

## 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	04/12/2017 17:27
Date Of Accident	03/12/2017 22:30
Exact Location Of Accident	MALAYSIA CUSTOM TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGE7435Z
Insured/Policyholder	
Name Of Registered Owner	LIM KENG LONG
NRIC No	S8902442J
Email Address	LIMKENGLONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93693131
Alternative Phone No	OTHERS-93693131
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	PTE
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPC17S019526
Cover Note Number	
Driver	
Name of Driver	LIM KENG LONG
NRIC No	S8902442J
Date Of Birth	18/01/1989
Occupation	INDOOR
Date Of Driving Pass	25/01/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93693131
Fax Number	
Contact Number	OTHERS-93693131
Email Address	LIMKENGLONG@HOTMAIL.COM

Address	BLOCK 670A EDGEFIELD PLAINS #16-602
Postcode	821670
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	COLLISION - HEAD TO REAR
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)	6

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE964Z
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	LIM KENG LONG
Approximate Age	

Injuries Sustain

Injured person in which vehicle? SGE7435Z

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address BLOCK 670A EDGEFIELD PLAINS #16-602

Postcode 821670

#### DETAILS OF INJURED PERSON 2

Name DORIS TOH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGE7435Z

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address BLOCK 670A EDGEFIELD PLAINS #16-602

Postcode 821670

#### DETAILS OF INJURED PERSON 3

Name CHIA KIM HUA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGE7435Z

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address BLOCK 670A EDGEFIELD PLAINS #16-602

Postcode 821670

## Accident Sketch Plan

### 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 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. 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:
  - (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.
- (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.

Policyholder's Signature

Date & Time: 4/12/17 1805 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: April

NRIC/FIN No.:



## Accident Sketch Plan

### SKETCH PLAN

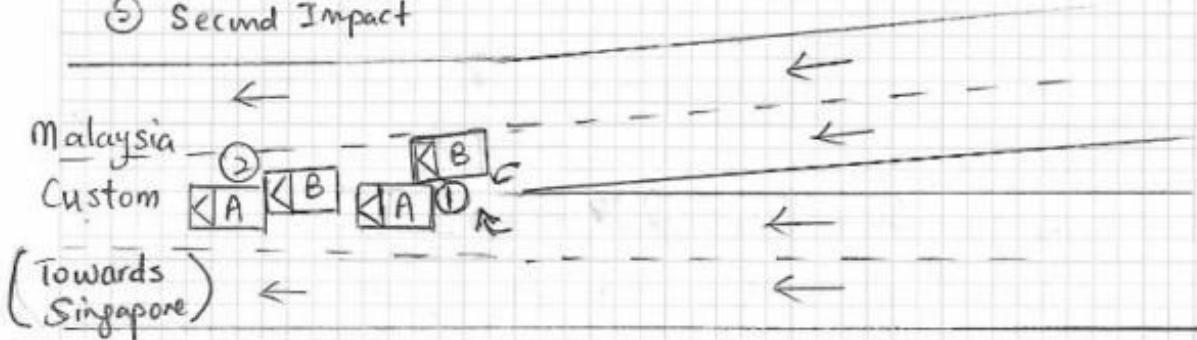
Date of Accident : 3-12-17

A: SGE 7435 Z

① First Impact

B: 8JE 964 Z

⑤ Second Impact



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards Malaysia Custom, the traffic was heavy and slow moving, upon the merging lane, I felt an impact hit onto my vehicle's right hand portion, thus I moved forward and stopped my vehicle, wanted to get off my vehicle to check what had happened, just before I got out, I felt another greater impact bang onto the rear portion of my vehicle. Both collision were caused by 85E 969 Z.

After the accident, my upper & lower back and neck were painful, my passengers: Doris Toh (my wife) and Chia Kim Hua (my wife's grandmother) also suffer pain on their neck and shoulder. We all seek for medical consultation and was given 3 days M.C. I will be making police report soon..

