

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	25/03/2019 13:49
Date Of Accident	24/03/2019 19:15
Exact Location Of Accident	KJE SLIP RD CHU CHOA KANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW401M
Insured/Policyholder	
Name Of Registered Owner	LIM WEI LOON
NRIC No	S8416995A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81821208
Alternative Phone No	OFFICE-81821208

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	8VPCB1841400

Driver

Name of Driver	LIM WEI LOON
NRIC No	S8416995A
Date Of Birth	11/06/1984
Occupation	INDOOR
Date Of Driving Pass	31/10/2005
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81821208
Fax Number	
Contact Number	OFFICE-81821208
Email Address	NOEMAIL

Address	BLK 337 CHOA CHU KANG AVE 3#10-15
Postcode	689872
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	RAINING
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?	NO
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

REFER TO ATTACHED

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	SKV2753B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :


SKETCH PLAN


IMPORTANT NOTICE

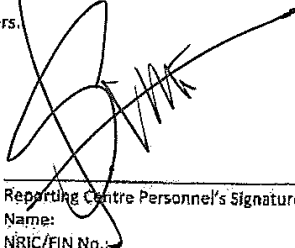
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. 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.

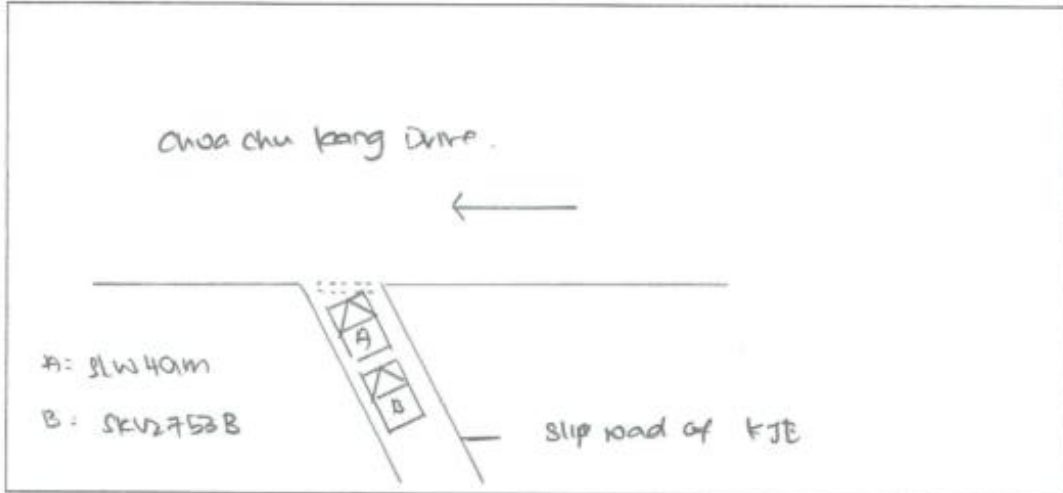

 Policyholder's Signature
 Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the slip road of KJE towards Choa Chu Kang Drive.

I slowed down and stopped along the stop line to check for oncoming traffic.

Suddenly, I felt an impact. vehicle B hit on the rear portion of my vehicle and caused damages.

DECLARATION

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

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.:



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co Reg No 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 069007
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTOR VEHICLE COVER NOTE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

11 Dec 2018

1A0319 MOTORMAX
COVER NOTE No. : 8VPCB1841400
1. Index Mark and Registration Number of Vehicle : SLW401M
2. Chassis Number of Vehicle : RU11106747
3. Name of Policyholder : LIM WEI LOON
4. Effective date of the Commencement of Insurance for the purposes of the Act : 28 Dec 2018 00:01AM
5. Date of Expiry of Insurance : 27 Dec 2019

6. Persons or Classes of Persons entitled to drive*
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*
Use only for social, domestic & pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward, tuition, driving test, racing, pace-making reliability trial, speed-testing, the carriage of goods (other than samples) in connection with any trade, or business or use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia)

For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorized Person

Approved Insurer

IMPORTANT NOTICE

This temporary Cover Note is valid for a maximum of 14 days only.
You must exchange the Cover Note for the Certificate of Insurance from the insurer within 14 days from the date of this Cover Note.
If you are involved in an accident, full details must be forwarded immediately to the Company

FORM M.V.1 (001)



MSD/QMX/RO-451840

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8416995A**
 Name: **LIM WEI LOON
(LIN WEILUN)**

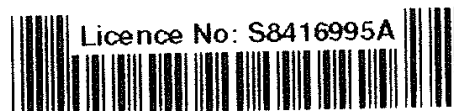
Birth Date: **11 Jun 1984**
 Issue Date: **09 Mar 2012**

002043199G

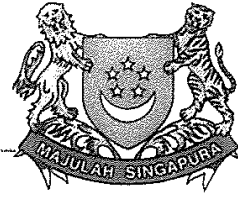
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	20 Mar 2003
Class 2A	Motorcycles between 201 cc and 400 cc	21 Sep 2004
Class 2	Motorcycles > 400 cc	21 Mar 2006
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles. =< 2500kg	31 Oct 2005



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8416995A**



Name

LIM WEI LOON
(LIN WEILUN)

林 伟 伦

Race

CHINESE

Date of birth

11-06-1984

Sex

M

884188881

Country/Place of birth

SINGAPORE



5441525



NRIC No. **S8416995A**



Date of issue

23-03-2015

APT BLK 337 CHOA CHU KANG AVENUE 3 #10-15
SINGAPORE 689872
NRIC No: **S8416995A**

Date: **01/11/2016**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

