

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 First Submission	27/07/2023 10:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/07/2023 13:33 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	PASIR PANJANG ROAD JUNCTION TOWARDS PASIR PANJANG VILLAGE.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9060P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUR SZE YING, JAINA
NRIC No	S8006282F
Email Address	CHURJAINA@GMAIL.COM
Mobile Phone No	(Phone) +65-81187278
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520d
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	2000

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP306609

DRIVER

Name of Driver	CHUR SZE YING, JAINA
NRIC No	S8006282F
Date Of Birth	24/02/1980

Occupation	Indoor
Date Of Driving Pass	25/05/2004
Driving experience	19 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81187278
Alt. Phone Number	-
Email Address	CHURJAINA@GMAIL.COM
Address	30 KEPPEL BAY DR #09-43
Address complement	-
Postcode	098650
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)	2
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	KATE LOW
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 ALONG PASIR PANJANG ROAD TOWARDS PASIR PANJANG VILLAGE ON LANE 1 (STATIONARY) WAITING FOR TRAFFIC LIGHT. SUDDENLY INFRONT VEHICLE NO SML6008U REVERSED HIS CAR AND HIT TO MY VEHICLE. HE WAS REVERSED AT A FAST SPEED. I TRIED TO HORN AT HIM BUT HE DIDN'T HEAR IT. I SAW HE CAME OUT OF HIS CAR WEARING BOTH OF HIS EAR PLUGS. NO BODY INJURY IN THIS ACCIDENT.

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	SMC6008U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG KIAN HUAT DOLAND
Contact Number	(Phone) +65-96846852
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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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' 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

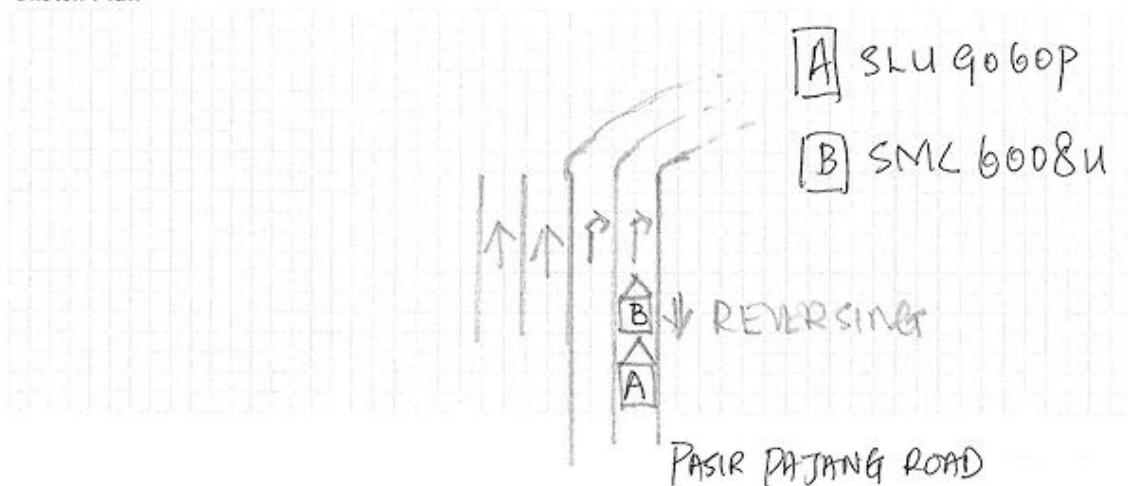
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

x
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS DRIVING ALONG PASIR PANJANG ROAD TOWARDS PASIR PANJANG VILLAGE ON LANE 1 (STATIONARY) WAITING FOR TRAFFIC LIGHT. SUDDENLY IN FRONT VEHICLE NO. SMC 6008U REVERSED HIS CAR & HIT TO MY VEHICLE. HE WAS REVERSED AT A FAST SPEED, I TRIED TO HORN AT HIM BUT HE DIDN'T HEAR IT. I SAW HE CAME OUT OF HIS CAR WEARING BODY OF HIS EAR PLUGS. NO BODY INJURY IN THIS ACCIDENT.

