

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 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 aforesaid.

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?	NO
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
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1998
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91273484
Fax Number	
Contact Number	OFFICE-91273484
EEmail 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
Number of Passengers (Including Driver)	1

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?	NO

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

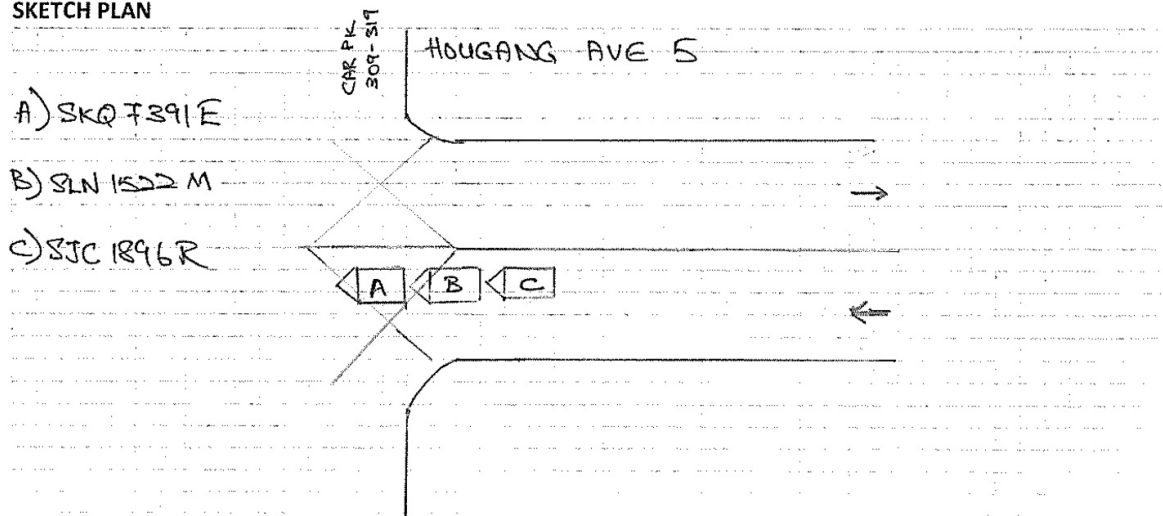
Name LIM KENG GUAN (LIN QINGYUAN)
Approximate Age
Injuries Sustain PAIN ON NECK & BACK
Injured person in which vehicle? SKQ7391E
Were seat belts worn?
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

30 NOV 2017

Page 4 of 15

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No T/20171130/2049.

DECLARATION

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

Policyholder's Signature

Date & Time:

60616 Sordani, 1989: 23

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

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20171130/2049

Police Station Of Origin:
Bishan N.P.C

1 of 4

Report No. T/20171130/2049

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 Particulars				
Name of Informant: LIM KENG GUAN		Address: APT BLK 830 HOUGANG CENTRAL #06-522 SINGAPORE 530830		
ID Type / ID No.: NRIC NO / S7533194J		Contact No.: Home/Office: Mobile: 91273484		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 42	Date of Birth: 01/11/1975	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 Information of the Accident

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 AVENUE 5				
Turning right towards the car park of Blk 309-319 Hougang Ave 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	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



**SINGAPORE
POLICE FORCE**



T/20171130/2049

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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH ZHENSHENG, KELVIN (XU ZHENSHENG, KELVIN)	ID No.	S8425933J
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 Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	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 Discharge	30/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	TAN CHOON WEE (CHEN JUNWEI)	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 granted Medical Leave	NIL	Degree of Injury	NIL

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.



**SINGAPORE
POLICE FORCE**



T/20171130/2049

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.



**SINGAPORE
POLICE FORCE**



T/20171130/2049

4 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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 Report:

E /

Sgt 2 NUR SAHIDAH BINTE IBRAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/11/2017 12:22

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

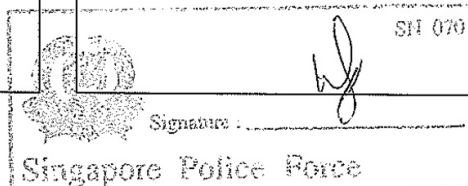
Contact No.: 65476404

Classification Of Case:

SH 070

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

