





## 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 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	22/02/2018 18:59
Date Of Accident	22/02/2018 09:20
Exact Location Of Accident	COMMONWEALTH AVE/QUEENSWAY INTERSECTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB799U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHEN KWONG
NRIC No	S7205031B
Email Address	JOSHUALIMCK88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98347668
Alternative Phone No	OTHERS-98347668

### Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM-197CC TA200
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-373829-CA
Cover Note Number	

### Driver

Name of Driver	LIM CHEN KWONG
NRIC No	S7205031B
Date Of Birth	17/02/1972
Occupation	INDOOR
Date Of Driving Pass	14/12/1995
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98347668
Fax Number	
Contact Number	OTHERS-98347668
Email Address	JOSHUALIMCK88@GMAIL.COM

Address	BLK 237 SERANGOON AVENUE 3 #04-108
Postcode	550237
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	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 SKETCH PLAN

#### 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	SKS3832R
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENRY LIM
NRIC/Passport Number	S1803524C
Contact Number	96349921
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

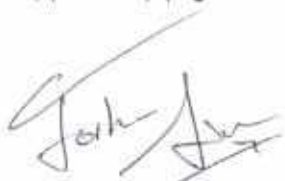
## SKETCH PLAN

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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:

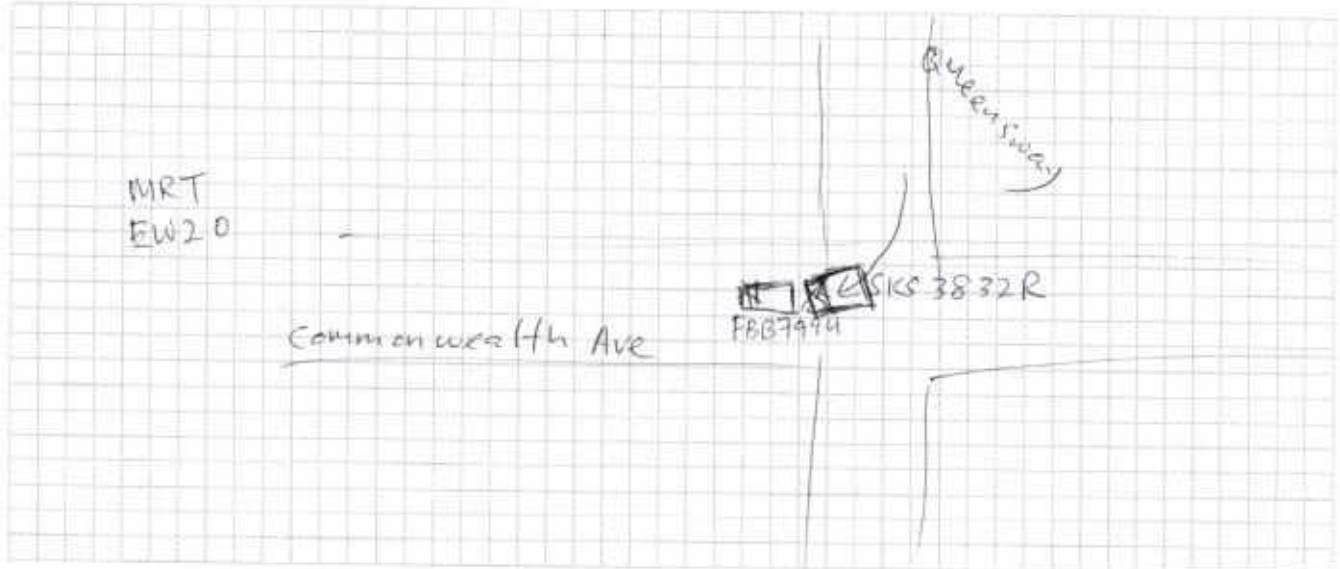
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

22 Feb 9:20 am I am riding FBB799U from Queensway turning to Commonwealth Ave (toward EW20 Mrt stn), car SKS3832R hit my bike from the back. My rear brake light and number plate was bent and touching my rear wheel. My number plate, rear light & rear wheel were damaged.

