

# 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 Actual 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 .....              | 13/09/2022 17:53 (SGT)      |
| Reported by .....                     | Both                        |
| Date of Accident .....                | 09/09/2022 21:30 (SGT)      |
| Exact Location of Accident .....      | Sims Way, Singapore         |
| Additional Location Information ..... | SIMS WAY TOWARDS PIE (TUAS) |
| Country/State of Loss .....           | Singapore                   |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLQ5909A |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | No                         |
| Name Of Registered Owner ..... | QUEK KOON SAN              |
| NRIC No .....                  | SXXXX117B                  |
| Email Address .....            | SUNLIFEDURIAN@YAHOO.COM.SG |
| Mobile Phone No .....          | (Phone) +65-98340792       |
| Alternative Phone No .....     | -                          |

### 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 .....   | 1800                      |

### INSURANCE COMPANY

|   |                      |
|---|----------------------|
| Name of Insurance Company .....         | HL Assurance Pte Ltd |
| Policy Number / Cover Note Number ..... | MP307781             |

### DRIVER

|                      |               |
|----------------------|---------------|
| Name of Driver ..... | QUEK KOON SAN |
| NRIC No .....        | SXXXX117B     |
| Date Of Birth .....  | 26/05/1958    |
| Occupation .....     | Indoor        |

|  |                            |
|--|----------------------------|
| Date Of Driving Pass .....   | 27/08/1977                 |
| Driving experience .....   | 45 YEARS AND 1 MONTH       |
| Gender .....   | Male                       |
| Mobile Number .....  | (Phone) +65-98340792       |
| Alt. Phone Number .....  | -                          |
| Email Address .....  | SUNLIFEDURIAN@YAHOO.COM.SG |
| Address .....  | 50 LORONG 40 GEYLANG       |
| Address complement .....   | 04-33                      |
| Postcode .....   | 398074                     |
| 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 - Change/cross lane |
| 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

#### PASSENGER 1

|              |         |
|--------------|---------|
| Name .....   | SIU HUI |
| Gender ..... | Female  |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | GBA7068Z             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Commercial vehicle   |
| Name of Driver .....                          | ISLAM MD RABIUL      |
| Contact Number .....                          | (Phone) +65-87748030 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | 1                    |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |               |
|---|---------------|
| Name of injured person .....                              | QUEK KOON SAN |
| Gender .....  | Male          |
| Phone No .....  | -             |
| Address .....   | -             |
| Address Complement .....                                  | -             |
| Post Code .....   | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | 3 DAYS MC     |
| Injured person in which vehicle? .....                    | SLQ5909A      |
| Were seat belts worn? .....                               | Yes           |
| Was this injured conveyed to hospital by ambulance? ..... | No            |

SKETCH PLAN

IMPORTANT NOTICE

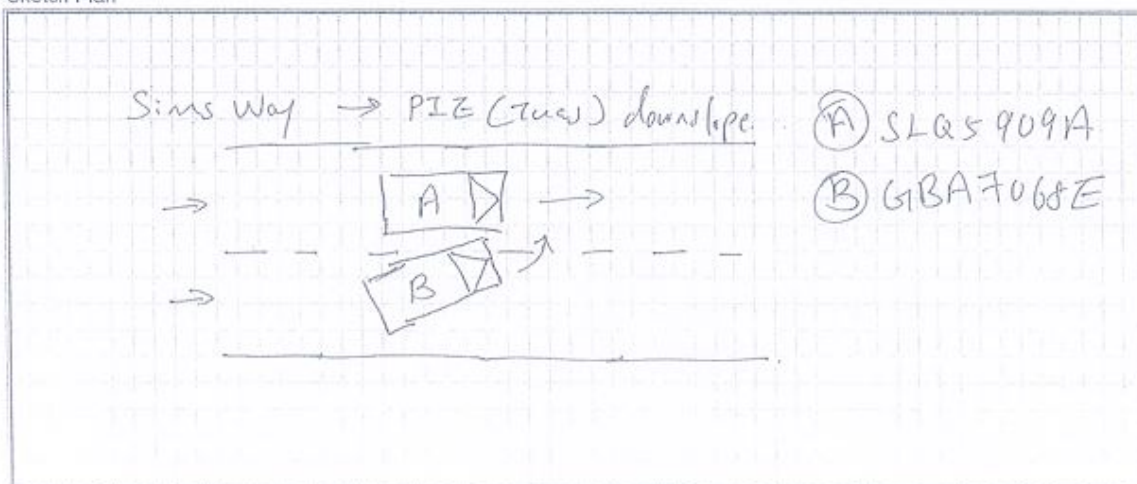
1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records 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.
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

