-19 SINGAPORE 127717	

**Brief details.**

Was driving home when a car in front of me stopped abruptly and reversed his car without any warning. I was not able to react fast enough to reverse my car before he knocked into my car. Car involved was SML9008C. He refused to leave his particulars with me. I only have his phone number 98291127. Nobody was injured. Car quite badly damaged.

<b>Subjects Involved</b>	
<b>Victim</b>	
Person Name	HONG LINK HUI, MABEL
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	07/08/2021 15:06
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



D/20210807/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210807/7017

ID Type	NRIC NO	ID No	S9136134E
Gender	Female	Age	29
Race	Chinese	Language	English
Occupation	Educator	Address	39F WEST COAST PARK #07-19 SINGAPORE 127717
Mobile No	82289366	Is Informant A Victim?	Yes
Person Name HONG LINK HUI, MABEL (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2021 15:06
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	