

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	14/04/2018 10:58
Date Of Accident	13/04/2018 13:50
Exact Location Of Accident	ALONG PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN5252K
Insured/Policyholder	
Name Of Registered Owner	MULTI WAYS EQUIPMENT PTE LTD
Co Reg No	200207318D
Email Address	MAGGIE@MULTIWAYS.COM.SG
Mobile Phone No	(LOCAL) +65-97559841
Alternative Phone No	OFFICE-62875252

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS-2.4 (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 27854290 MCY
Cover Note Number	

Driver

Name of Driver	LIM MEI JUN (LIN MEIJUN)
NRIC No	S8403216F
Date Of Birth	12/09/1984
Occupation	INDOOR
Date Of Driving Pass	18/08/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97559841
Fax Number	
Contact Number	OFFICE-62875252
E Mail Address	MAGGIE@MULTIWAYS.COM.SG

Address	23 FERNSVALE LANE #13-30
Postcode	797501
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	SGJ9295X
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEYNELLE LEE PI UEN
NRIC/Passport Number	S7249735Z
Contact Number	91738816
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH6009U
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Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY KIN TEO
NRIC/Passport Number	S1522325A
Contact Number	98526019
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJY1217K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SFY7233X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

Veh A: SDN 5252 K
Veh B: SGJ 9295 X
Veh C: SH 6009 U
Veh D: SJY 1217 K
Veh E: SFY 7233 X

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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.


MULTI-TRUCK EQUIPMENT PTE LTD
Policyholder's Signature
Date & Time:


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

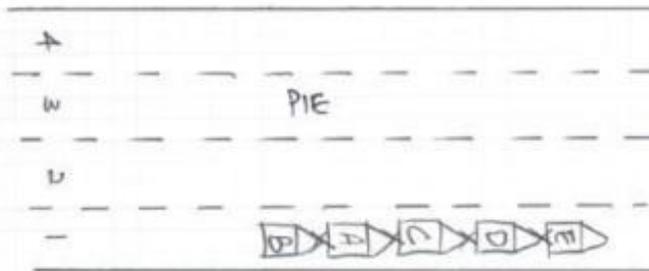
13/4/2018
6:54pm


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: P0821 W07003

Accident Sketch Plan

SKETCH PLAN

Veh A: SDN 5252K
 Veh B: SGJ9295X
 Veh C: SH 6009 U
 Veh D: SJY1217K
 Veh E: SFY 7233X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along PIE, Vehicle in front of me make an emergency brake to complete stop, i followed. However Veh B ~~behind~~ behind me could not stop in time and collided my rear and my vehicle moved forward and hit onto rear of vehicle C.

DECLARATION

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

MULTI-VANS EQUIPMENT PTE LTD

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.:

13/4/18
 16:54pm

14/04/2018
 [Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

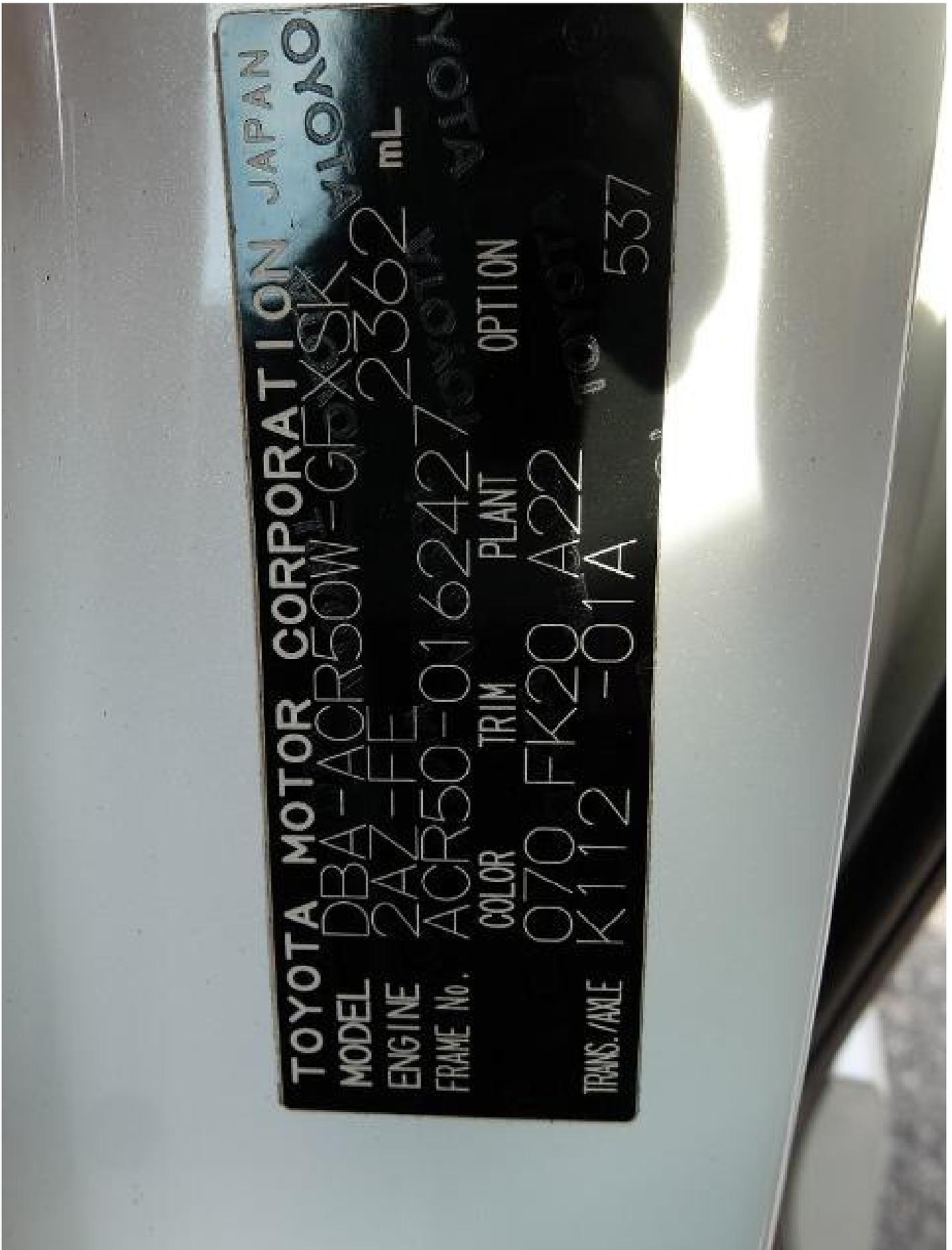


Accident Photo



Accident Photo





TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-AOR50W-GF-XSK ALOAO
ENGINE 2AZ-FE 2362 mL
FRAME No. AOR50-0162427 ALOAO
COLOR 070 TRIM FK20 PLANT A22 OPTION
TRANS./AXLE K112 -01A 537

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0070
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S663500200 / GST Reg. No.: M40017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMB48049520 Vehicle Registration No: SQN5752
Name (as shown in NRIC): LIM MEI JUAN (LIN MEI JUAN) NRIC/FIN/Passport No: S8403216F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: Singapore
Contact (Tel): 62895252 Mobile No.: 97559841
Date of Accident: 13/04/2018 Time of Accident: 13:50
Place of Accident: Alankor Pom Jemas Expressway
Insurance Company: m8ly

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured name to MULTI WAYE EQUIPMENT PTE LTD

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kelly Wong
NRIC/FIN No:
Date: 13/04/2018

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66350020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M1048049520-01 Vehicle Registration No: SDN5252
Name (as shown in NRIC) : LIM MEI JUN (LIN MEI JUN) NRIC/FIN/Passport No : S8403216F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : 62895252 Mobile No. : 97559841
Email Address :
Date of Accident : 13/04/2018 Time of Accident : 13:50
Place of Accident : Along Pan Island Expressway
Insurance Company : m8ly

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured name to MULTI WAY EQUIPMENT PTE LTD

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kelvin Wong
NRIC/FIN No:
Date: 23/04/2018

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 01MAY16 49520-02 Vehicle Registration No: S0N1212 K
Name(as shown in NRIC) : LIM MUI JUAN (LIM MUI JUAN) NRIC/FIN/Passport No : S8403216 F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : _____ Time of Accident : 9:55 9/8/11
Place of Accident : ALONG POND ISLAND EXPRESSWAY
Insurance Company : mslg

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

VEH D CAR NUMBER 20 SJY 1212K IN SKETCH PLAN

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: 26/04/2018