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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	18/06/2018 10:39
Date Of Accident	17/06/2018 10:45
Exact Location Of Accident	YCK RD & PLANTATION ROAD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD9445C
Insured/Policyholder	
Name Of Registered Owner	LIM TOW NAN
NRIC No	S6932713C
Email Address	LIMTOWNAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96817205
Alternative Phone No	OFFICE-96817205
Vehicle Particulars	The state of the s
Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 CL 92 (DSG) EQP
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28789647 AVW
Cover Note Number	
Driver	

 Name of Driver
 LIM TOW NAN

 NRIC No
 \$6932713C

 Date Of Birth
 28/09/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 14/10/1989

Driving Experience 28 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96817205

Fax Number

Contact Number OFFICE-96817205

EMail Address LIMTOWNAN@YAHOO.COM.SG

Address BLK 480 SEMBAWANG DRIVE

#07-457

Postcode 750480

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 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? 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) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

dumber of Passengers (including Driver)

Passenger 1 NAME: ONG POH KWAN

GENDER: FEMALE

Passenger 2 NAME: LIM TINGYI, ASHLEY

GENDER: FEMALE

Passenger 3 NAME: LIM ENSHENG, ROYDEN

GENDER: # MALE

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?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO AVAILABLE UPON REQUEST

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDQ2777S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KEN

NRIC/Passport Number

Contact Number 96183460

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKR6888R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver **ANTHONY**

NRIC/Passport Number

Contact Number 83836888

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG POH KWAN

Approximate Age

Injuries Sustain PAIN ON BACK Injured person in which vehicle? SLD9445C

Were seat belts worn? YES

Was this injured conveyed to hospital by

NO ambulance?

Address Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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:

10/6/2012

Driver's Signature

(If driver is not the policyholder)

Date & Time:

VOLKSWAGEN GROUP SINGAPORE

ing Centred exonnel's Signature

Name 8 1 0 3 0 0 0 2

Rego

SKETCH PLAN
S&D 2777 S SLD9445C
SKR6888R
410 CHU KHHG ROAD 2
PLANTATION ROAD
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 17/8/2018 at about 10.46am, I was drawn my vervele (SLD9445C) along 100 Chu KANKI road in fourt of Montatum arenne wented to make a u-turn. At the goint of time, there was a lebrele (SKN6888K) in front of me also would to make a u-turn. Both my tar and the front car held their right turn signal light on. Both of our cars have stopped temperally fue to on foing traffic on the other side. Sullenly, a vervele (SDO 27775) Collded onto the rear of my vehicle and due to the huge impact, my vehicle Collided onto the front vehicle (SKR6888K). All druck good out it our own vehicles to Checle on the domped and the Sufert of the passoners. SKR 6888K flastrigers have injury only my wife sustained back strain due to the impact. Both it my kill scorting behind sustained trauma but go physical injury. Police and ambulance were Cilled.
DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time: 18





Police Station Of Origin: Serangoon N.P.C

Report No. T/20180617/2021

1 of 4

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Date/Time Report Made: 17/06/2018 12:39		lade:	Vide Report No.: F/20180617/0144	Station Diary No.: 39		
Informa	nt's Partice	ilars				
Name of Informant: LIM TOW NAN			Address: APT BLK 480 SEMBAWANG DRIVE #07-457 SINGAPORE 750480			
ID Type / ID No.: NRIC NO / S6932713C			Contact No.: Home/Office:	Mobile: 96817205		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 48	Date of Birth: 28/09/1969	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: MANAGER			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/06/2018 10:40	Type of Location: Straight Road	
Location: Along Road 1 YIO CHU KA at the vicinity Weather: Clear		r to plantation ave Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDQ2777S					Slightly	3
					Damaged	
SKR6888R	Car				Slightly	4
					Damaged	
SLD9445C	Car				Slightly	3
	1				Damaged	





Police Station Of Origin: Serangoon N.P.C

2 of 4
Report No. T/20180617/2021

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

CONTINUATION OF REPORT

Tel No: 1800-4880999

		174 CO	Windowski Santinia Maria	REPERFACE CONTROL	auco satappartire		
Details of Perso							
Any Pedestrian Involved: No No. of Pedestrians Injured: NIL			Lise of Ded	Use of Pedestrian Crossing: NA			
Driver	s injureu. NiL		Ose di Fed	Coman	0,033	mg. w.	
Name	KEN		15.00	ID No.		NIL	
Related Vehicle	SDQ2777S (Car)	PIV C		Conta	ct No.	96183460	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disch	narge	NIL		
	ted Medical Leave	NIL	Degree of		NIL		
Driver							
Name	ANTHONY			ID No		NIL	
Related Vehicle	SKR6888R (Car)			Conta	ct No.	83836888	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	narge	NIL		
	ted Medical Leave	NIL	Degree of	Injury	NIL		
Driver							
Name	LIM TOW NAN			ID No. S693		S6932713C	
Related Vehicle	SLD9445C (Car)			Conta	ct No.	96817205	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL		
Date Treatment	NIL		Date Disc		NIL		
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL		

Brief Details.

On 17/06/2018 at about 1040hrs, I was driving my vehicle (SLD9445C) along yio chu kang road in front of plantation avenue wanted to make a u turn. At the point of time, there is a vehicle (SKR6888R) in front of me also wanted to make a u turn however due to the on going traffic on the other side, he was temporally stationary. Suddenly a vehicle (SDQ2777S) collided onto the rear of my vehicle and due to the impact, my vehicle collided onto the vehicle (SKR6888R) that was infront of me. All of the drivers then got out of our own vehicles to make a check on the damages and also to exchange particulars. I would like to state that due to the accident, my wife and I felt pain on our back. I also have a in-build CCTV inside my vehicle and the TP officer had took the micro SD.





Police Station Of Origin: Serangoon N.P.C

Report No. T/20180617/2021

3 of 4

50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

CONTINUATION OF REPORT





Police Station Of Origin: Serangoon N.P.C

Report No. T/20180617/2021

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

CONTINUATION OF REPORT

Tel No: 1800-4880999

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 3 LEE SHENG XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2018 12:39
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168 Singapore	Signature: