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.

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 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 13/08/2021 11:35 (SGT) Date of Accident 12/08/2021 18:26 (SGT) Exact Location of Accident Near 4 Ang Mo Kio Street 63, Singapore 569112 Additional Location Information ALONG ANG MO KIO AVENUE 9 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

+65-90883089

Private use

Private car

Auto

1600

No - Claiming third party

Vehicle Registration Number SI M5962F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SUEN ENG KAI NRIC No. S7801910G Email Address suen_e@yahoo.com.sg Mobile Phone No (Phone) +65-90883089

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer Variant MITSUBISHI LANCER EX 1.6 AT LED TAIL LAMP

Exact purpose for which vehicle was being used at time of accident

Alternative Phone No

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

CC

Transmission

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number MP317286 Cover Note Number

DRIVER

Name of Driver SUEN ENG KAI NRIC No. S7801910G

Date Of Birth 17/01/1978 Occupation Indoor Date Of Driving Pass 12/01/2006 Driving experience 15 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90883089 Alt. Phone Number +65-90883089 Email Address suen_e@yahoo.com.sg Address BLK 333B ANCHORVALE LINK #14-328 Address complement Postcode 542333 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Side Swipe 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? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 12 AUG 2021, I WAS DRIVING ALONG ANG MO KIO AVE 9 FROM NYP TOWARDS ANG MO KIO AVE 6, AT JUNCTION BTW AVE 9 AND ST 63, ANOTHER CAR TOYOTA ALTIS SGP 7494U (DRIVER: S6808153Z ONG LAY ENG) DROVE OUT FROM ST 63 TURNING RIGHT INTO AVE 9, COLLIDING INTO MY CAR SLM 5962 E ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident DUE TO FORMAT, VIDEO CANNOT BE UPLOAD. VIDEO IS WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGP7494U Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	(Phone) +65-90033399
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

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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

13/8/21

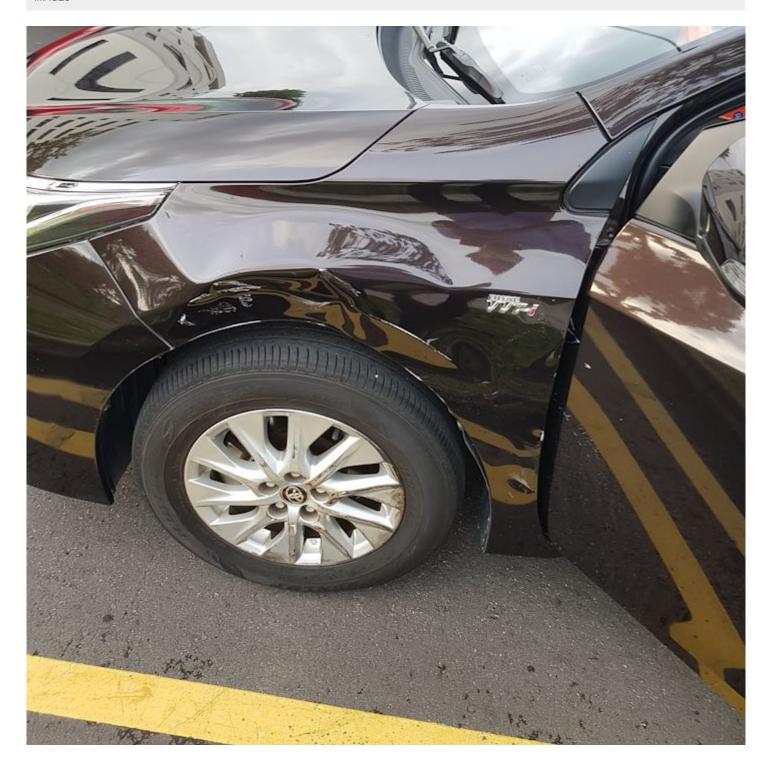
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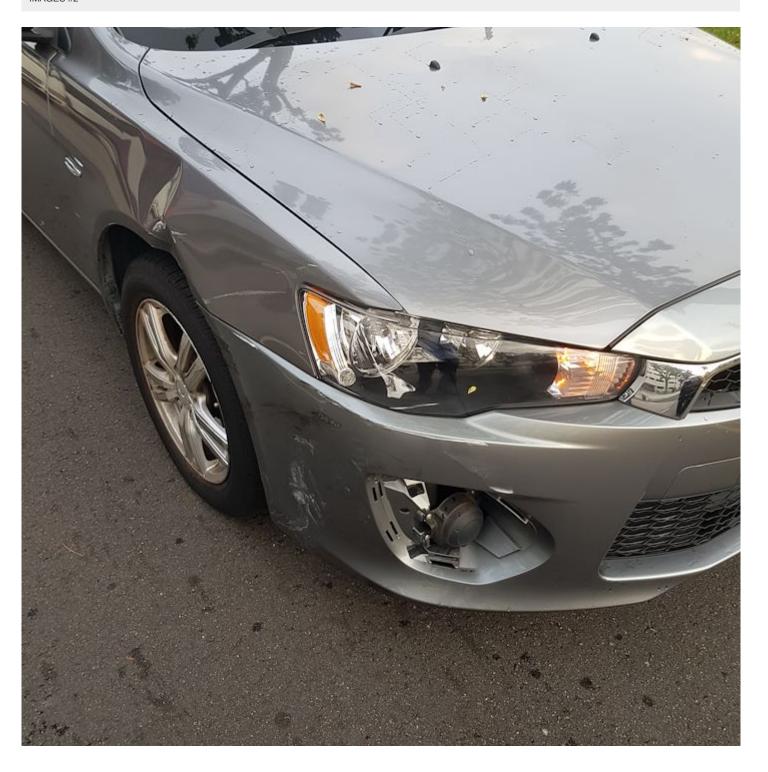
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