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







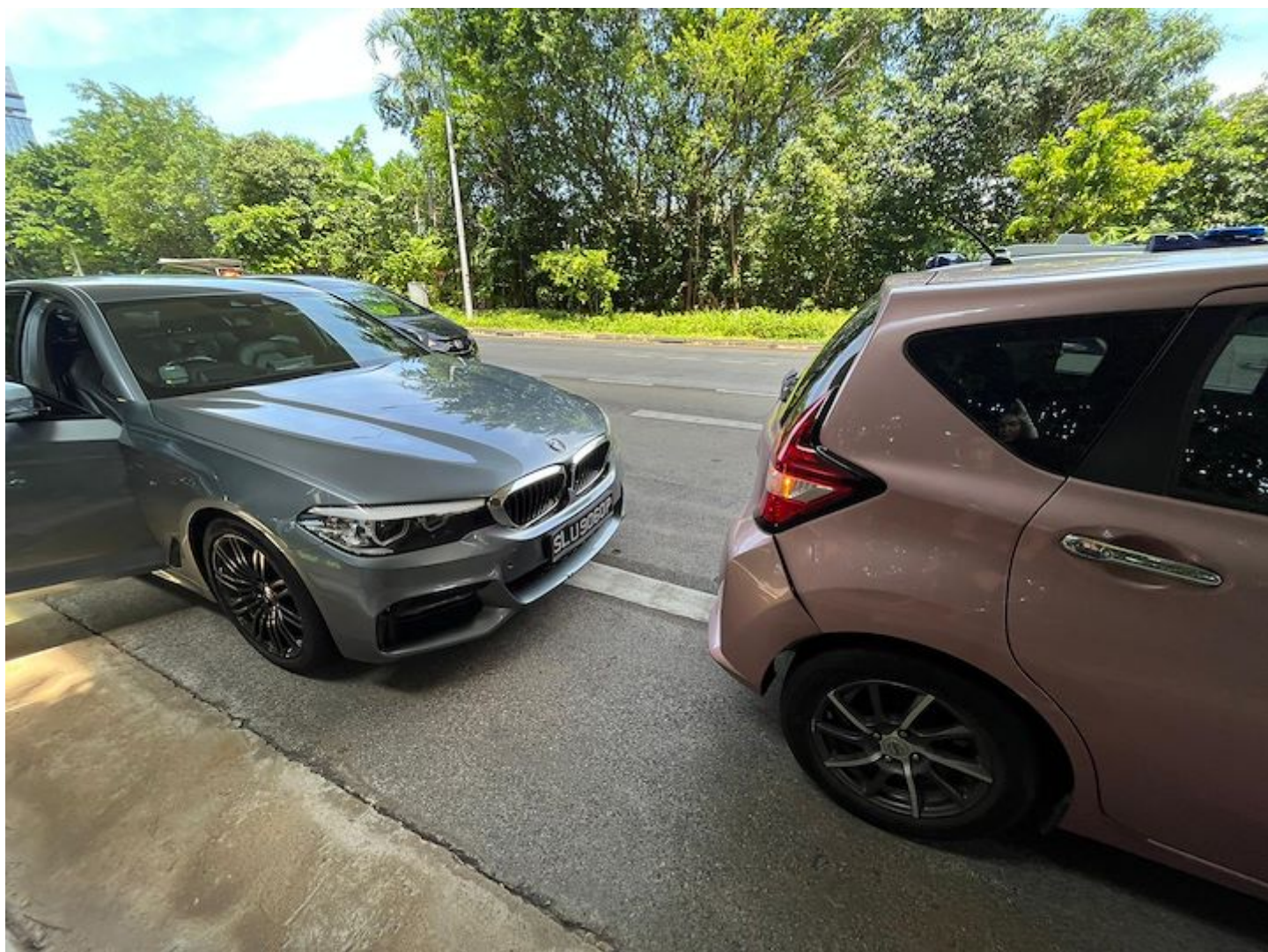














CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1999

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1999 (MALAYSIA)

OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form XL			
CERTIFICATE NUMBER		MFA00000	
Type of Coverage	Compulsory	Own Damage Excess	USD 750.00
Sum Insured	Market Value	Workshop Excess	USD 100.00
1.	Index Mark and Registration Number of Vehicle		ELJ0000P
2.	Chassis Number of Vehicle		WBAJC120000170008
3.	Name of Policyholder		CHUR SZE YING JANA
4.	Effective date of the Commencement of Insurance for the purposes of Insurance for the purposes of the Act		10 May 2022
5.	Date of expiry of insurance		29 May 2023
6.	Persons or Classes of Persons entitled to drive		
	01 CHUR SZE YING JANA	02 LOW WA HUI KENNETH	
	03 N/A	04 N/A	
	05 N/A	06 N/A	
7.	Any other person who is aware of the Policyholder's order or with his/her permission		
8.	Provided that the person driving is permitted in accordance with the Terms and other laws or laws of jurisdiction to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by means of any enactment or regulation or that he/she is the holder of a valid driving licence for the Motor Vehicle		
9.	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, speed-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 imposed imposed by Section 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 25 of the Road Transport Act, 1987 (Malaysia) are hereby included under these headings.		
	Please note that the Own Damage Excess will be reduced if claims related repairs are done at HL Assurance Approved Workshop 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 condition is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).		
	Hire Purchase Company TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		

WE HEREBY CERTIFY that the Policy (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 V of the Road Transport Act, 1987 (Malaysia) or any Amendment Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.

Issue on: 28 Oct 2022

Authorized Signature

HL Assurance Pte. Ltd. 11 Raffles Place, #11-01, Raffles Place, Singapore 048617. Tel: 65 6733 8888. Fax: 65 6733 8889. Email: hl@hl.com.sg. Website: hl.com.sg