

## 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	26/09/2019 16:31
Date Of Accident	25/09/2019 20:05
Exact Location Of Accident	JUNCTION OF PARKSTONE ROAD /TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3218H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIN QINJIU, VINCENT
NRIC No	S8518296Z
Email Address	VIN-BEN_PCESS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90068669
Alternative Phone No	OTHERS-90068669

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.5 TURBO VTI-S SR (A)
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	A 80472293 QMY
Cover Note Number	

### Driver

Name of Driver	LIN QINJIU, VINCENT
NRIC No	S8518296Z
Date Of Birth	28/06/1985
Occupation	INDOOR
Date Of Driving Pass	12/04/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90068669
Fax Number	
Contact Number	OTHERS-90068669
Email Address	VIN-BEN_PCESS@HOTMAIL.COM

Address	20 GRAY LANE
Postcode	438949
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	4
Passenger 1	NAME: : KHINE ZIN THANT GENDER: : FEMALE
Passenger 2	NAME: : LIN MINLONG JEROLD GENDER: : MALE
Passenger 3	NAME: : LIN XINROU JERISSA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4428999 - <b>FAX NO:</b> 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191007/2197

#### 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	GBJ3023M
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMAD AZRI BIN OMAR
NRIC/Passport Number	G8572580M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	LIN QINJIU, VINCENT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR3218H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

Veh A: SLR 3218 H  
Veh B: GBJ 3023 M

### 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 26/9/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

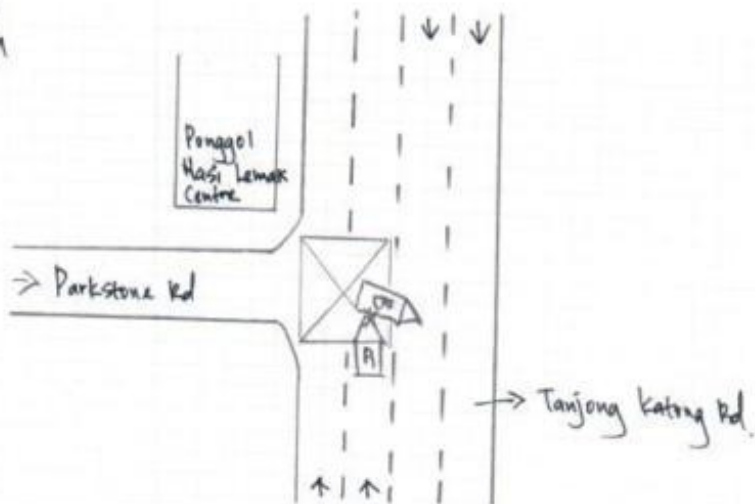
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

Veh A: SLR 3218H

Veh B: GBJ 3023M



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tanjong Katong Rd toward home. Suddenly Vehicle B turning right from Parkstone Rd. I quickly make e-brake to complete stop. However we collided.

Driver given me his boss contact Number after i called him he did not ans my phone and second time i called and ~~the~~ he phone was off.

### DECLARATION

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

Policyholder's Signature

Date & Time: 26/9/2019.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

26/9/2019

Reporting Centre Personnel's Signature

Name:

NRIC/TIN No:



# POLICE REPORT



**POLICE FORCE**

INFORMANT'S NAME: LIN QINJIU, VINCENT  
T/20191007/2197

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3  
Report No. T/20191007/2197

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2019 22:26	Vide Report No.:	Station Diary No.: 76
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: LIN QINJIU, VINCENT			Address: 20 GRAY LANE SINGAPORE 438949	
ID Type / ID No.: NRIC NO / S8518296Z			Contact No.: Home/Office: Mobile: 90068669	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 28/06/1985	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2019 20:05	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TANJONG KATONG ROAD PARKSTONE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ3023M	Van	TOYOTA	HIACE	White		0
SLR3218H	Car	HONDA	CIVIC	White		3

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR3218H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A80472293MY	10/08/2019	09/08/2020

POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999



T/20191007/2197

2 of 3

Report No. T/20191007/2197

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	LIN QINJIU, VINCENT	ID No.	S8518296Z
Related Vehicle	SLR3218H (Car)	Contact No.	90068669
Hospital/Clinic	NORTHEAST MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/10/2019	Date Discharge	07/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	Mohamed Azri Bin Omar	ID No.	G8572580M
Related Vehicle	NIL	Contact No.	NIL
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 the above mentioned date and time, I was travelling along Tanjong Katong Road towards Geylang Road when a Van bearing plate number GBJ3023M came out of Parkstone Road. I made an emergency brake however collided into the rear right bumper of the said vehicle. The vehicle was making a right hand turn from Parkstone Road to Tanjong Katong Road towards Mountbatten road. My vehicle sustained several cracks, scratches on the front right bumper and some cuts on the front right tire. I am lodging this report for insurance claim purposes.



POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449295  
Tel No: 1800-4428999



T/20191007/2197

3 of 3

Report No. T/20191007/2197

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:

G /

Sgt 3 MUHAMMAD IRFAN HAKIM BIN ROSKI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2019 22:26

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp



SINGAPORE  
POLICE FORCE

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



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: S64550020G / GST Reg. No.: M400017735

**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 : MNA 419127698 Vehicle Registration No: SLR 3218H  
Name(as shown in NRIC) : Lin Binjie Vincent NRIC/FIN/Passport No : S2518296Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90068669  
Email Address : \_\_\_\_\_  
Date of Accident : 25/9/2019 Time of Accident : 2005 HRS  
Place of Accident : Junction of Parkstone Rd / Tanjong Katong Rd  
Insurance Company : MSIG

#### (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:

Add On 'Police Report' & Injury's Name Lin Binjie Vincent.

Policyholder / Driver's Signature  
Date: 08 OCT 2019

Reporting Centre Personnel's Signature  
Name: Rep. [Signature]  
NRIC/FIN No.: [Signature]  
Date: