

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	09/04/2018 08:45
Date Of Accident	08/04/2018 12:40
Exact Location Of Accident	MALAYSIA CUSTOM TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3066J
Insured/Policyholder	
Name Of Registered Owner	LIM SHIAW JIUNN KENNETH
NRIC No	S7703854Z
Email Address	BLACKOOUT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97669569
Alternative Phone No	OTHERS-97669569

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S019961
Cover Note Number	N.A

Driver

Name of Driver	LIM SHIAW JIUNN KENNETH
NRIC No	S7703854Z
Date Of Birth	03/02/1977
Occupation	INDOOR
Date Of Driving Pass	21/01/2000
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97669569
Fax Number	
Contact Number	OTHERS-97669569
Email Address	BLACKOOUT@HOTMAIL.COM

Address	HDB CHOA CHU KANG, 484D CHOA CHU KANG AVENUE 5 #11-66
Postcode	684484
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	SIDE SWIPE
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?	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)	3
Passenger 1	NAME: : CHAN LEE FEN GENDER: : FEMALE
Passenger 2	NAME: : YEE SIEW KIM GENDER: : FEMALE

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

I wanted to make a right lane change, my car was already slanted to the right. However the oncoming vehicle didn't give way to me. Therefore, my vehicle was slanted and stationary. More than 5 vehicles had passed my car but suddenly, vehicle B accelerate and collided against my car. My front right portion was scratched and no injury involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP8095Y
Vehicle Make/Model/Colour	NISSAN QASHQAI 2.0
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

SKETCH PLAN

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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.
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.

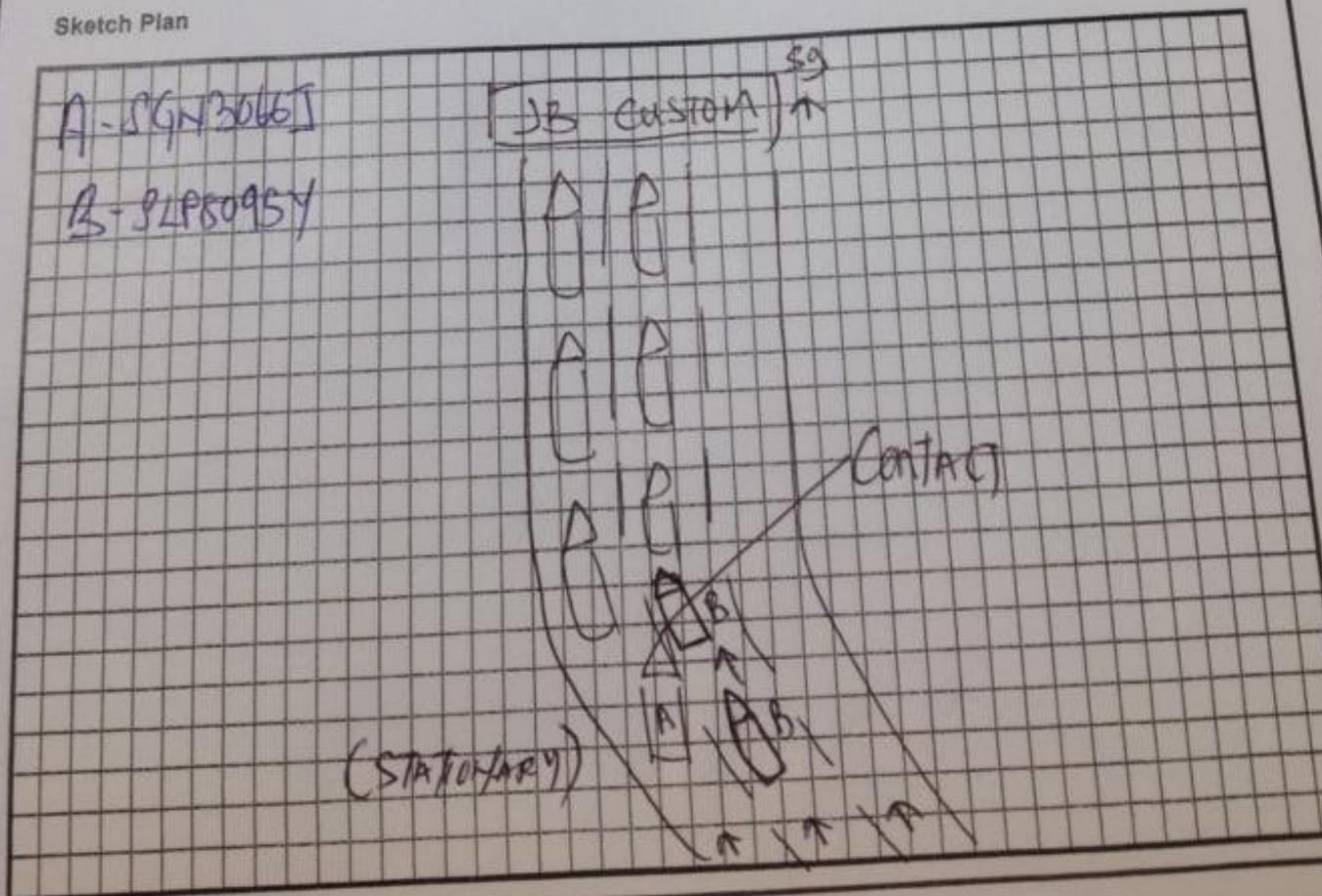
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMED SHARIL
BIN SATAR