## DECLARATION

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

Policyholder's Signature

Date & Time: 4/12/17 1805 hrs

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name: April

NRIC/FIN No.:



Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8902442J**



Name  
**LIM KENG LONG**  
**林 庆 龍**

Race  
**CHINESE**

Date of birth  
**18-01-1989**

Sex  
**M**

Country of birth  
**SINGAPORE**



Identification Card



3462753



NRIC No. S8902442J

Date of issue  
27-01-2004

APT BLK 670A EDGEFIELD PLAINS #16-602  
SINGAPORE 821670

NRIC No: S8902442J

Date: 27/07/2016



Driving License





## Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

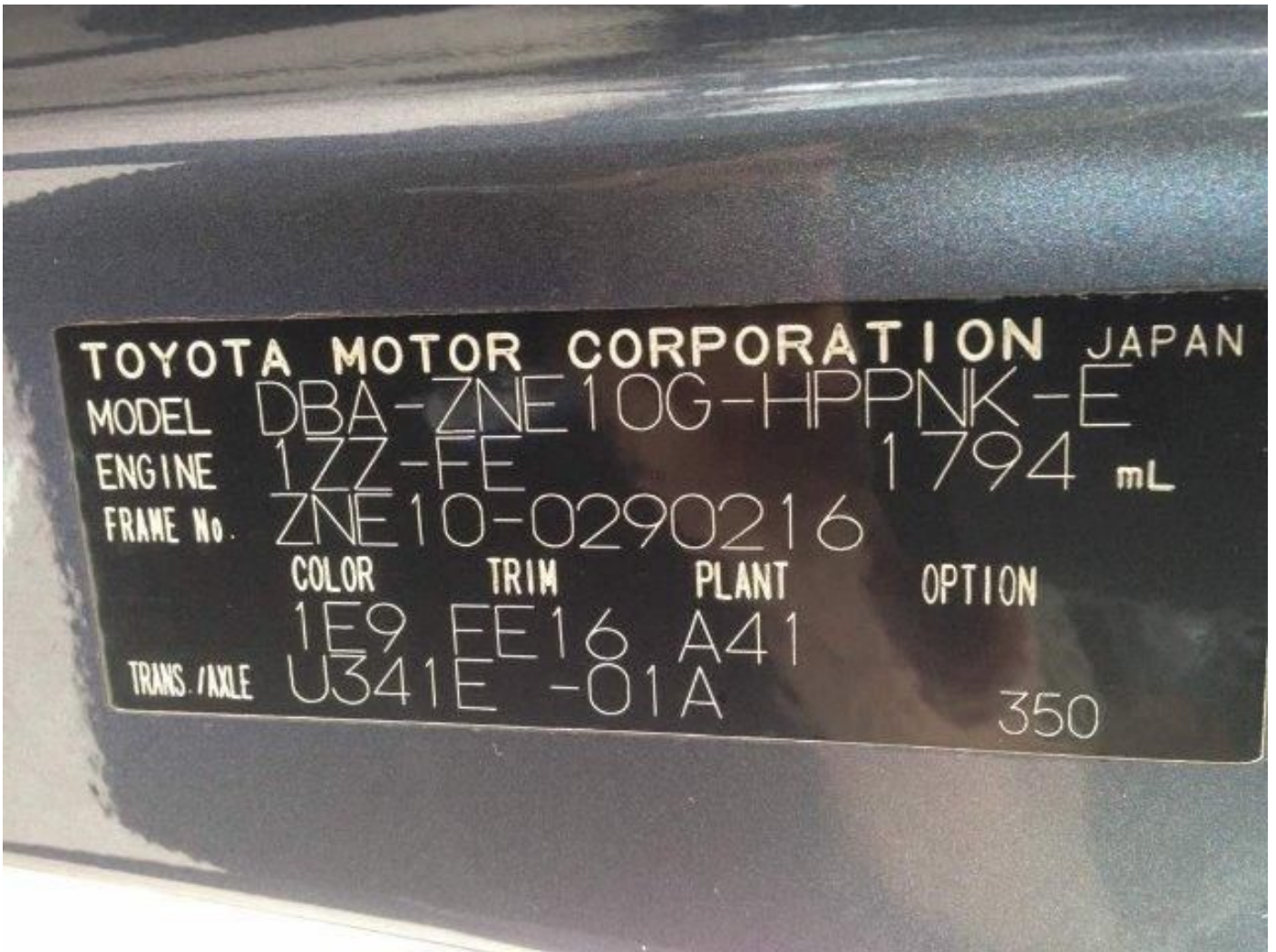
EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 25 Jan 2011

NP 428A



Licence No: S8902442J



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**





Accident Photo



Accident Photo

