

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	28/06/2018 17:19
Date Of Accident	27/06/2018 16:00
Exact Location Of Accident	SLIP RD JLN BUKIT MERAH TO CTE/SLE LAMPOST (93S3A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2541D
Insured/Policyholder	
Name Of Registered Owner	LEE LIAN PENG
NRIC No	S1768694A
Email Address	CHOOKANGSIANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82185555
Alternative Phone No	OTHERS-81185960

Vehicle Particulars

Manufacturer	BMW
Model	650I-4.4 ABS D/AB 2WD DSC HID HUD INT/S (A)
Exact Purpose for which vehicle was being used at time of accident	FETCHING BOSS SON
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	B 27154205 SMP
Cover Note Number	

Driver

Name of Driver	CHOO KANG SIANG
NRIC No	S0019130B
Date Of Birth	28/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81185960
Fax Number	
Contact Number	OTHERS-82185555
EEmail Address	CHOOKANGSIANG@YAHOO.COM.SG

Address	BLK 65 COMMONWEALTH DRIVE #05-303
Postcode	140065
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	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?	YES
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180628/2084

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	FBD8375X
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM CHEE MIN
NRIC/Passport Number	S7048535D
Contact Number	93985868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LIM CHEE MIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBD8375X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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.

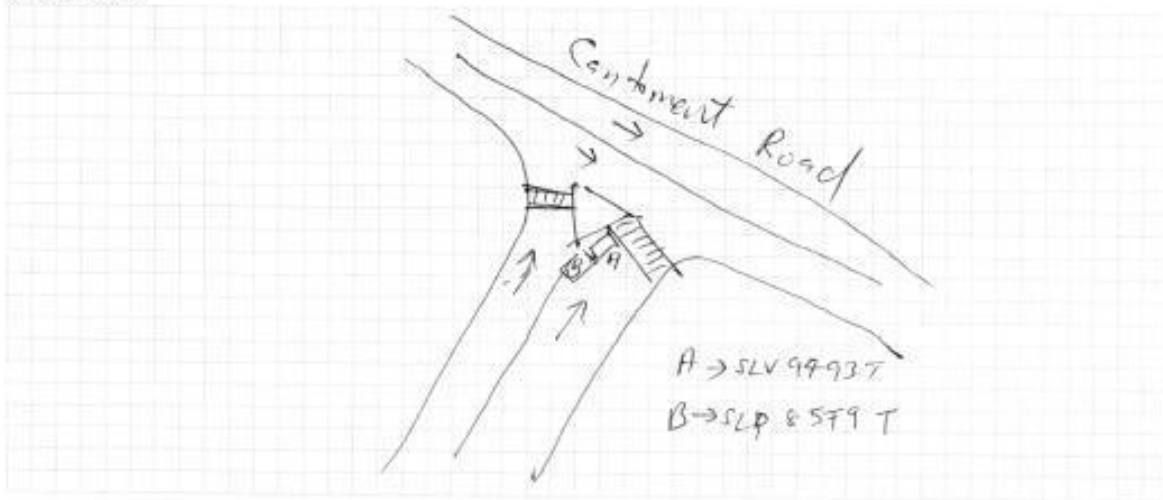
Policyholder's Signature
Date & Time:

50019170B
(Signature) Chew Kang Siang
Driver's Signature
(If driver is not the policyholder)
Date & Time:

28/06/2018
(Signature)
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
7/20180627/2172

DECLARATION

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

Policyholder's Signature

Date & Time:

28/6/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/6/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

28/06/2018

Resdi w...

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180628/2084

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 3

Report No: T/20180628/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2018 13:41		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: CHOO KANG SIANG			Address: APT BLK 65 COMMONWEALTH DRIVE #05-303 SINGAPORE 140065		
ID Type / ID No.: NRIC NO / S0019130B			Contact No.: Home/Office: Mobile: 81185960		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 28/06/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/06/2018 16:00	Type of Location: Flyover
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH CENTRAL EXPRESSWAY Turning to the slip road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8375X	Motorcycle	YAMAHA	SPARK 135 A	Red	Slightly Damaged	0
SLW2541D	Car	BMW	650i AT ABS D/AB 2WD DSC HID HUD	Brown	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180628/2084