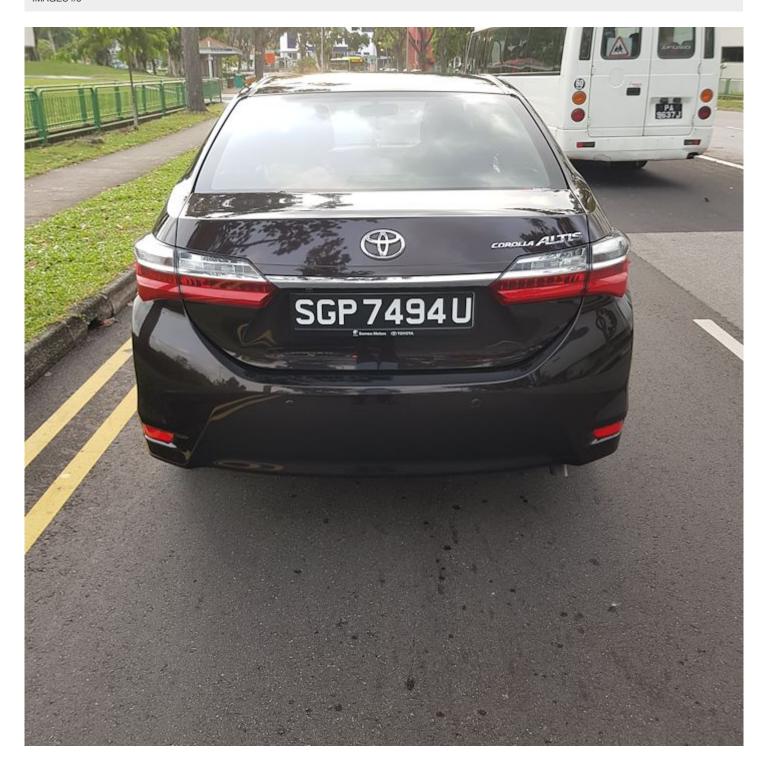
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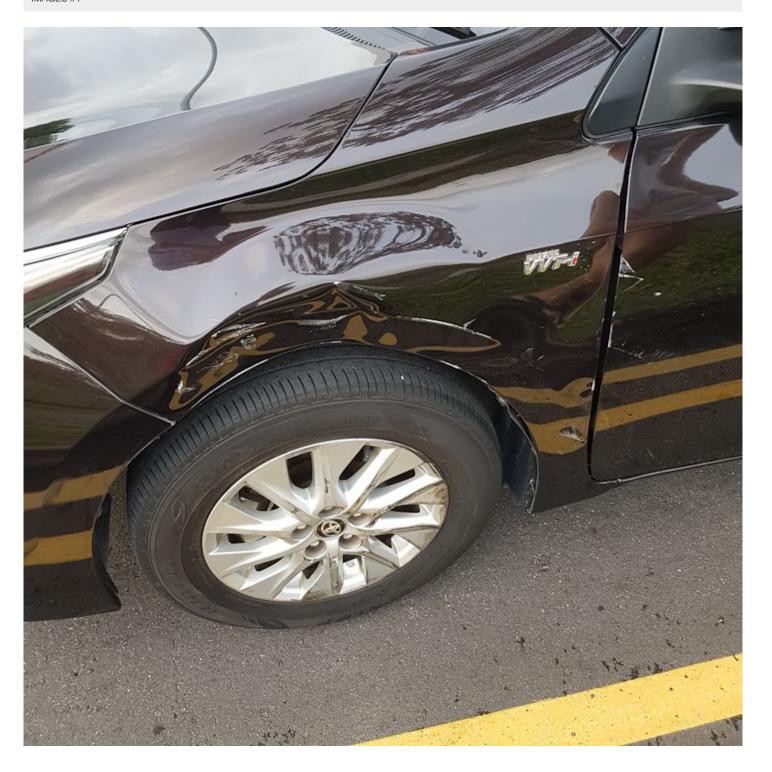
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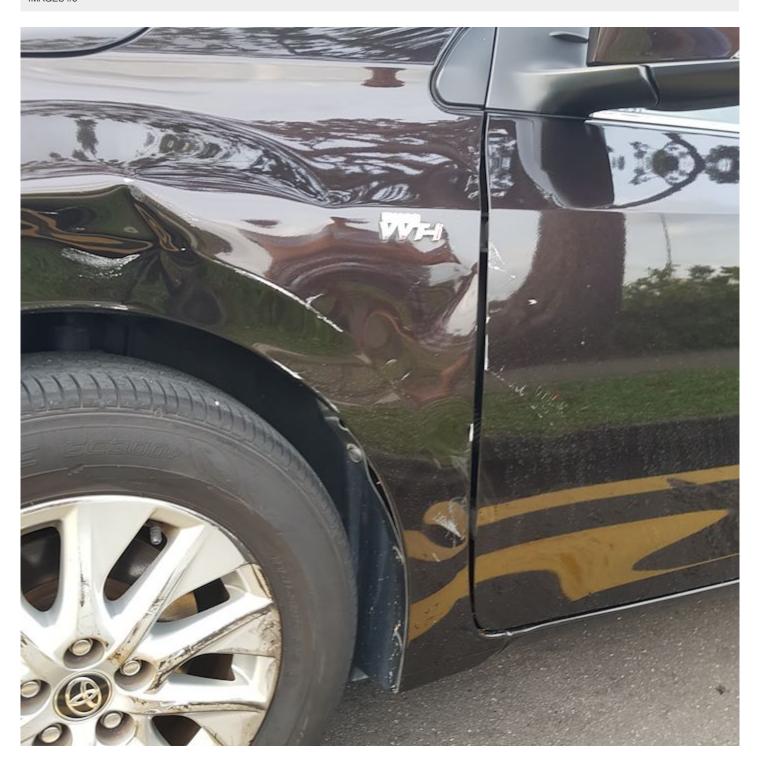
SKETCH PLAN Date & Time of Accident: Veh A: SLM 5962E	Veh B: 597 1494	U_Veh C/Others		
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On 12 Aug 202	- 1 = was ari	viring along the	ng MO KIOAN	c 4 +10m
