

Our Ref: MT/CA/OD/078

22 Oct 2018

LIM KHIANG LENG BLK 271A #11-32 JURONG WEST STREET 24 SINGAPORE 641271

Dear Sir/Madam

ONLINE MOTOR ACCIDENT REPORT FOR FBC919K ON 26 SEP 2018

We would like to inform you that we have received the Motor Accident Report submitted by you or your driver.

A copy of the form is enclosed. Please review and let us know within 5 working days if the information is not correct.

We wish to remind you that this report is accepted based on the understanding that you are not submitting any claim on your policy or against the other party.

If you have any queries, please contact our Customer Service Officers at 6430 7948 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong Manager

Motor Insurance

Report Reference No.: MTAR000003479 Entry Date/Time: 22 Oct 2018 05:24 PM Completion Date/Time: 22 Oct 2018 06:05 PM

	MOTOR ACC	DENT REPORT	
General			
I am the owner of the country o	ne vehicle	Yes	
I am the driver at the	e time of accident	Yes	
Brief Description of Accider	nt		
Date of Accident	26 Sep 2018	Time of Accident	06:50 PM
ocation of Accident	Pan Island Expressway, afte	r Jurong town Hall Exit	•
Weather Condition	Clear	Road Surface	Dry
Type of Accident	Collision – Change / Cross la	nne	
Was the accident reported	to the police?	Yes	
Name of the Police station	Traffic Police Division HQ	Police Report No.	T/20181004/2042
Number of Passengers (Inc	luding Driver)	1	•
Any foreign vehicle involve		No	
Any other vehicle or prope	rty damaged?	Yes	
Anybody injured in this acc	cident?	Yes	
Do you have any video rec	ording as evidence?	No	
Details of Policyholder / In Vehicle No.	FBC919K	Is this a company vehicle	No
Name of Owner	Lim Khiang Leng		
NRIC No./ Company Reg No.	S****361G		
Tel (Mobile)	94591285	Email	kennylimkl@hotmail.com
Address	BLK 271A #11-32 JURONG WEST STREET 24		
	SINGAPORE 641271		
Details of Driver	The state of the s		
	The state of the s		
Name of Driver	SINGAPORE 641271		
Name of Driver	SINGAPORE 641271 Lim Khiang Leng	Sex	Male
Name of Driver NRIC No. Date of Birth	Lim Khiang Leng S****361G	Sex Pass Date of Driving License	Male 11 Feb 2003
Details of Driver Name of Driver NRIC No. Date of Birth Occupation Tel (Mobile)	Lim Khiang Leng S****361G 09 Nov	Pass Date of Driving	

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Vehicle No./Property	Name of Driver	Driver's NRIC	Contact No.	Acidress
SKX5581A	YEONG SIEW WEI	S****640H	81122775	bLK724 JURONG WEST ST 72, #12-01, Singapore 640724

Details of Injured Person

Name	Vehicle No.	393	Contact No.	Was the injured person send to the hospital by an ambulance?
Lim Khiang Leng	FBC919K	Male	94591285	Yes

Declaration

I am reporting for record purposes and not submitting any claim on my policy or against the other party.

I declare that the information given in this form are accurate and true.

I Agree

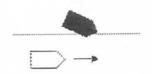
Name of Submitter	LIM KHIANG LENG
Date	22 Oct 2018

SKETCH PLAN

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 liability.
- 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. 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.
- 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:
 - 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:
 - 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.

Sketch Plan



Describe Circumstances of the Accident

FBC919K SKX5581A

SKX5581A hit on FBC919K SUSPECTED WHEN SKX5581A CHANGED LANE AND DIDN'T SEE FBC919K ON HIS BLIND SPOT. I was hospitalized due to my injuries and is carried away in an ambulance. I didn't have chance to take pictures of the accident. I am currently under hospitalisation leave until 07 December 2018. the case is still under investigation by the traffic police and will have a final conclusion early November 2018.

Declaration

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

Lim Khiang Leng 22-10-2018 06:05:07 PM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel