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 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.
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	18/03/2023 12:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/03/2023 15:35 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	ENTRANCE FROM TANJONG KATONG (TWDS CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5995P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ASAD ALAMGIR HAQUE
NRIC No	S8155970H
Email Address	ENAMOUR_SG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93891142
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Esquire
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	MP321878

DRIVER

Name of Driver	LEE SU SIAN (LI SUXIAN) MRS SU SIAN HAQUE
NRIC No	S8428599D
Date Of Birth	12/09/1984
Occupation	Indoor

Date Of Driving Pass	23/05/2008
Driving experience	14 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81335303
Alt. Phone Number	-
Email Address	ENAMOUR_SG@YAHOO.COM.SG
Address	20 MANGIS ROAD
Address complement	-
Postcode	424958
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	3
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	ARIANNA HAQUE
Gender	Female

PASSENGER 2

Name	ALANNA HAQUE
Gender	Female

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

I WAS DRIVING WHEN A RED VEHICLE SMD1646E COLLIDED ONTO OUT VEHICLE FROM THE BACK ON 16/03/2023 AT 3.35PM ON THE ROAD MERGING INTO ECP HIGHWAY (TOWARDS CHANGI) FROM TANJONG KATONG ROAD EXIT. THE VEHICLE HAD KNOCKED US FROM BEHIND. THE BACK DOOR, BUMPER SIDES ETC WERE DAMAGED AS A RESULT OF THE COLLISION. THE OTHER DRIVER WAS VERY APOLOGETIC. THOUGH I HAVE 2 KIDS WITH ME IN THE CAR, NO POLICE REPORT WAS MADE AS NO ONE WAS INJURED. GIVEN THE CIRCUMSTANCES, FIRMLY BELIEVE THAT ITHER DRUVER IS AT FAULT. ANY CLAIMS SHOULD BE SOLEY AGAINST OTHER DRIVER'S SIDE

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	WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD1646E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DALVI SIDDARTH RAJIV
Contact Number	(Phone) +65-94512012
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

Sketch Plan

Describe Circumstances of the Accident

I, Lee Su Sian, was driving when a red vehicle (SMD 1646E) collided into our vehicle from the back, on 16 Mar '23 at ~ 3.35pm on the road merging into ECP highway (towards Changi) from Tanjong Katong Road exit.

The vehicle had knocked us from behind. The back door, bumper, sides etc were damaged as a result of the collision.

The other driver was very apologetic. Though I had my 2 kids with me in the car, no police report was made as no one was injured.

Given these circumstances, firmly believe that other driver is at fault. Any claims should be solely against other driver's side.

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


TOYOTA MOTOR CORPORATION JAPAN
MODEL DAA-ZWR80G-CPXGB
ENGINE 2ZR-FXE 1797 mL
FRAME No. ZWR80-0341225
COLOR TRIM PLANT OPTION
070 EA20 C25 781
TRANS./AXLE P410 -03A

IMAGES #2

IMAGES #3


ACCIDENT REPORTING HOURS
MON - FRI : 9.00 AM - 5.00 PM
SAT : 9.00 AM - 1.00 PM
ERGO
SMJ
5995P

IMAGES #4


ACCIDENT REPORTING HOURS
MON-FRI: 9.00 AM- 5.00 P.M.
SAT: 9.00 AM- 1.00 PM
SMJ
5995P

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9