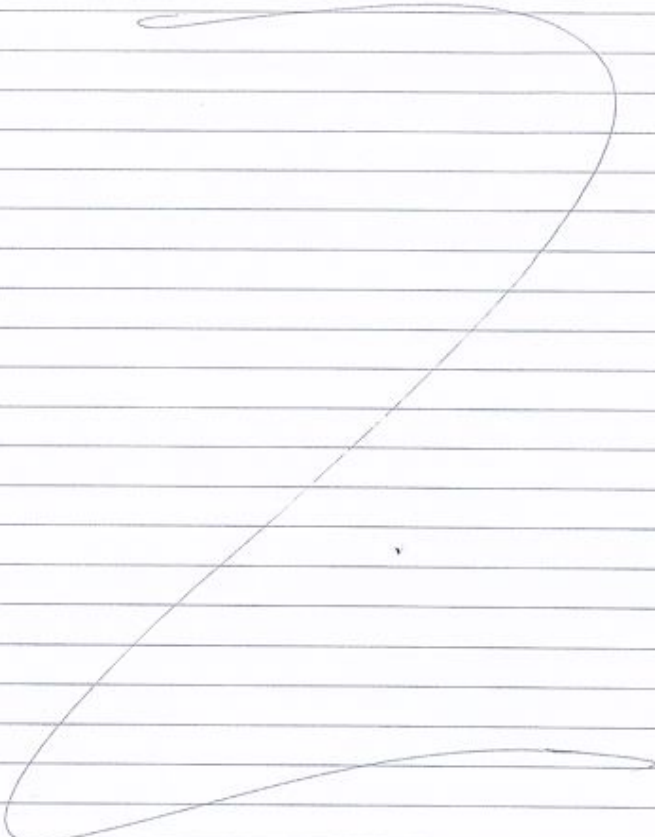
  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report no 7/20220912/7050



Declaration

I/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  
(Name as in NRIC/ID card)

















































**SINGAPORE  
POLICE FORCE**



T/20220912/7050

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4  
Report No, T/20220912/7050

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>12/09/2022 15:05 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>QUEK KOON SAN        |            |                              | Address:<br>50 LORONG 40 GEYLANG #04-33 SINGAPORE 398074 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1337117B   |            |                              | Contact No.:<br>Home/Office: Mobile: 98340792            |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>sunlifedurian@yahoo.com.sg                     |                    |                            |
| Sex:<br>Male                               | Age:<br>64 | Date of Birth:<br>26/05/1958 | Type of Informant:<br>Driver                             |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                     |                    | Institution / School Name: |
| Occupation:                                |            |                              | Driving Licence Information:<br>Class: 3                 |                    | Date of Expiry:            |

**General Information of the Accident**

|   |                           |                                    |  |                             |
|---|---------------------------|------------------------------------|--|-----------------------------|
| Type of Accident:   | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>09/09/2022 21:30 | Type of Location:<br>Bridge |
| Location:<br>SIMS WAY   |                           |                                    |  |                             |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               | Road Speed Limit:                          |                             |
| Traffic Flow:<br>One Way  |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                             |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                           |                                    | Anyone conveyed by ambulance:<br>No        |                             |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make   | Model        | Color | Conditio          | No of |
|-------------|-------|--------|--------------|-------|-------------------|-------|
| GBA7068E    | Lorry |        |              |       |                   | 0     |
| SLQ5909P    | Car   | TOYOTA | WISH 1.8 CVT | Red   | Seriously Damaged | 1     |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|





