

MVGS18163946 / Volkswagen Centre Singapore - HQ
ENTRY DATE & TIME: 21/12/2018 08:56
SUBMITTED BY: Wong Yen Mei

MSIG (Winn)

VS

92 out

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 liability.
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 21/12/2018 08:56
Date Of Accident 20/12/2018 19:30
Exact Location Of Accident ALG LORNIE RD TWDS UPPER THOMSON ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN8247L
Insured/Policyholder
Name Of Registered Owner OR POH HONG
NRIC No S6847748D
Email Address JOANNAOR092@GMAIL.COM
Mobile Phone No (LOCAL) +65-97896854
Alternative Phone No OFFICE-97896854
Vehicle Particulars
Manufacturer VOLKSWAGEN
Model GOLF A7 1.2 TL 81 (DSG)
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
Cover Note Number
Driver
Name of Driver OR POH HONG
NRIC No S6847748D
Date Of Birth 13/12/1968
Occupation INDOOR
Date Of Driving Pass 15/06/1994
Driving Experience 24 YEARS AND 6 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-97896854
Fax Number
Contact Number OFFICE-97896854
EMail Address JOANNAOR092@GMAIL.COM

Address 9 JALAN MATA AYER #03-58
 Postcode 759153
 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 COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

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) 2

Passenger 1 NAME: : LIM CHOON PIN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of Intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

MORE DETAILS PLEASE REFER TO SKETCH PLAN & POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF5545G
 Vehicle Make/Model/Colour MITSUBISHI
 Details Of Properties
 Vehicle Category GOODS VEHICLE
 Name of Driver CHONG GIN CHUAN
 NRIC/Passport Number S6937371B
 Contact Number 91226771
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name OR POH HONG

Approximate Age 50

Injuries Sustain NECK SPRAIN

Injured person in which vehicle? SLN8247L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM CHOON PIN

Approximate Age 52

Injuries Sustain MINOR HEAD INJURY/NECK SPRAIN

Injured person in which vehicle? SLN8247L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


Sketch Plan Pg. 1


SKETCH PLAN**IMPORTANT NOTICE**


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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 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:

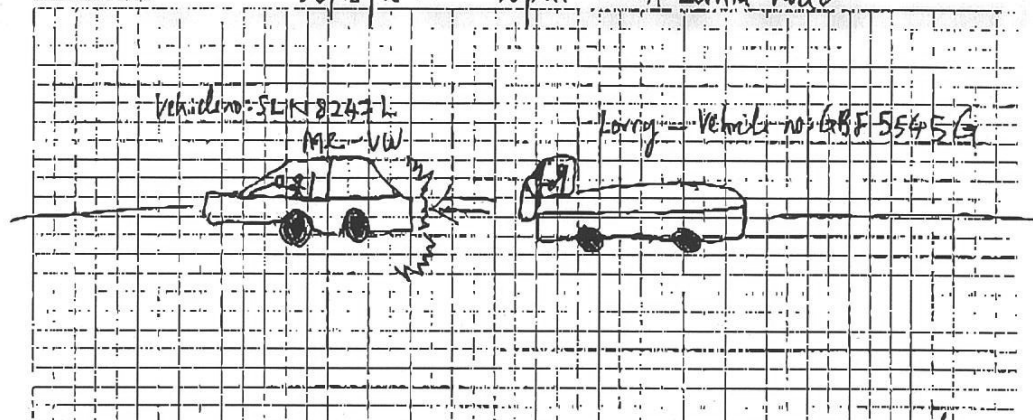

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

Sketch Plan #2 Pg. 1

SKETCH PLAN

20/12/18 - 7.30 p.m. - At Lorne Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. *hw*

On 20/12/2018 at about 7.30 p.m. I was driving along Lorne Road towards Upper Thomson Road.

DECLARATION

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

Policyholder's Signature

Date & Time: *Dr. Poh Hong*
21/12/18
8.45am

Driver's Signature

(If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768458
Tel No: 1800-8522999



T/20181221/2004

1 of 3

Report No. T/20181221/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2018 00:37		Vide Report No.:		Station Diary No.: 8
Name of Informant: OR POH HONG		Address: 9 JALAN MATA AYER #03-58 SINGAPORE 759153		
ID Type / ID No.: NRIC NO / S6847748D		Contact No.: Home/Office: Mobile: 97896854		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 50	Date of Birth: 13/12/1968	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: FINANCE CONTROLLER		Driving Licence Information: Class: 3		Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2018 19:30	Type of Location: Straight Road
Location: Along Road 1 LORNIE ROAD UPPER THOMSON ROAD LORNIE ROAD TOWARDS UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

GBF5548G	Car	MITSUBISHI			Slightly Damaged	0
SLN8247L	Car	VOLKSWAGO N			Slightly Damaged	1

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

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181221/2004

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522899

2 of 3

Report No. T/20181221/2004

CONTINUATION OF REPORT

Name	OR POH HONG	ID No.	S6847748D
Related Vehicle	SLN8247L (Car)	Contact No.	97896854
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/12/2018	Date Discharge	21/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Name	Lim Choon Pin	ID No.	S1753593E
Related Vehicle	SLN8247L (Car)	Contact No.	90125251
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/12/2018	Date Discharge	21/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 20/12/2018 at about 0730pm, I was driving along Lorrie Road towards Upper Thomson Road, I was at the 2nd lane traveling at 70km/hr together with my husband Lim Choon Pin. Suddenly, a lorry bearing plate number GBF5645G collided with the rear of my vehicle twice, my car then came to a complete stop because of the safety features. I then came out and asked the driver what happened. He then told me that his brakes was not working and that he was at fault. I then checked my vehicle and saw that my rear bumper was dented. I then took the particulars of the driver, took photo of the accident scene, and a video of the driver admitting that he was at fault. I then decided to go to the hospital as me and my husband had neck pain. I went to khoo teck puat hospital and received 4 days mc, my husband received 5 days mc.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20181221/2004

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20181221/2004

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:
L /
Sgt 3 HAJI SAIFUL BAHRI BIN HASSAN ALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/12/2018 00:37

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No: 65476172

Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force