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20180628/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM CHEE MIN	ID No.	S7048535D
Related Vehicle	FBD8375X (Motorcycle)	Contact No.	93985868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHOO KANG SIANG	ID No.	S0019130B
Related Vehicle	SLW2541D (Car)	Contact No.	81185960
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/06/18 at about 1600hrs I was driving my Brown BMW Vehicle(SLW2541D) along Jalan Bukit Merah turning to the slip road to CTE/SLE(jalan bukit merah Flyover). At the slip road I brake and stop at the slow down line. To see if there is any in-coming traffic from the right side. I then heard a bang on my rear left side of my bumper and came down to check I saw a Yamaha motorcycle(FBD8375X) hit my vehicle. I then called 999 for an ambulance as he was in pain. The police also came down to the scene. The ambulance came and conveyed the motorcyclist to the hospital. I was then given a report number. (A/20180627/0078). The IO-In charge of this case is IO Mariah Ctt:65476433

My car suffer scratches to the left rear bumper. I have a in-car camera in my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180628/2084

3 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20180628/2084

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:

E /

Sgt 2 TEE PENG SHENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:

28/06/2018 13:41

Classification Of Case:

SN 069

Authentication Stamp
NP168

LTA LETTER

06/07 2018 FRI 9:11 FAX

002/006

Land Transport Authority

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 0502180203N056034379

05 Feb 2018

LEE LIAN PENG
28 KIM TIAN ROAD
#36-06
SINGAPORE 169278

000311



Dear MS LEE LIAN PENG

NOTIFICATION ON SUCCESSFUL RETENTION OF REGISTERED VEHICLE REGISTRATION NO. SGJ5555Y

You may be pleased to know that your application of 05 Feb 2018 to retain vehicle registration number SGJ5555Y is approved

2. The details of the application are as follows:

Business Transaction Ref. No.	: 20180205080309334425
Vehicle Registration Number Retained	: SGJ5555Y
Retention Fee Paid	: \$100.00
Vehicle Make	: B.M.W.
Vehicle Model	: 650i AT ABS D/AB 2WD DSC HID HUD
Chassis No.	: WBALZ32030C579093
Engine No./Motor No.	: 20074955N63B44A / -
New/Replacement Registration Number Assigned to Above Vehicle	: SLW2541D

3. Please note that:

- As the application is approved, it cannot be cancelled. The retained vehicle registration number is non-transferable and the retention fee is non-refundable.
- The retained vehicle registration number has to be used within 14 days (i.e. by 18 Feb 2018). Otherwise, an additional \$1,200 will be payable and the validity of use will be extended to 12 months from the date of retention (i.e. 04 Feb 2019). If you cannot use the retained number by 04 Feb 2019, you may apply to extend the validity period for a further 6 months, subject to payment of an extension fee of \$1,000.00 and a service charge of \$30.00 (before GST).
- There is no refund of the retention fee and any extension fee paid if the retained vehicle registration number is not used within its validity period.
- As the registered owner of the retained vehicle registration number, you may:

LTA LETTER

06/07 2018 FRI 9:11 FAX

0003/006



- i. Use the retained number to register a new vehicle under your name. However, you must inform your dealer of your intention to use the retained number on the new vehicle to be registered. Should the new vehicle be registered without using the retained number, the LTA will randomly assign a number to the new vehicle at no cost. The retention fee of \$1,300 will apply if you subsequently wish to use the retained number to replace the system-assigned number, i.e. an additional \$1,200 will be payable; or
- ii. Use the retained number to replace the registration number of an existing vehicle of which you are the registered owner. The fee payable in this case will be \$1,300. As you have paid a retention fee of \$100, you will need to pay an additional \$1,200. Please submit the payment and a completed Form R06 (Application to Replace a Vehicle Registration Number) which can be downloaded from <http://www.onemotoring.com.sg>.

4. Please change the number plates on your existing vehicle (ie. Chassis No. : WBALZ32030C579093, Engine No./ Motor No. : 20074955N63B44A / -) to display the new/ replacement registration number, SLW2541D by 08 Feb 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

5. Please visit <http://www.onemotoring.com.sg> or contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

00031/2/9

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



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Accident Photo



Accident Photo



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: S66550200 / GST Reg. No.: M400017739

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: MIA418083658 Vehicle Registration No: SLW25410
Name (as shown in NRIC): CHOO KONG SIOH NRIC/FIN/Passport No: S0019130B
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 81185960
Email Address: _____
Date of Accident: 27/06/2018 Time of Accident: 16:00
Place of Accident: SLIP ROAD JUN B7 MARLAT TO LTA/SLK COMPOS (935SD)
Insurance Company: _____

(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:

- ① APPROACH LETTER FROM LTA CHANGE OF LICENCE PLATE
- ② TIP VEHICLE NUMBER TO FRD 8375X
- ③ FILE UPLOAD VIDEO

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Peter Wong
NRIC/FIN No: 0669/200
Date: