

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	30/05/2018 14:44
Date Of Accident	29/05/2018 09:50
Exact Location Of Accident	UPP THOMSON RD AT JUNC OF JLN TODAK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4743D
Insured/Policyholder	
Name Of Registered Owner	LIM YONG MENG
NRIC No	S1231688G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97711146
Alternative Phone No	OTHERS-97711146

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	VISITING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-17088835MVPC
Cover Note Number	

Driver

Name of Driver	LIM FUQUAN,DEREK
NRIC No	S9036837J
Date Of Birth	09/10/1990
Occupation	INDOOR
Date Of Driving Pass	07/12/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98213681
Fax Number	
Contact Number	
EEmail Address	DEREKLIMFQ@YAHOO.COM.SG

Address	250 LORONG CHUAN #15-06
Postcode	556748
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180529/2080

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA2706Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR KOH
NRIC/Passport Number	
Contact Number	96601638
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM FUQUAN,DEREK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLH4743D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

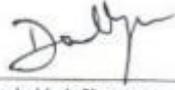
SKETCH PLAN

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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: 30/5/18

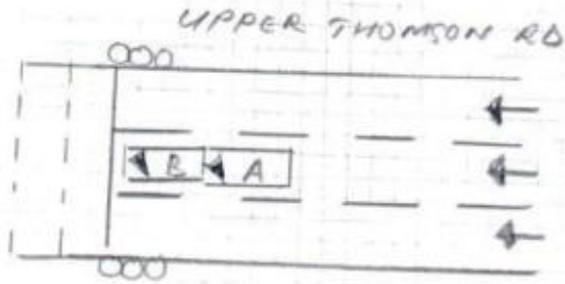

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 30/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - SLH47430
B - SKA2706Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180529/2080

DECLARATION

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

Daily
Policyholder's Signature
Date & Time: 30/5/18

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

[Signature] 30/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180529/2080

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20180529/2080

CONTINUATION OF REPORT

Driver			
Name	LIM FUQUAN, DEREK	ID No.	S9036837J
Related Vehicle	SLH4743D (Car)	Contact No.	98213681
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/05/2018	Date Discharge	29/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 29/05/2018 at about 0950hrs, I was driving my car registration plate number: SLH4743D along Upper Thomson Road toward Sembawang. At the junction of Upper Thomson Road and Jalan Todak the traffic light started to turn amber the front car registration plate number: SKA2706Z in front of mine suddenly apply the car break and I unable to break in time, my car then collided with the front car and my car airbag was deployed. I then alighted my car to check on the damage. The SKA2706Z driver only give me his namely Mr. KOH and HP: 9660 1638 but he did not have any Identify card with him therefore I called for traffic police assistance.

I wish to state that I do have both front and rear in camera.

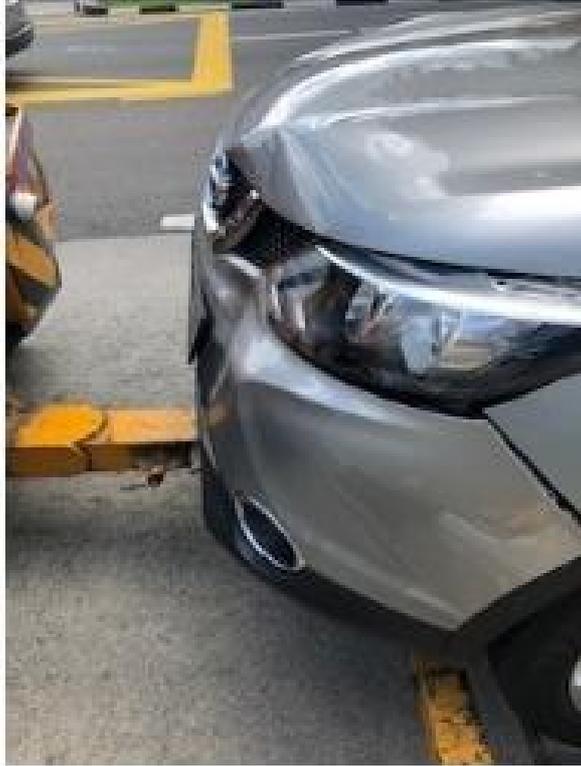
Accident Photo



Accident Photo



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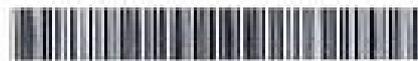
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180529/2080

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4680999

Report No: T/20180529/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2018 17:10		Video Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: LIM FUQUAN, DEREK			Address: 250 LORONG CHUAN #15-08 SINGAPORE 556748		
ID Type / ID No.: NRIC NO / S9036637J			Contact No.: Home/Office: Mobile: 98213681		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 09/10/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCIAL ACCOUNTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Driver: No	Date/Time of Accident: 29/05/2018 09:50	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 UPPER THOMSON ROAD JALAN TODAK Traffic Light Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SKA2706Z	Car					0
SLH4743D	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180528/2080

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
558128
Tel No: 1800-4880995

2 of 3

Report No. T/20180528/2080

CONTINUATION OF REPORT

Driver			
Name	LIM FUQUAN, DEREK	ID No.	59036837.J
Related Vehicle	SLH4743D (Car)	Contact No.	98213681
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/05/2018	Date Discharge	29/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

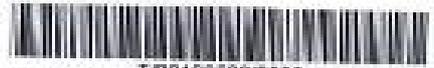
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Police Report



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POLICE FORCE



T/20180629/2080

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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20180629/2080

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: F / Sgt 2 LOH GUO SHENG <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 29/05/2018 17:10
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.: <i>[Blacked out]</i>	<i>[Blacked out]</i>

Authentication Stamp
NP188