**SINGAPORE  
POLICE FORCE**



T/20220912/7050

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4  
Report No, T/20220912/7050

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                       |              |            |             |
|------------------------------|-----------------------|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company     | Insurance No | Effective  | Expiry Date |
| SLQ5909P                     | HL ASSURANCE PTE. LTD | MP307781     | 17/07/2022 | 16/07/2023  |

| Details of Person Involved        |                  |                                   |                                 |
|-----------------------------------|------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                  |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                  | Use of Pedestrian Crossing: NA    |                                 |
| <b>Driver</b>                     |                  |                                   |                                 |
| Name                              | ISLAM MD RABIUL  | ID No.                            | 063653918                       |
| Related Vehicle                   | GBA7068E (Lorry) | Contact No.                       | 87748030                        |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | NIL              | Date                              | NIL                             |
| No. of Days granted Medical Leave | NIL              | Degree of                         | NIL                             |
| <b>Driver</b>                     |                  |                                   |                                 |
| Name                              | QUEK KOON SAN    | ID No.                            | S1337117B                       |
| Related Vehicle                   | SLQ5909P (Car)   | Contact No.                       | 98340792                        |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 10/09/2022       | Date                              | 10/09/2022                      |
| No. of Days granted Medical Leave | 03               | Degree of                         | Serious                         |
| <b>Passenger</b>                  |                  |                                   |                                 |
| Name                              | SIU HUI          | ID No.                            | S2555101Z                       |
| Related Vehicle                   | SLQ5909P (Car)   | Contact No.                       | NIL                             |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | NIL              | Date                              | NIL                             |
| No. of Days granted Medical Leave | NIL              | Degree of                         | NIL                             |





SINGAPORE  
POLICE FORCE



T/20220912/7050

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20220912/7050

CONTINUATION OF REPORT

Brief Details.

On 09/09/2022 at about 9:30pm, I was driving along Sims Way heading towards PIE(Tuas) on the left lane of 2 lane road downslope. Suddenly a lorry GBA7068E on the right lane swerve into my lane and collided onto my vehicle right portion from front to rear. After the accident, we got down from our vehicle to exchange and a traffic police officer come to the accident scene to control the traffic. The officer advise us to exchange particular. The driver of GBA7068E apologizes and written a note to admit that he is the one that collided onto my vehicle.

When I wake up the next day morning, I feel pain on my back and shoulder. I decided to consult doctor. The doctor told me that the back of my left shoulder have bruises. Doctor given me 3 days of mc for the pain I suffered and advise me to monitor. If the pain persist, ask me to come back.



SINGAPORE  
POLICE FORCE



T/20220912/7050

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20220912/7050

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
12/09/2022 15:05

Classification Of Case:

NP168





### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1995  
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 : MP307781

|                  |                 |                   |               |
|------------------|-----------------|-------------------|---------------|
| Type of Coverage | : Comprehensive | Own Damage Excess | : SGD1,200.00 |
| Sum Insured      | : Market Value  | Windscreen Excess | : SGD100.00   |

- |  |                   |
|--|-------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SLQ5909P          |
| Chassis Number of Vehicle  | JTDGG20W50J007384 |
| 2. Name of Policyholder  | QUEK, KOON SAN    |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 17 Jul 2022       |
| 4. Date of Expiry of Insurance   | 16 Jul 2023       |
| 5. Persons or Classes of Persons entitled to drive*                            |                   |
| 01. QUEK, KOON SAN   | 02. N/A           |
| 03. N/A  | 04. N/A           |
| 05. N/A  | 05. 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 Jun 2022

HL Assurance Pte. Ltd. a member of the Hong Leong Group  
11 Koppin Road, #11-01 ABL Tower, Singapore 069652 Tel: 65 6762 0202 Fax: 65 6722 6097 email: hla@hla.com.sg www.hla.com.sg

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