

# 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 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. 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 .....	26/03/2022 12:53 (SGT)
Date of Accident .....	26/03/2022 08:50 (SGT)
Exact Location of Accident .....	Upper Paya Lebar Rd, Singapore
Additional Location Information .....	UBI FILTER LANE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMP3046K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA YI LONG DANIEL
NRIC No .....	S8815988H
Email Address .....	heydanielchua@gmail.com
Mobile Phone No .....	(Phone) +65-94233436
Alternative Phone No .....	+65-94233436

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	HL Assurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	MP319845
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CHUA YI LONG DANIEL
NRIC No .....	S8815988H

Date Of Birth .....	13/05/1988
Occupation .....	Indoor
Date Of Driving Pass .....	12/03/2011
Driving experience .....	11 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94233436
Alt. Phone Number .....	+65-94233436
Email Address .....	heydanielchua@gmail.com
Address .....	BLK 240 SERANGOON AVE 2 #05-63
Address complement .....	-
Postcode .....	550240
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

#### 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 SAW THE TRAFFIC WAS CLEAR ON THE MAIN ROAD. SO, I PROCEED TO MOVE OFF. BUT VEHICLE B IN FRONT SUDDENLY BRAKE AND END UP MY FRONT COLLIDED ONTO VEHICLE B REAR PORTION.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLR2303B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
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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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

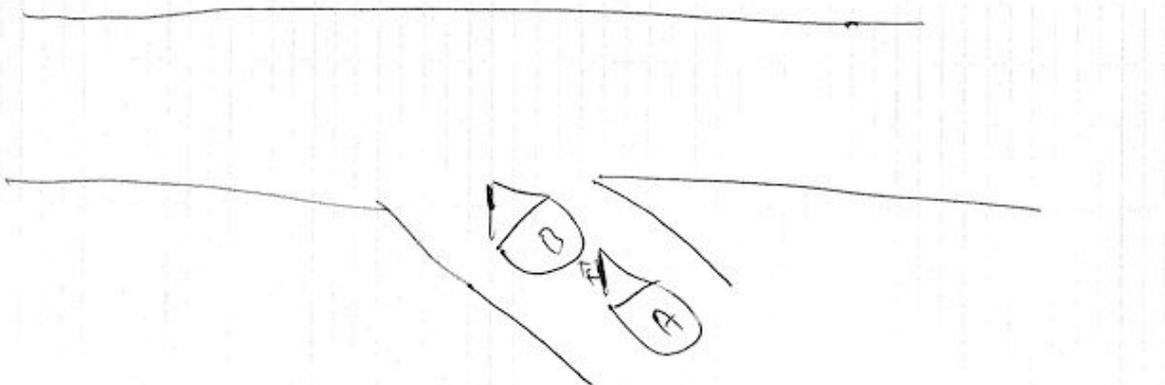
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 \_\_\_\_\_  
 Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



*AMB*

Describe Circumstances of the Accident

I saw the traffic was clear on the main road,  
so I proceed to move off, but vehicle B  
infront suddenly brake and end up my front end collided  
onto vehicle B rear partially.

Declaration

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



























Take  
 ted later, Obtain

ance/advice, if

t working day.

### THE SCHEDULE

**Insured Name and Address:**  
 CHUA, YI LONG DANIEL  
 240 SERANGOON AVENUE 2  
 #05-63  
 SINGAPORE 550240

**Policy No.:** MP319845  
**Period of Insurance**  
**From :** 15 Feb 2022  
**To :** 14 Feb 2023  
*(Both Dates Inclusive)*  
**Date of Issue :** 14 Feb 2022

Name of Product	:	Car Protect360		
Scope of Cover	:	Comprehensive		
Registration No.	:	SMP3046K		
Make & Model	:	Mazda 3 1.5		
Engine No.	:	P520326889.		
Chassis No.	:	JM6BM44A8G0322419.		
Engine Capacity	:	1498 c.c		
Year of Registration	:	2015		
Sum Insured	:	Market Value	<b>Windscreen</b>	: Unlimited
No Claim Discount	:	0%	<b>Off-Peak Car</b>	: No
Offence Free Dis.	:	No	<b>Vehicle Usage</b>	: Private + Work
NCD Protector	:	No	<b>Approved Workshop</b>	: Yes
Own Damage Excess	:	SGD1,000.00	<b>Windscreen Excess</b>	: SGD100.00
Y/I Driver Excess (if applicable)	:	SGD3,000.00		
Hire Purchase	:	Hong Leong Finance Limited		
Authorized Drivers	:	CHUA, YI LONG DANIEL LIOW, JIN PING N/A N/A		
Limitation as to Use	:	As specified in the Certificate of Insurance		
Subject to Endorsement(s)	:	MAE, M02, M06, M09, M11, M03, M14		
Premium Payable	:	SGD 1,579.92 (Inclusive of GST)		

Signed for and on behalf of  
 HL Assurance Pte. Ltd.

Authorized Signature