## DECLARATION

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

*Joshua Lim*

Policyholder's Signature  
Date & Time:

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

*22/02/2018*  
*Roshan*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 22/02/2018 (DD/MM/YYYY), TIME: 09:20 (HH:MM)

LOCATION: Commonwealth Ave Queensway Intersection

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBB 799U  
 b) INSURANCE COMPANY: MCIG  
 c) POLICY NUMBER: MSD/VMT/17-373829-CA  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TA200  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: LIM CHEN KWONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7205031B CONTACT: 98347668  
 c) ADDRESS: 81K 237 Serangoon Ave 3 #04-108  
550237

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(including driver)  
(1)

DRIVER  
 a) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 17/02/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
(1)

a) VEHICLE NUMBER: SKS 3832 R MODEL: Honda Civic  
 b) DRIVER'S NAME: Henry Lim  
 c) NRIC/FIN/PASSPORT: S1803524C CONTACT: 96349921

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: joshua.lim.kk88@gmail.com

Fax: \_\_\_\_\_

V1080

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7205031B





Name  
LIM CHEN KWONG  
林臣光  
Race  
CHINESE  
Date of Birth  
17-02-1972  
Sex  
M  
Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7205031B  
Name: LIM CHEN KWONG

Birth Date: 17 Feb 1972  
Issue Date: 28 Oct 2003

2142629



U/MC No. S7205031B



07811

MHC

Blood Group: A+ Date of issue: 17-08-1994

APT BLK 237 SERANGOON AVENUE 3 #04-108  
SINGAPORE 550237  
NRIC No: S7205031B Date: 09-11-2003 No: 4811155

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


CLASS DATE

Class 1B Motorcycles  $\leq$  200 CC  
Class 2 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver, and motor tractors/vehicles  $\leq$  2500 kg


14 Dec 1994  
15 Dec 2003

S/No. 9000

S7205031B






 **MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (In Reg No. 200401110)  
4 Shenton Way, #21-01, SGA Centre 2, Singapore 068807  
Tel: +65 6927 7888 Fax: +65 6927 7800  
www.msig.com.sg

### MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 29/11/2017

AGENCY: A0074-001-10001  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/17-373829-CA

**INSURED:**

NAME: LIM CHEN KWONG  
ADDRESS: BLK 237 SERANGOON AVE 3  
#04-108  
SE 550237

NRIC NO: S7205031B  
DATE OF BIRTH: 17/02/1972 (45 yrs)  
DRIVING EXP: 14/12/1994 (22 yrs)  
CONTACT NO: 98347668  
98324079

BUSINESS OR PROFESSION: MANAGER

PERIOD OF INSURANCE FROM: 02/12/2017 12:01AM TO 01/12/2018

REGISTRATION NUMBER: FBB799U

CUBIC CAPACITY: 197

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2006

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

**AUTHORIZED DRIVERS:**

THE INSURED  
LIM CHEN KEEN ONLY

NRIC: S2550963C DOB: 14/01/1964 EXP: 11/12/1993 OCCP: SALES MANAGER

ENDORSEMENTS APPLICABLE: 3P 94 97 - INSURED

PREMIUM: 133.00

GST @ 7% 9.31

TOTAL: 142.31

EXCESS:

NO CLAIM BONUS OF 20% IS ALLOWED  
GOOD DRIVER DISCOUNT OF 5% IS ALLOWED

NAME OF EMPLOYER AND/OR  
VEHICLE PURCHASE OWNER:

PLACING POLICY NO: MSD/VMT/16-353489-CA

MSIG Insurance (Singapore) Pte. Ltd.

**Section Limitation and Exclusion Clause**

Insurer shall be deemed to provide cover and no Insurer shall be  
able to pay any claim or provide any benefit hereunder to the extent that  
provision of such cover, payment of such claim or provision of such  
benefit would expose that Insurer to any sanction, prohibition or  
restriction under United Nations resolutions or the trade or economic  
sanctions, laws or regulations of the European Union or United Kingdom



Approved Insurers