

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	26/05/2023 12:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/05/2023 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JLN KEBUN LIMAU (OFF CTE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1682H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM HIN CHEW
NRIC No	SXXXX992B
Email Address	LAMHCPE@GMAIL.COM
Mobile Phone No	(Phone) +65-82009361
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP314066

DRIVER

Name of Driver	LAM HIN CHEW
NRIC No	SXXXX992B
Date Of Birth	18/08/1965
Occupation	Indoor

Date Of Driving Pass	08/02/1989
Driving experience	34 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82009361
Alt. Phone Number	-
Email Address	LAMHCPE@GMAIL.COM
Address	29 UPPER SERANGOON VIEW #07-15
Address complement	-
Postcode	534044
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
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 THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR1739Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA SOON KIANG
NRIC No	SXXXXX811Z

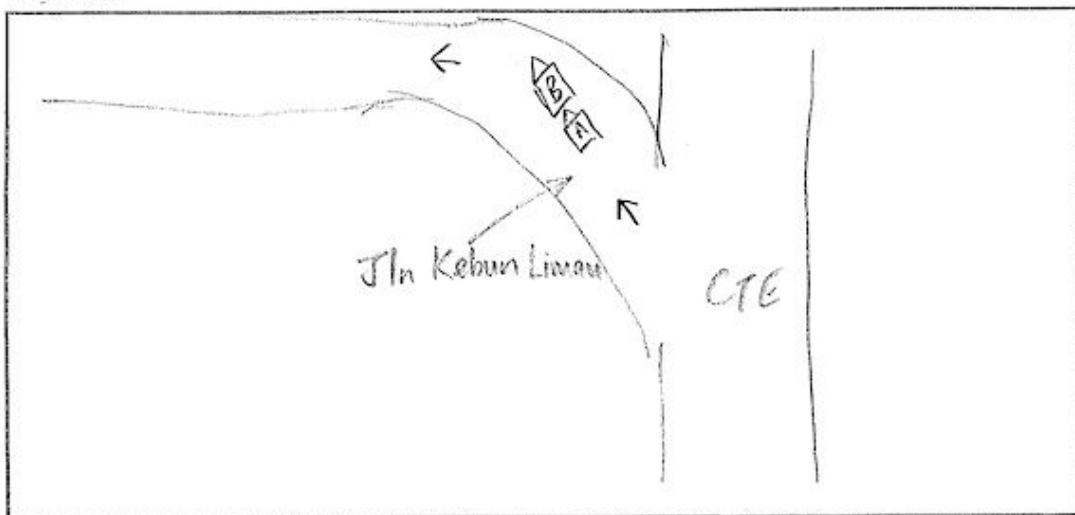
Contact Number	(Phone) +65-98534473
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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' 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.

Sketch Plan



Policyholder's Signature / Date & Time
 0930h

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

Witnessed by Reporting Centre Personnel
 26/05/2023

ASSURANCE COMPANY

Date of accident: 25/5/23 Time: 1910h Location: Jln Kebun Liman
 My Vehicle A: SLS1682H Vehicle B: SMR1739Y Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

I was in the queue to drive onto the Balestier Road. When the car B in front stopped, I was not able to brake in time and hit car B at the back.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

[Signature] 26/5/23
 Policyholder's Signature / Date & Time
 0930h

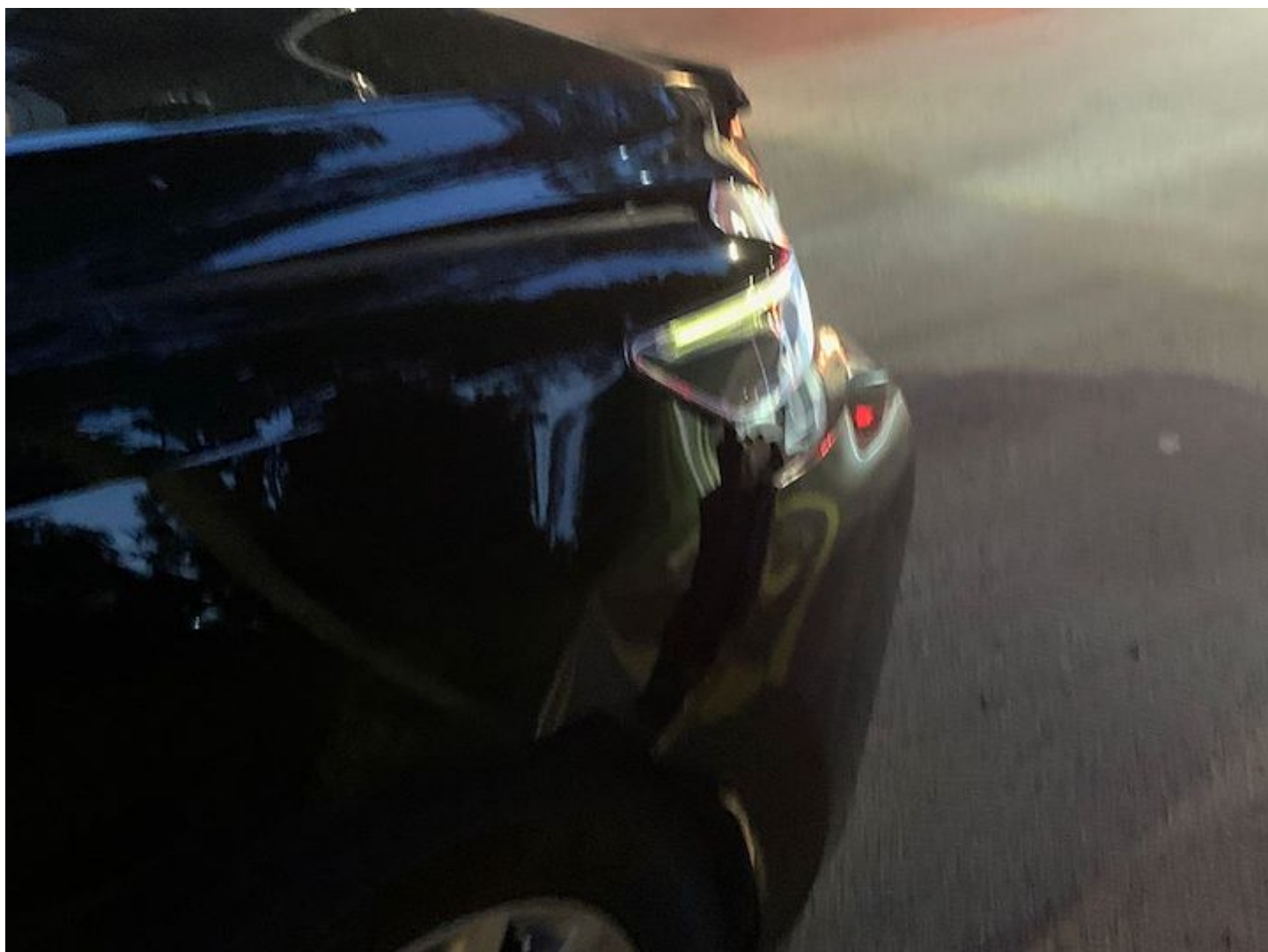
Driver's Signature (if driver is not the policyholder) / Date & Time