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another car To	yota Altis Sa	P 7494 U (Oriver : 5680	8153 7 Duals
Eng) drove out	- Alow CT 12 -	trivaina Cinta	1 water 1 100	- 2 Org (2)
		Jurning right	TINTO AVE 9	, colliding into
My car SLM 5	962E			
NOTE : PLEASE NOTE THAT UNI	DER OWN POLICY, PLEASE O	14 DAYS TIME FRAME CHECK YOUR POLICY FO	FOR YOU TO SUBMIT AN R MORE INFORMATION.	OWN DAMAGE CLAIM
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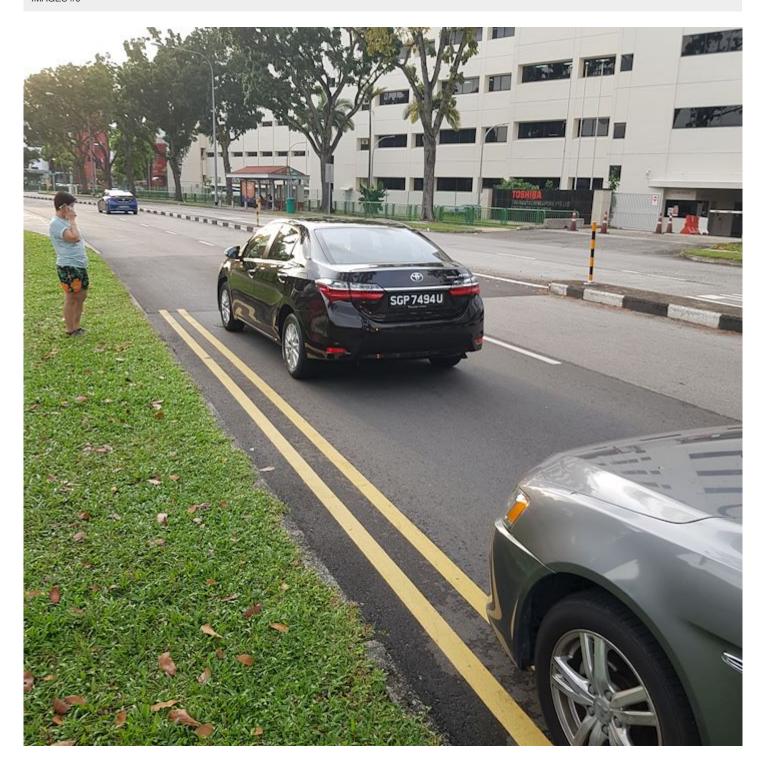