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I wanted to mAKE a right lane change. my car was already slanted to the right however the oncoming vehicle didnt give way to me. Therefore, my veh was slanted and stationary . More the 5 veh had passed my car but, Suddenly, veh b accelerate and collided against my car. My front right portion was scratched and no injury involved.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Reporting only

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 April, 2018 6:01 pm

Date/Time:

8 April, 2018 6:00 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7703854Z



Name
LIM SHIAW JIUNN KENNETH

林 孝 濟

Race
CHINESE

Date of birth
03-02-1977

Sex
M



Country of birth
SINGAPORE



Identification Card

4006925



NRIC No. S7703854Z

Date of issue
26-02-2007

APT BLK 484D CHOA CHU KANG AVENUE 5 #11-66
SINGAPORE 684484

NRIC No: S7703854Z Date: 30/07/2007 No: 5768752


Driving License


REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7703854Z**
Name:

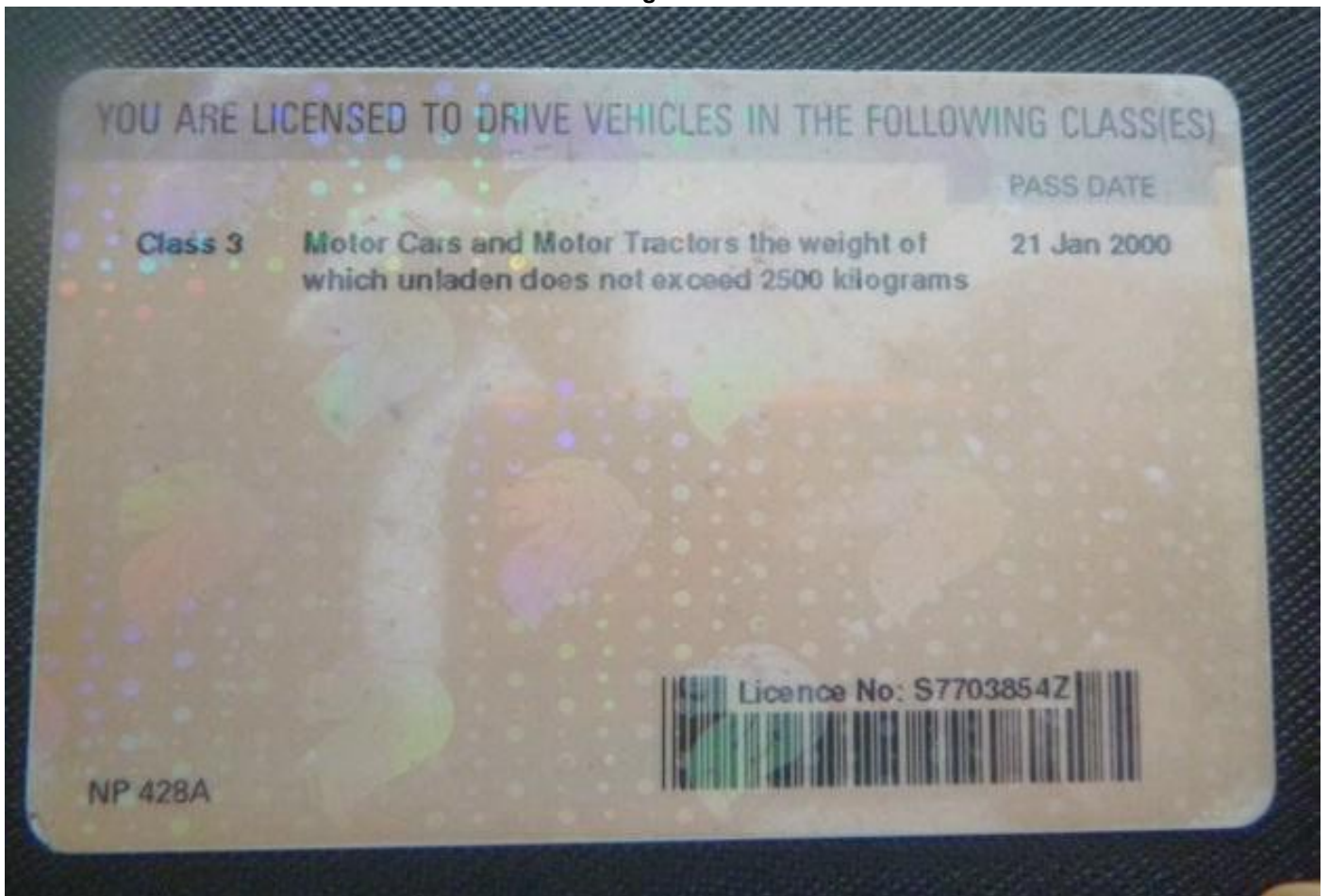
LIM SHIAW JIUNN KENNETH
(LIN XIAOJUN KENNETH)

Birth Date: **03 Feb 1977**
Issue Date: **26 Jan 2004**



 **001097308E**

Driving License



Addendum Sheet Pg. 1



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: S66S0020G / 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 : MBHH18046508 Vehicle Registration No: SGN3066J
Name(as shown in NRIC) : LIM SHIAW JIUNN KENNETH NRIC/FIN/Passport No : S7703854Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97669569
Email Address : blackoout@hotmail.com
Date of Accident : 08/04/2018 Time of Accident : 12:37 HRS
Place of Accident : MALAYSIA CUSTOM TOWARDS SG
Insurance Company: ERGO INSURANCE PTE LTD

(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:

ATTACHED VIDEO FOOTAGE.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Lee Wan Qi
NRIC/FIN No.: S9245801F
Date: 11/04/2018