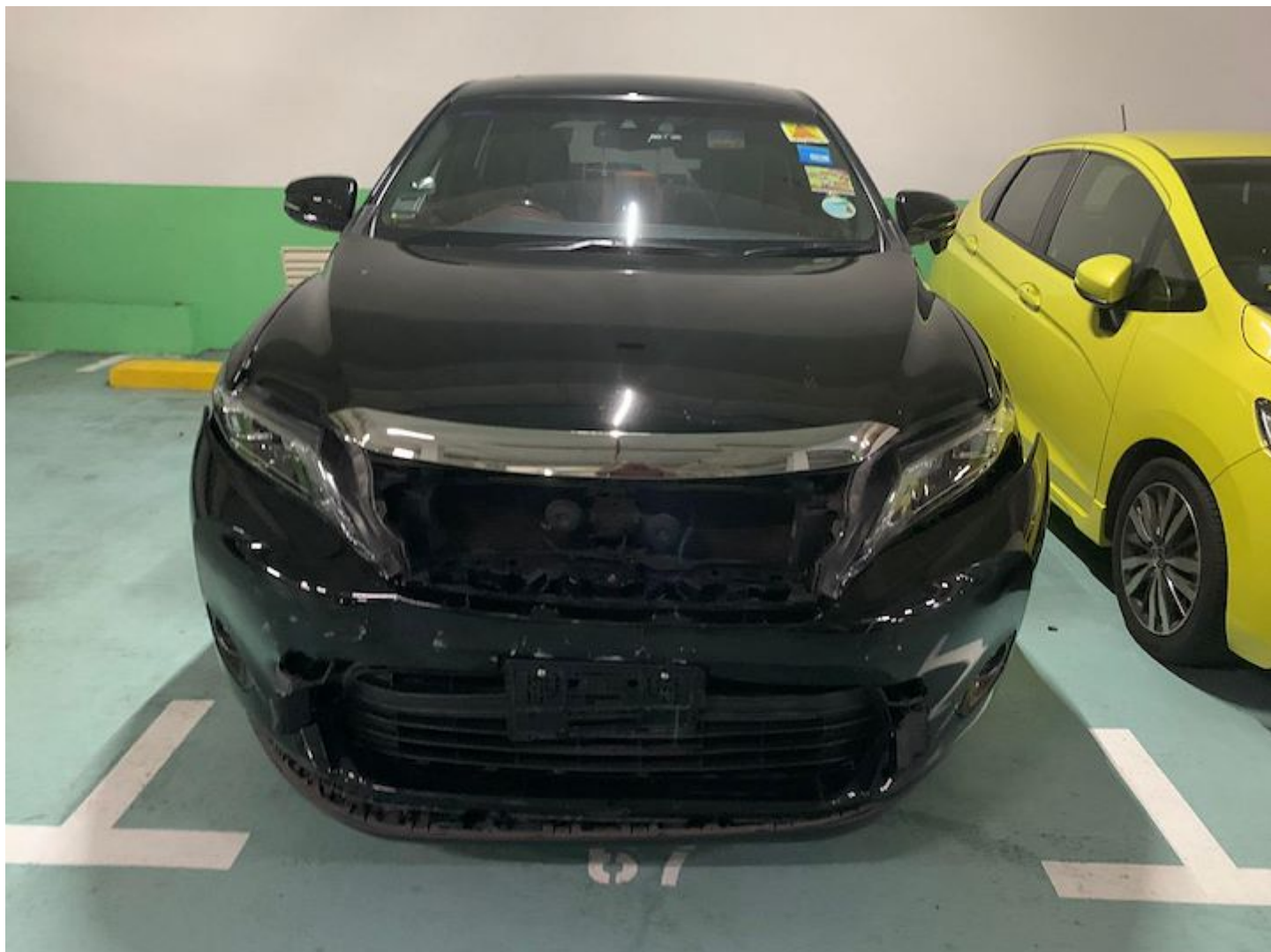
[Signature] 26/05/2023
 Witnessed by Reporting Centre Personnel

AH LIM MOTOR COMPANY















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: SA1B235Q0001 Vehicle Registration No: SLS1682H
 Name (as shown in NRIC): LAM HIN CHEW NRIC/FIN/Passport No: S1709992B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 29 UPPER SERANGOON VIEW #07-15 Singapore (534044)
 Contact (Tel): _____ Mobile No.: -82009361
 Email Address: LAMHCPE@GMAIL.COM
 Date of Accident: 25/05/2023 Time of Accident: 19:10 HRS
 Place of Accident: JLN KEBUN LIMAU (OFF CTE)
 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:

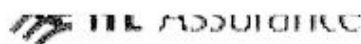
To update the 3rd party driver vehicle number and particular.

OPERATOR

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



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 1988 (MALAYSIA)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form: A1			
CERTIFICATE NUMBER		MTR1966	
Type of Coverage	Comprehensive	Own Damage Excess	SGD750.00
Sum Insured	Market Value	Sum Insured Excess	SGD100.00
1. Index Mark and Registration Number of vehicle	SL5163BH		
Class Number of Vehicle	ZSU6000265J7		
2. Name of Policyholder	LAM HIN CHEW		
3. Effective date of the Commencement of insurance for the purposes of the Act	24 Aug 2022		
4. Date of Expiry of Insurance	23 Aug 2023		
5. Persons or Classes of Persons entitled to drive?			
01. WAN WAH LIN	02. LAM HIN CHEW		
03. NA	04. NA		
05. NA	06. NA		
(b) Any other person who is driving on the Policyholder's order or with his/her permission			
<p>Whereas the person driving is permitted to use the vehicle on the day of the accident, to drive the Motor Vehicle has been permitted and is not suspended by order of court, that there is no record of any conviction or suspension that reflects on driving the Motor Vehicle.</p>			
6. Limitations as to use?			
<p>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, relayed by 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.</p> <p>Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 65 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>			
<p>Please note that the Own Damage Excess will be subject of claims related repairs, one date of HL Assurance Approved Workshops listed in the attached.</p> <p>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).</p>			
Insured Party's 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

Issued on: 21 Jun 2022