

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 15:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/03/2023 12:40 (SGT)
Exact Location of Accident	Near The Nexus, Singapore
Additional Location Information	BUKIT TIMAH ROAD TOWARDS UPP BUKIT TIMAH ROAD (NEAR NEXUS CONDO)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ839B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN MEI YING SHIRLEY
NRIC No	S1560812I
Email Address	SHIRLEY.TANMY@GMAIL.COM
Mobile Phone No	(Phone) +65-97881536
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	1797

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP312196

DRIVER

Name of Driver	TAN MEI YING SHIRLEY
NRIC No	S1560812I
Date Of Birth	07/07/1962

Occupation	Outdoor
Date Of Driving Pass	23/03/2000
Driving experience	23 YEARS
Gender	Female
Mobile Number	(Phone) +65-97881536
Alt. Phone Number	-
Email Address	SHIRLEY.TANMY@GMAIL.COM
Address	BLK 539 JURONG WEST AVE 1
Address complement	08-1026
Postcode	640539
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	DRIZZLING
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?	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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SUMMARY & SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ5884C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	SEO JUNG WON
Contact Number	(Phone) +65-94555797
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

On 4/3/2023 (Sat) at about 12.40pm, I was driving my vehicle A (SJS839B) along Durian Rd making a U turn to Bukit Timah Rd. Since the 1st lane was blocked for repair and while ~~to~~ looking out to shift to lane 2, I felt ~~some~~ a hard banged ~~back~~ behind my car from vehicle B (85Z 5884C). While was searching for umbrella to get out of car, vehicle B driver already standing beside my car door. So ~~be~~ I inspected my vehicle, saw my bumper get scratches with black paint, a hole more ~~at the~~ to the left, the bumper was damaged.

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)

BOREN TAN

SKETCH PLAN**IMPORTANT NOTICE**

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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)

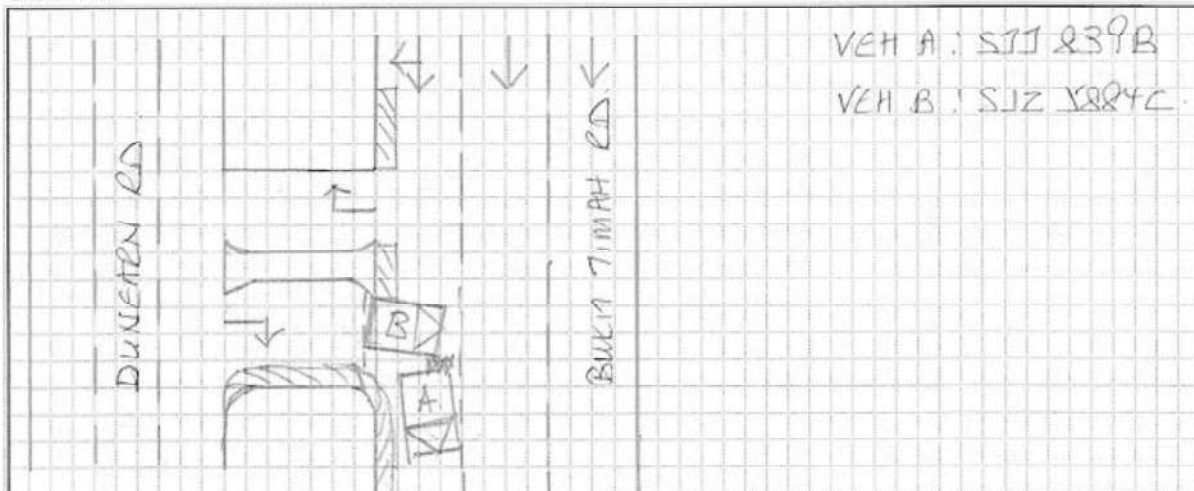
I understand, acknowledge, agree and consent that:

- (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
(Name as in NRIC/ID card)
DORREN FAXI

Sketch Plan

BUKIT TIMAH RD TOWARDS UPP BUKIT TIMAH RD
(NEAR NEXUS CONDO)











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: _____ Vehicle Registration No: SU839B
 Name (as shown in NRIC): TAN MEI YING SHIRLEY NRIC/FIN/Passport No: S15608121
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 539 JURONG WEST MK 1 #08-1086 Singapore (64059)
 Contact (Tel): _____ Mobile No.: 9788 1586
 Email Address: SHIRLEY.TANMY@GMAIL.COM
 Date of Accident: 04/08/2013 Time of Accident: 1240 HRS
 Place of Accident: BT TIMAH RD TOWNS UPP BT TIMAH RD.
 Insurance Company: HL ASSURANCE

(B) ADDITIONAL INFORMATION /AMENDMENTS:

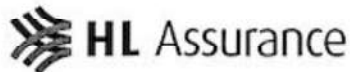
I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND ACCIDENT LOCATION (PIN WRONGLY).

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: DORFEN TAN
NRIC/FIN No.: S15608121
Date: 07/08/2013





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 : MP312196

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 | SJJ839B |
| Chassis Number of Vehicle | JTDGG20W70J009184 |
| 2. Name of Policyholder | TAN, MEI YING SHIRLEY |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 09 Mar 2022 |
| 4. Date of Expiry of Insurance | 08 Mar 2023 |
| 5. Persons or Classes of Persons entitled to drive* | |
| 01. TAN, MEI YING SHIRLEY | 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 : MAYBANK SINGAPORE 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: 07 Mar 2022