

## 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 .....	06/03/2023 12:13 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	03/03/2023 06:45 (SGT)
Exact Location of Accident .....	Serangoon Rd, Singapore
Additional Location Information .....	TWDS PIE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKZ9580R
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KALWAN SINGH
NRIC No .....	S1600550I
Email Address .....	KALWANSINGH63@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90073932
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	City
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 .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	HL Assurance Pte Ltd
Policy Number / Cover Note Number .....	MP319838

#### DRIVER

Name of Driver .....	KALWAN SINGH
NRIC No .....	S1600550I
Date Of Birth .....	10/01/1963
Occupation .....	Indoor

Date Of Driving Pass .....	09/05/2003
Driving experience .....	19 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90073932
Alt. Phone Number .....	-
Email Address .....	KALWANSINGH63@GMAIL.COM
Address .....	BLK 110 MCNAIR ROAD #03-257
Address complement .....	-
Postcode .....	320110
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	1
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 .....	-

#### 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

REFER TO POLICE REPORT: T/20230306/7026.

#### 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 .....	SJL1564B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHAN JI HIONG
Contact Number .....	(Phone) +65-97533753
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KALWAN SINGH
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKZ9580R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

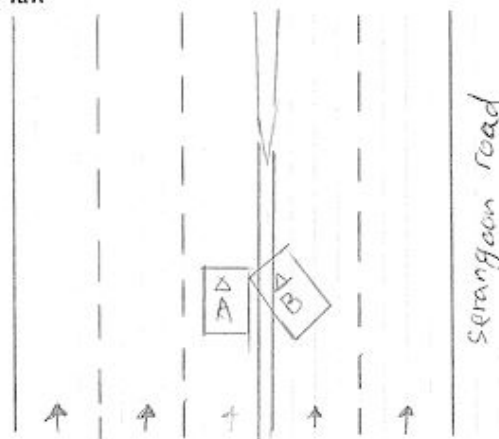
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.
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' law yers/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' law yers/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 law yers/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 = SKZ 9580R


B = SJL 1564B


## Describe Circumstances of the Accident

On 03.03.2023 at about 6:45 am. I was travelling along Serangoon Road. Suddenly, vehicle B (SJL 1564B) into my lane crossing the double white line road marking and collided on to right side of my vehicle (SKZ 9580R).

## Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time

 04/02/23 1109hrs  
 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20230306/7026

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

1 of 3

Report No. T/20230306/7026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/03/2023 11:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KALWAN SINGH			Address: 110 MCNAIR ROAD #03-257 SINGAPORE 320110		
ID Type / ID No.: NRIC NO / S1600550I			Contact No.: Home/Office: Mobile: 90073932		
Nationality: SINGAPORE CITIZEN			Email: KALWANSINGH63@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 10/01/1963	Type of Informant: Vehicle Owner		
Race: Sikh		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3,4		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2023 06:45	Type of Location: Y-Junction
Location:  SERANGOON ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL1564B	Car					0
SKZ9580R	Car	HONDA	CITY 1.5	Silver	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230306/7026

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

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Report No. T/20230306/7026

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ9580R	HL ASSURANCE PTE. LTD	MP319838	30/03/2022	29/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KALWAN SINGH	ID No.	S1600550I
Related Vehicle	SKZ9580R (Car)	Contact No.	90073932
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	04/03/2023	Date	04/03/2023
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

ON 03.03.2023 AT ABOUT 6:45AM. I WAS TRAVELLING ALONG SERANGOON ROAD. SUDDENLY, VEHICLE B (SJL 1564B) INTO MY LANE CROSSING THE DOUBLE WHITE LINE ROAD MARKING AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE (SKZ 9580R).

I FEEL PAIN AT MY SHOULDER AND BACK AREA AFTER THE ACCIDENT. I VISITED KALLANG BAHRU FAMILY CLINIC PTE LTD AND WAS GIVEN 3DAYS MC.





**SINGAPORE  
POLICE FORCE**

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



T/20230306/7026

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Report No. T/20230306/7026

**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:  
TAN JEOK LENG  
Contact No.: 65476151

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

Date/Time:  
06/03/2023 11:28

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, 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 : MP319838	
Type of Coverage : Comprehensive	Own Damage Excess : SGD1,200.00
Sum Insured : <b>Market Value</b>	Windscreen Excess : SGD100.00
1. Index Mark and Registration Number of Vehicle	SKZ9580R
Chassis Number of Vehicle	MRHGM6660GP000421
2. Name of Policyholder	SINGH, KALWAN
3. Effective date of the Commencement of Insurance for the purposes of the Act	30 Mar 2022
4. Date of Expiry of Insurance	29 Mar 2023
5. Persons or Classes of Persons entitled to drive*	
01. SINGH, KALWAN	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: 12 Feb 2022

HL Assurance Pte. Ltd. A member of the Hongkong Group

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