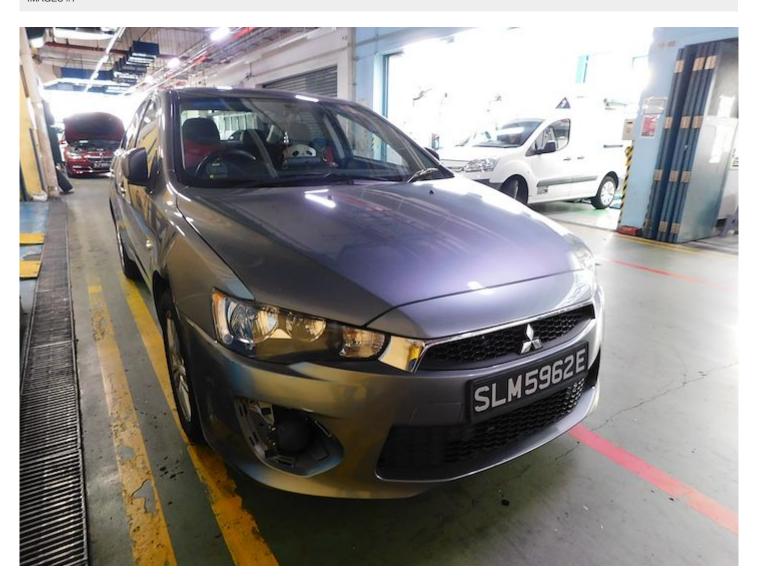




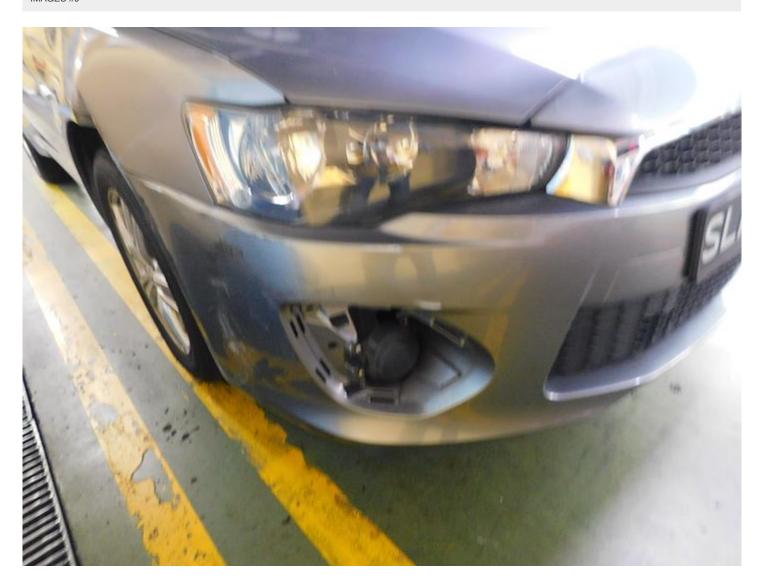


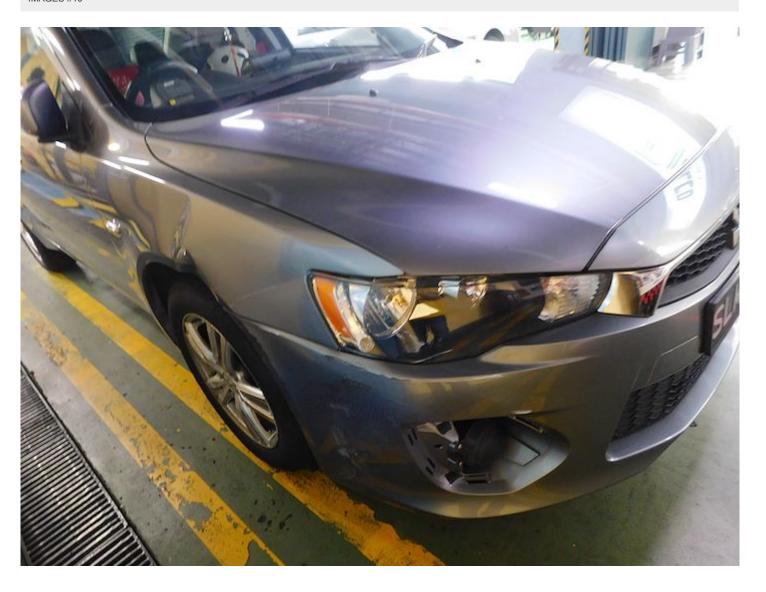


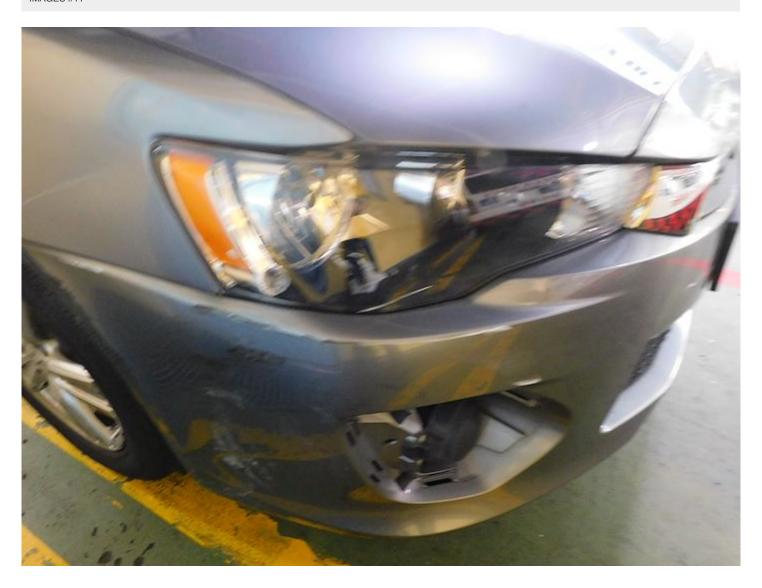


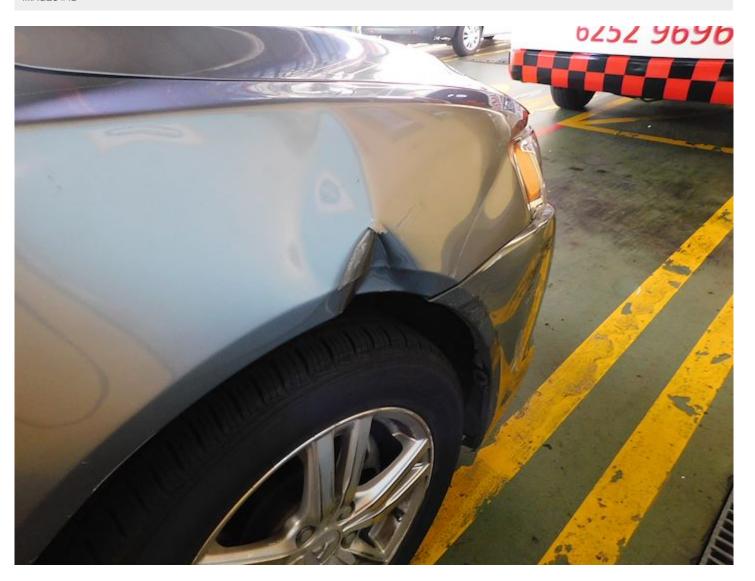


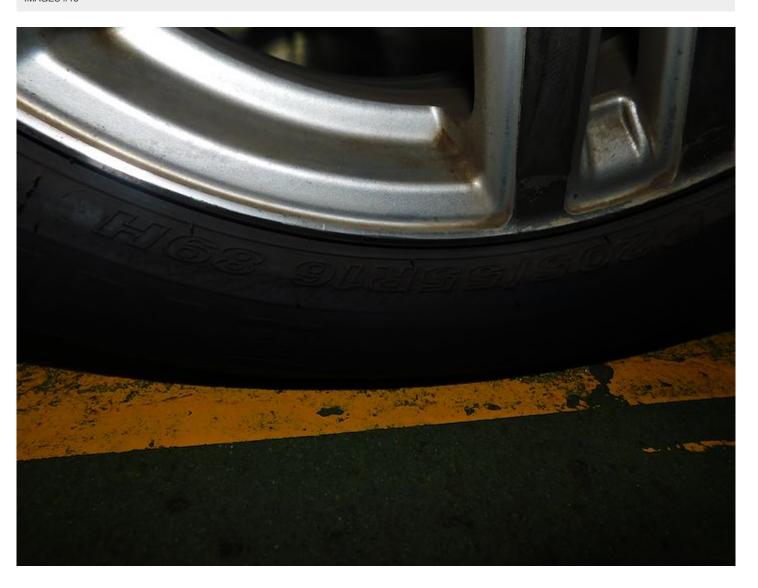


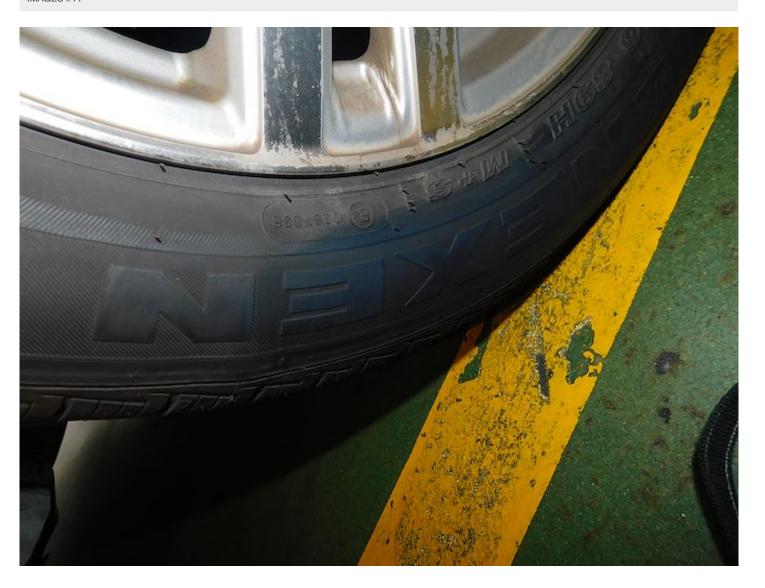


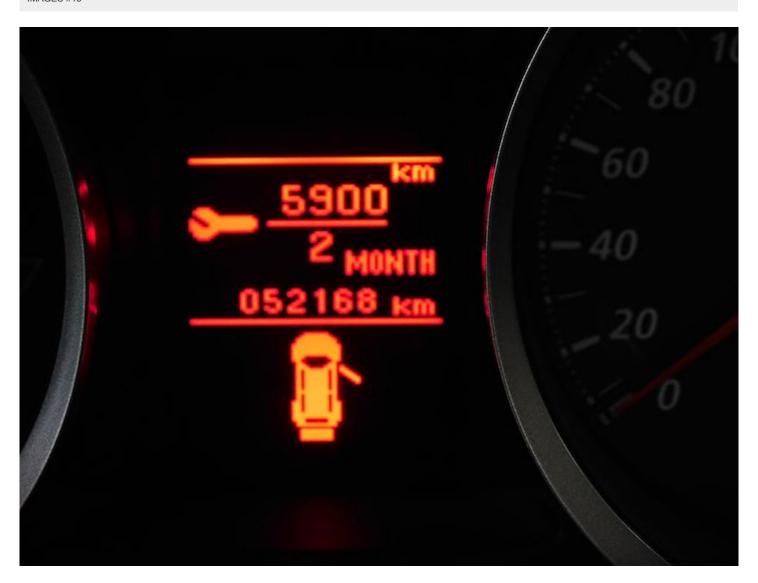
















CERTIFICATE OF INSURANCE

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 : MP317286

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

Sum Insured : Market Value Windscreen Excess : SGD100.00

Index Mark and Registration Number of Vehicle SLM5962E

Chassis Number of Vehicle JMYSRCY1AGU006473

Name of Policyholder SUEN, ENG KAI

Effective date of the Commencement of Insurance 04 Apr 2021

for the purposes of the Act

Date of Expiry of Insurance
 03 Apr 2022

5. Persons or Classes of Persons entitled to drive*

01. SUEN, ENG KAI 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.

Issue on: 25 Mar 2021

Authorized Signature

HL Assurance Pte. Ltd. Attember of the introducing Group.

11 Kepplel Road, #11-01 ABI Plana, Singapore 089057. Tel: 65 6702 0202. Fax: 65 6922 6002. University of the introducing Country of the introducing Cou

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