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P Particulars: Veh No: St	M9989C.	. INC(	. )/Non-INC	( ).	3	
Owner / Driver: (		M.	Tel:			
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Confirmed by : (	Samuel W. J	Date:	Tline	The state of the s	)	100
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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	31/01/2019 14:37
	30/01/2019 17:25
Exact Location Of Accident	AYE TOWARDS JURONG (AFTER NORMANTON PARK)
	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL3983A
Insured/Policyholder	
Name Of Registered Owner	GENETRON ENGINEERING CORPORATION PTE LTD
Co Reg No	197301576G
Email Address	SALES@GENETRON.COM.SG
Mobile Phone No	(LOCAL) +65-98338911
Alternative Phone No	OFFICE-98338911
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 27748621 MCY
Cover Note Number	
Driver	
Name of Driver	LEE PHUAY LING (LI PEILING)
NRIC No	S7419280G
Date Of Birth	15/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98338911
Fax Number	
	OFFICE 00222044

OFFICE-98338911

SALES@GENETRON,COM.SG

BLK 362 CLEMENTI AVENUE 2 Address

#04-415

120362 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY

Road Surface

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?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM9989C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

HERMAN YONG HAN LIN Name of Driver S8836388D

NRIC/Passport Number 96330834 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

Michigan	No. of Lot	I TY	LAN
200	1111	ни	ALIV.

Vehicle No:	
DOA:	

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process. 21
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance 3) companies to repudiate policy liability.
- The issue & acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 4)
- Any false reporting may be referred to the Police for Investigation. 51
- 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 ladgement 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.
- Consent under the Personal Date Protection Act (PDPA): I understand, acknowledge, agree and consent that:-
  - My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims; (II) 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 disclosurof 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) involved in this accident and the insurers' law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

# ENGINEERING CORPORATION PTE LTD

101 Kitchener Road # 03-15 in Basar Plaza, Singapore 208 Western mywegenetron.com.sq

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

Vitnessed by Reporting Center Personnel

#### Sketch Plan

Vehicle A: SKL3983A Vehicle B: SLM9989C.
MyE towards Juring (after Normanton Park)

Describe Circumstances of the Accident was travelling along the towards Juning (after normantion Park on 30 01 19 at about 1725Hrs. Traffic was heavy and allow moving. bollowed and come to a The vehicles in first stopped 20 from behind and hit anto Stop . Almost instantly, Vehicle B came my stationary vehicle 4.

Declaration

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

GENETRON

ENGINEERING CORPORATION PTE LTD

101 Kitchener Road # 03-15

Jinhan Besar Plaze, Singapore 208511

Tel: 62952938 Sex: 62910636

Email: Sives@govetror.com.sg / genetron@singhet.com.sg

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not policyholder)

Date & Time

Althessed by Reporting Centre Personnel

# PERSONAL PARTICULARS

Date of Accident: 30/01/2019 Time of Accident: 17: 25 (24Hrs) O passenger
Vehicle No: SKL 3983A Vehicle Make/Model: Toyota Camry 2.5AT
VEHICLE IND.
Exact Location of Accident: AYE towards Juring cafter Normanton Park)
Owner's Name/NRIC: Genetron Engineering Corporation Pte Ltd (1973015769)
Driver's Name/NRIC: Lee Phuay Ling CLi Peiling) \$44192809
Driver's Contact: 98338911 Insurance Co & Policy No: MSIG
Driver's Email Address: hancarrepairs agmail. com / sales a genetron. com. 39.
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employer/ Employee.
What do you wish to claim (Please circle one only)  1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)  Private Use / Work Purpose
Weather Condition & Road Conditions?
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Indoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes No If Yes, which police station?
C8826388D
The Other Party (Vehicle B) Details  Driver's Name/IC: Herman Yong Han Lin Vehicle No: SLM 9989C
Insurance Company: Driver's Contact: 96330834
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C):
Independent Witness (If Any): Contact:
Preferred Workshop (If Any): Contact:
* If no proper document are produced, IDAC should not file the report.

<sup>\*</sup> Information will be discarded after one week.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7419280G





LEE PHUAY LING (LI PEILING)

佩珍

CHINESE

15-06-1974

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

4HILL ST419280G

31-08-2004

APT BLK 362 CLEMENTI AVENUE 2 #04-415

SINGAPORE 120362 NRIC No: \$7419280G

Date: 02/09/2012

No: 7194472

3808842



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, 50% Centre 2, Singapore 068807 Tel #55 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

### MOTORMAX PLUS-COMMERCIAL

## RENEWAL CERTIFICATE

MARKET VALUE

YES

COVERED

SGD1,000

SGD1,159.35

NO

NO CLAIM DISCOUNT 50.00% (or F/D)

Policy Number		Period of Insurance	Place of Issue	
A 27748621 MCY	19/	08/2018 to 18/08/2019	SINGAPORE	
Name and Address of Insured		Date of Issue		
Genetron Engineering 0	Corporation Pte	Ltd	05/07/2018	
Kitchener Road #03-15			Account Number	
Jalan Besar Plaza Singapore 208511			122022D	
Premium	GST		Total Due	
SGD1,159.35	SGD81.15		SGD1,240.50	

RISK NUMBER 1

MOTORMAX PLUS-COMMERCIAL

BUSINESS

Trading Co.

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SKL3983A

MAKE/MODEL Toyota Camry 2.5 AT

ENGINE NUMBER 2ARU060566

CHASSIS NUMBER MR053AK5004006093

YEAR OF MFG 2013

CAPACITY 2494 C.C.

WINDSCREEN UNLIMITED

SEATING CAPACITY 5 (INCL. DRIVER)

SUM INSURED

INCL. COE/PARF

OFF-PEAK CAR

EXCESS

NCD PROTECTOR

ANNUAL PREMIUM

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

### AUTHORISED DRIVERS

**ACCESSORIES** 

Any other person provided he is driving on the Insured's order or with the Insured's permission.

## LIMITATION AS TO USE

Use only for social domestic and pleasure purposes and for the

JWGB901807051120