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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	30/11/2017 16:24
Date Of Accident	29/11/2017 17:55
Exact Location Of Accident	HOUGANG AVE 5 (TURN RIGHT TO B/309-319)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ7391E
Insured/Policyholder	

Name Of Registered Owner LIM KENG GUAN (LIN QINGYUAN)

NRIC No S7533194J **Email Address NOEMAIL**

Mobile Phone No (LOCAL) +65-91273484 Alternative Phone No OFFICE-91273484

Vehicle Particulars

Manufacturer **NISSAN**

Model SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR

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?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number A 80420990 QMY (COMP)

Cover Note Number

Driver

Name of Driver LIM KENG GUAN (LIN QINGYUAN)

NRIC No S7533194J Date Of Birth 01/11/1975 **OUTDOOR** Occupation Date Of Driving Pass 28/12/1998

18 YEARS AND 11 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-91273484

Fax Number

Contact Number OFFICE-91273484

EMail Address NOEMAIL Address BLK 830 HOUGANG CENTRAL #06-522

Postcode 530830

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-5529999 - **FAX NO**: 65561905

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED. ATTENDED BY AINI

Attachment(s)

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

Remarks/ Reasons: WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN1522M

Vehicle Make/Model/Colour MERCEDES BENZ E250 AVG (R18 LED)

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJC1896R

Vehicle Make/Model/Colour

MITSUBISHI COLTPLUS 1.5

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name LIM KENG GUAN (LIN QINGYUAN)

Approximate Age

Injuries Sustain PAIN ON NECK & BACK

Injured person in which vehicle? SKQ7391E

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address Postcode

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 lodgment 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 .
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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3 0 MOV 2017

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305

Reporting Centre Personnel selgrature .com.sg

Reporting Centre Personner's Signature S Name: NRIC/FIN No.:

Contractable Contract

Sketch Plan #2 Pg. 1

SKETCH PLAN	· · · · · · · · · · · · · · · · · · ·	
	# Hougans AVE	5
A) SKQ 7391E	J M.	
B) SLN 1522 M		
) 57C 1896R	(A) (B) (C)	
DESCRIBE CIRCUMSTANCES C		
As pe	r Police 'Report N	0 T 20H1130 7 049.
		1
		<u> </u>

		/
	/	
		•
DECLARATION		IDAC KAKI BUKIT (VAC)
I/We declare the foregoing particu		23 Kaki Bukit Ave 4 Singapore 415933
3	0 NOV 2017	Tel: 67416697 Fax: 67492305
Policyholder's Signature	Driver's Signature	Email: vackb@singnet.com.sq
Date & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
Bushin Simil Conferm v3	Date & Time:	NRIC/FIN No.:





Police Station Of Origin:

Bishan N.P.C

Report No. T/20171130/2049

1 of 4

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 12:22		Vide Report No.:	Station Diary No.: 55			
Informant	's Particul	ars				
Name of Ir	nformant:		Address:			
LIM KENG GUAN			APT BLK 830 HOUGANG CENTRAL #06-522 SINGAPORE 530830			
ID Type / I	D No.:		Contact No.:			
NRIC NO	/ S7533194	1 J	Home/Office:	Home/Office: Mobile: 91273484		
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male			Type of Informant: Driver			
Race: Chinese		***************************************	Language: English	Institution / School Name:		
Occupation: SAFETY COORDINATOR			Driving Licence Information Class: 2B,2A,3	: Date of Expiry:		

General Informat	ion of the Accident					Hermonia (1811) Anna Angalana
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 29/11/2017 17:55		Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVE	NUE 5 ards the car park of Bl	k 309-3	19 Hougan	a Ave 5		
Weather: Clear	ardo trio dar park or br		Surface:	, , , , , , , , , , , , , , , , , , , ,	Roa	d Speed Limit:
			Control: ontrolled			fic Volume: lerate
Type of Collision: Between Moving Vehicles - Head To Rear		ear			1 -	one conveyed by oulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJC1896R	Car	MITSUBISHI	COLTPLUS 1.5	Black		0
SKQ7391E	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Black	Seriously Damaged	0
SLN1522M	Car	MERCEDES BENZ	E250 AVG (R18 LED)	Grey		0





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 2 of 4 Report No. T/20171130/2049

CONTINUATION OF REPORT

	•				NATIONAL SOLVEY	
Details of Perso	CONTROL ALIGNAY A RIGHT ALI PLA COLL. ON ALIGNACIO RESPONDENCE DE DEL PROCEDE DE					
Any Pedestrian In No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver	is injured. NIL		Use of Pec	aesman	Cross	sing: NA
Name	KOH ZHENSHENG,			ID No.		S8425933J
B. I	ZHENSHENG, KELV	IN)				
Related Vehicle	SJC1896R (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver						
Name	LIM KENG GUAN			ID No		S7533194J
Related Vehicle	SKQ7391E (Car)			Contact No.		91273484
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/11/2017	Date Discl	scharge 30/11/2017			
No. of Days grant	ted Medical Leave	05	Degree of			
Driver					1674	
Name	TAN CHOON WEE (CHEN JUNN	/EI)	ID No.		S7621303H
Related Vehicle	SLN1522M (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment NIL			Date Discharge NIL			
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	44-44

Brief Details.

On 29/11/2017 at about 1755hrs, I was travelling along Hougang Ave 5 in my vehicle, SKQ7391E (V1). I had stopped at the yellow box, waiting for oncoming vehicles to be clear and to turn right towards the car park of Blk 309-319 Hougang Ave 5 when all of a sudden, I felt an impact coming from the rear.

I wish to state that a vehicle behind me, SLN1522M (V2) had collided onto the rear of my vehicle. I then alighted from my vehicle and realised that I was involved in a chain collision. There was another vehicle behind V2, SJC1896R (V3) had hit onto the rear of V2. The rear boot and bumper were dented it and could not be opened.





Police Station Of Origin: Bishan N.P.C

3 of 4 Report No.-T/20171130/2049 ---

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

CONTINUATION OF REPORT

All drivers then exchanged particulars and took photos of the damages. I have an in-built camera in my vehicle. No Traffic Police or ambulance at scene. No government property damaged and nobody injured at that point of time however when I got home, I felt pains on my back and neck as such I went to the doctor the next day and was given 5 days of MC.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 4 of 4 Report No. T/20171130/2049

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Repor	t: Signature Of Informant:
E / Sgt 2 NUR SAHIDAH BINTE IBRAHIM	
Signature Of Interpreter:	Date/Time:
Not applicable	30/11/2017 12:22
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	
NP168	Signature -
	Singapore Police Porce
	\$\ \tag{2} \ \tag{2} \ \tag{3} \ \tag{4} \ \tag{4} \ \tag{4} \ \tag{4} \ \tag{4} \ \tag{3} \ \tag{3} \ \tag{4} \ \ta











