MLTM19138262 / Lim Tan Motor Pte Ltd - HQ
ENTRY DATE & TIME: 18/10/2019 14:19
SUBMITTED BY: Mandy Lim Li Choo (Lin Lizhi)

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 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.
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	18/10/2019 14:19
Date Of Accident	18/10/2019 08:15
Exact Location Of Accident	GAMBAS AVE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKK9902A
Insured/Policyholder	
Name Of Registered Owner	LOW BOON TUAN
NRIC No	S1825658D
Email Address	BOONTUAN.LOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91392891
Alternative Phone No	OFFICE-91392891
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	R300L-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	D300123540QMY
Cover Note Number	
Driver	
Name of Driver	LOW BOON TUAN
NRIC No	S1825658D
Date Of Birth	02/09/1967
Occupation	INDOOR
Date Of Driving Pass	23/11/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91392891
Fax Number	
Contact Number	OFFICE-91392891
EMail Address	BOONTUAN.LOW@GMAIL.COM

Address	63 ROSEWOOD DRIVE #02-12
Postcode	737874
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	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?	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.	YES
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

VEHICLES INFRONT STOPPED. I, (VEH A) FOLLOW SUIT. VEH B CAME FROM MY REAR LEFT COULD NOT STOP IN TIME AND IT'S FRONT RIGHT HIT ONTO MY VEH'S REAR LEFT. VEH B WAS CUTTING INTO MY LANE FROM THE MOST LEFT LANE. THERE ARE VEHS PARKED STATIONARY INFRONT OF VEH B'S LANE. NOBODY INJURY. THAT'S ALL.

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	GBH9669X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEOW ENG KEONG,TOMMY
NRIC/Passport Number	S7910161C
Contact Number	90052830
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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.

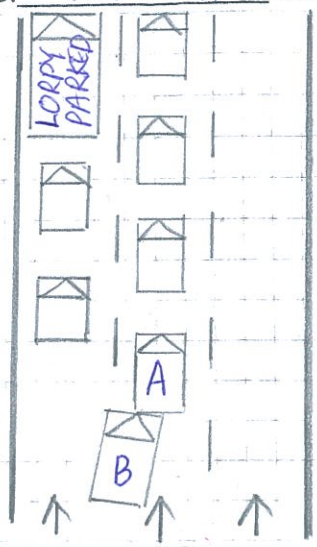
LIM TAN MOTOR PTE LTD

Policyholder's Signature Date & Time: 18 OCT 2019	Driver's Signature (If driver is not the policyholder) Date & Time: 18 OCT 2019	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

Date & Time of Accident: 18.10.2019, 8.15AM Location: Gambas Ave twds Woodlands

Veh A: SKK9902A Veh B: GBH9669X Veh C/Others: NIL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I

Vehicles infront stopped. (Veh A) follow suit. Veh B came from my rear left could not stop in time and it's front right hit onto my veh's rear left. Veh B was cutting into my lane from the most left lane. There are vehs parked stationary infront of veh B's lane. Nobody injured. That's all.

[ ] Own Damage Claim at Lim Tan Motor [✓] TP Claim at Lim Tan Motor

[ ] Own Damage Claim at Other Workshop [ ] TP Claim at Other Workshop [ ] Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____

My/Our email : _____

DECLARATION

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

LIM TAN MOTOR PTE LTD

Policyholder's Signature Date & Time: 18 OCT 2019

Driver's Signature (If driver is not the policyholder) Date & Time: 18 OCT 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

LIM TAN MOTOR

ESTIMATE TO REPAIR

SURVEYOR NAME	:
DATE OF SURVEY	:
TIME OF SURVEY	:

VEHICLE NO. : SKK 9902 A
MAKE : MERCEDES BENZ
MODEL : R300LA
YEAR : 2012
CHASSIS NO : WDC2511542A161876

DATE : 21-Oct-19
DATE OF ACCIDENT : 17-Oct-19
THIRD PARTY REF : GBH9669X / CHINA TAIPING

No.	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	rear bumper	Nett		$ 2,000.00	
1 pc	rear bumper reinforcement	Nett		$ 980.00	
1 pc	rear bumper LH reflector	Nett		$ 80.00	
2 ps	rear bumper sensor	Nett	$ 150.00	$ 300.00	
1 pc	rear bumper top chrome	Nett		$ 480.00	
1 pc	tailgate star	Nett		$ 60.00	
1 pc	tailgate R300 emblem	Nett		$ 53.00	
				$ 3,953.00	
	less 10%			$ 395.30	$ 3,557.70
	To putty and spray paint.				$ 500.00
	To check rear wiring & replace parking sensor.				$ 80.00
	Labour charges.				$ 400.00
TG-ML/-	**TOTAL**				**$ 4,537.70**

Lim Tan Motor Pte Ltd
Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721
Tel:65-64520893 Fax:65-64589127 Email: edmund@LTM.sg Website : www.LTM.sg
Co.Reg No.199307277D GST Reg No.M2-0019086-0