

# 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 ..... 11/05/2022 11:37 (SGT)  
Date of Accident ..... 10/05/2022 19:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN BUKIT MERAH TWDS LOWER DELTA RD(SLIP RD)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP8851U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LAM YENG CHIN  
NRIC No ..... SXXXX844G  
Email Address ..... ashleylam44@gmail.com  
Mobile Phone No ..... (Phone) +65-96970457  
Alternative Phone No ..... +65-96970457

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... 1317

### INSURANCE COMPANY

Name of Insurance Company ..... HL Assurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MP314351  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAM YENG CHIN  
NRIC No ..... SXXXX844G

Date Of Birth .....	10/02/1970
Occupation .....	Indoor
Date Of Driving Pass .....	11/02/1997
Driving experience .....	25 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96970457
Alt. Phone Number .....	+65-96970457
Email Address .....	ashleylam44@gmail.com
Address .....	63 VERDE VIEW
Address complement .....	-
Postcode .....	688688
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 .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ACCIDENT 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 .....	YP9278B
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUTHUKARUPPAN MUTHUDAIYAR ALIAS SELVARAJ
- .....	FXXXX369R
Contact Number .....	(Phone) +65-89486364
Address .....	-

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

Veh A: SMP 8851 U  
Veh B: YP 9378 B

Driving home from Tiang Behn, passing through Jalan Bukit Merah. As turning from Jalan Bukit Merah to Henderson road to get to Aye, I stopped at the side road to watch out for traffic from main road. As I stopped at the side road, the other vehicle, a lorry ran into my car, shattering the ~~glass~~ ~~glass~~ glass window at the back.

The weather was clear & no rain. The lorry had the driver & 1 passenger at front seat. Many passengers were at the back of the lorry.

We declare the foregoing particulars are true in every respect.

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



Witnessed by Reporting Centre  
Personnel

**SKETCH PLAN**

Veh A: SWP 8851 U  
Veh B: YP 9278 B

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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

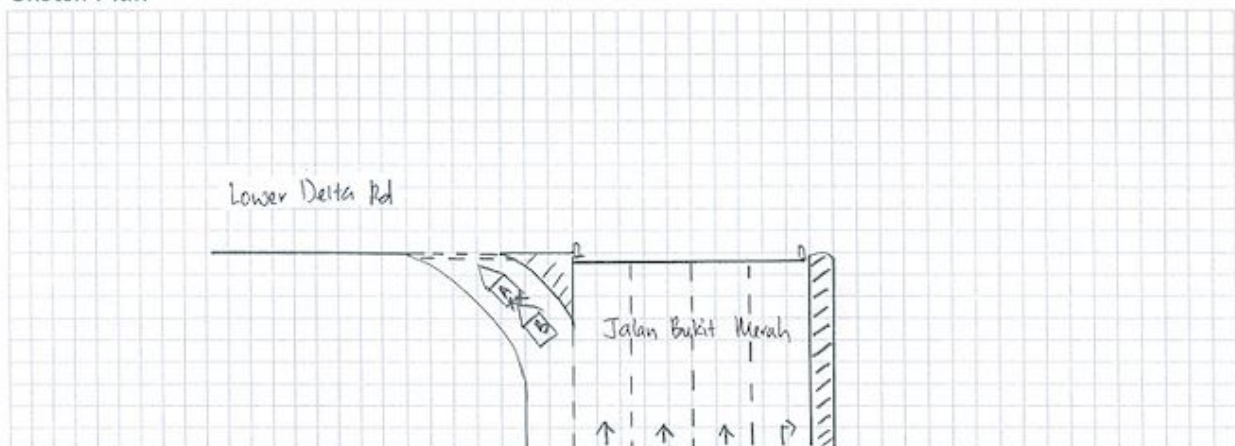
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\*\*I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Yp 11 May 20  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**















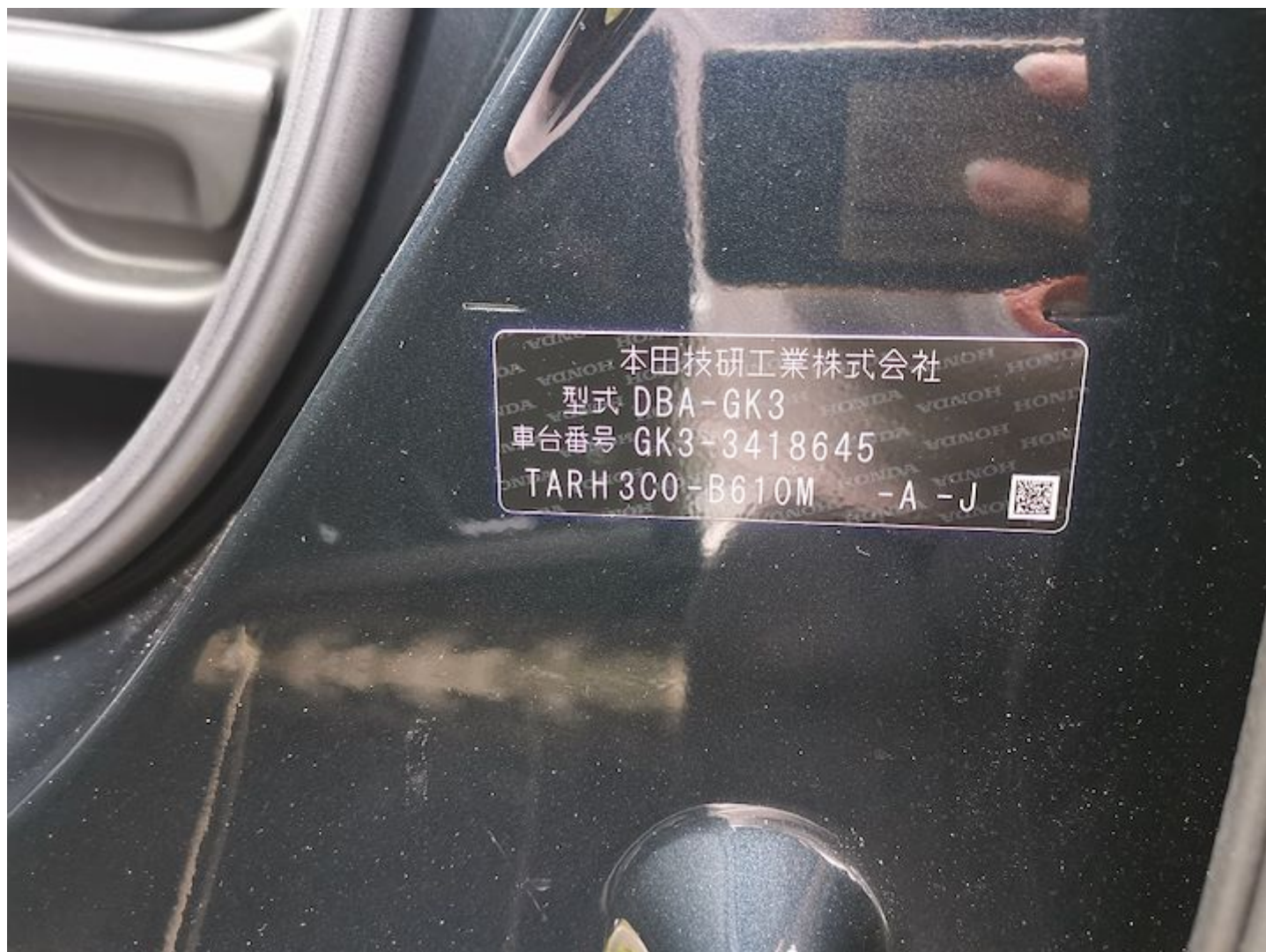






























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1K225B0001 Vehicle Registration No: SMP 8851 U  
 Name (as shown in NRIC): Lam Yeng Chin NRIC/FIN/Passport No: Sxxxx 844 G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 63 Verde View Singapore (688 688 )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9697 0457  
 Email Address: ashleylam14@gmail.com  
 Date of Accident: 10 / 5 / 2022 Time of Accident: 19:10 HRS  
 Place of Accident: Jalan Bukit Merah Twd Lower Delta Rd  
 Insurance Company: HL Assurance Pte Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Place of Accident " Jalan Bukit Merah Twd Lower Delta Rd "  
Instead of " Jalan Bukit Merah Twd Henderson Rd "  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

yg  
 Policyholder / Driver's Signature  
 Date: 12 MAY 2022

l.  
 Reporting Centre Personnel's Signature  
 Name: Celia Lai  
 NRIC/FIN No.: Sxxxx 516 A  
 Date: 12 MAY 2022



### 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 : MP314351	
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	SMP8851U
Chassis Number of Vehicle	GK33418645
2. Name of Policyholder	LAM, YENG CHIN
3. Effective date of the Commencement of Insurance for the purposes of the Act	21 Oct 2021
4. Date of Expiry of Insurance	20 Oct 2022
5. Persons or Classes of Persons entitled to drive*	
01. LAM, YENG CHIN	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	: Hong Leong Finance 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: 06 Oct 2021