

SS2Q24A30001 / Shu Fatt Auto Works  
ENTRY DATE & TIME: 03/10/2024 12:33 (SGT)  
SUBMITTED BY: Julia Wong  
VERSION: 1 (03/10/2024 12:33 (SGT))

## 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	03/10/2024 12:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/10/2024 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARYLAND DRIVE INTO HOLLAND ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK6259R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHONG TECK
NRIC No	SXXXX377I
Email Address	LIMENT.SURGERY@GMAIL.COM
Mobile Phone No	(Phone) +65-97890150
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Impreza
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	1600
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B300335642QMX

#### DRIVER

Name of Driver	LIM CHONG TECK
NRIC No	SXXXX377I
Date Of Birth	07/10/1957
Occupation	Indoor
Driving Pass Date	12/07/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97890150
Alt. Phone Number	-
Email Address	LIMENT.SURGERY@GMAIL.COM
Address	991 BUKIT TIMAH ROAD
Address complement	#06-20
Postcode	589630
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

PLEASE REFER TO ATTACHMENT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8566P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	XU WEI XIAN
NRIC No	SXXXX437Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

### SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

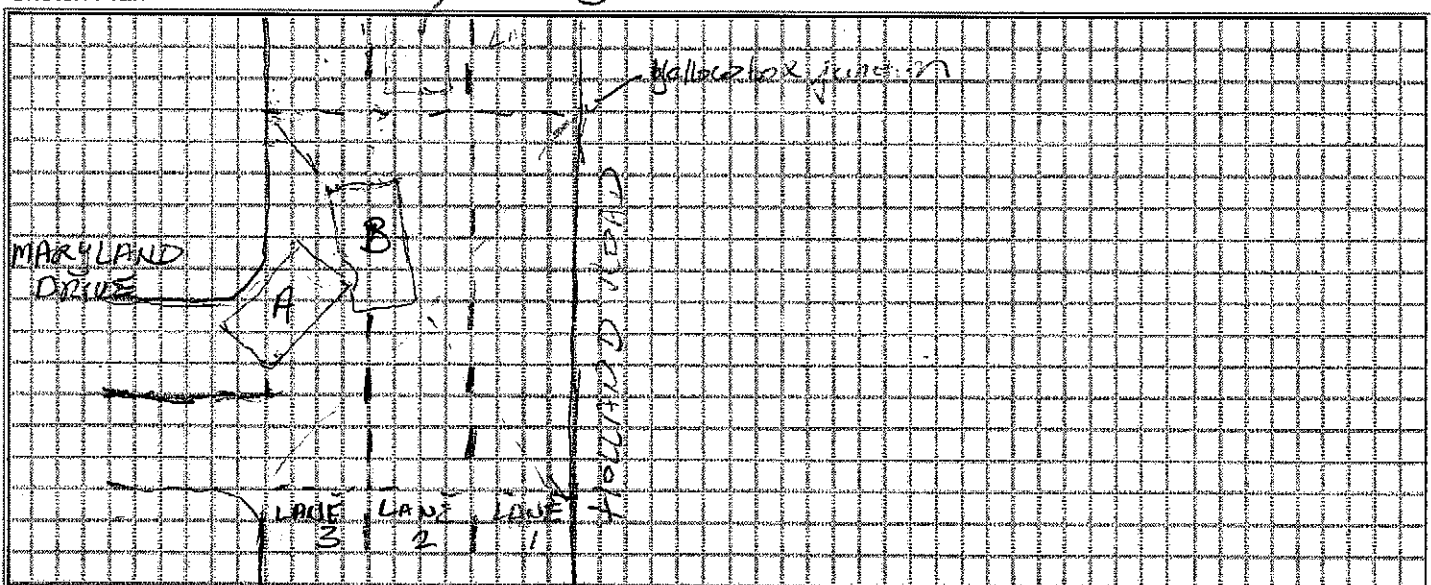
*[Signature]*  
510PM

Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

<sup>Site</sup>  
~~Time~~ of accident : T-junction Maryland Drive & Holland Road  
 Time of accident : 8.10 a.m 2 Oct 2014  
 Cars involved (1) SGK 6259R (A) - my car (2) SH8566P (B)

~~Just before~~ I was travelling from Maryland Drive and ~~was~~ connecting to Holland Road. I stopped completely at the T-junction and waited for the vehicles in lane 3 (leftmost lane) to clear.

Once the vehicles in lane 3 cleared, I turned slowly out from Maryland Drive into Holland Rd. My car (A) was nearly out when car B which was travelling along Holland Road in lane 2, suddenly cut into my lane.

The vehicles in lane 2 were stationary as the traffic lights at Sixth Avenue and Holland Road was red in direction of the city. There is a yellow box junction and lane 2 after this yellow box junction was full. Lane 3 on the left was not filled up. Car B was fittingly suddenly to enter lane 3, so as to avoid being stopped inside the yellow box junction.

Car B hit my car (A) and the right end of the front bumper with the posterior part of his left rear wheel arch.

Car B (Compass Design) taxis was foraging a concession lady sitting in the rear on the right side. Driver of car B did ~~not~~ and the policeman did not mention anything on injury after the accident.

REPORTING ONLY ( )

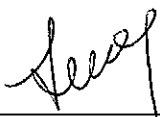
OWN DAMAGE ( )

THIRD PARTY ( )

OWN WORKSHOP ( )

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)