

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	13/12/2019 14:31
Date Of Accident	11/12/2019 15:25
Exact Location Of Accident	BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5783M
Insured/Policyholder	
Name Of Registered Owner	FAVOURITE CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68424992

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	82014167

Driver

Name of Driver	LIM HWEE LIN(LIN HUILING)
NRIC No	S8028718F
Date Of Birth	20/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91820545
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 403 FAJAR ROAD #05-239
Postcode	670403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191211/2072

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV6274D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG PUI PIN
NRIC/Passport Number	S7812923I
Contact Number	92392741

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM HWEE LIN(LIN HUILING)
Approximate Age	
Injuries Sustain	GIDDINESS,BACK & NECK
Injured person in which vehicle?	SMN5783M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



Policyholder's Signature
Date & Time:

11/12/19 2:34pm

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

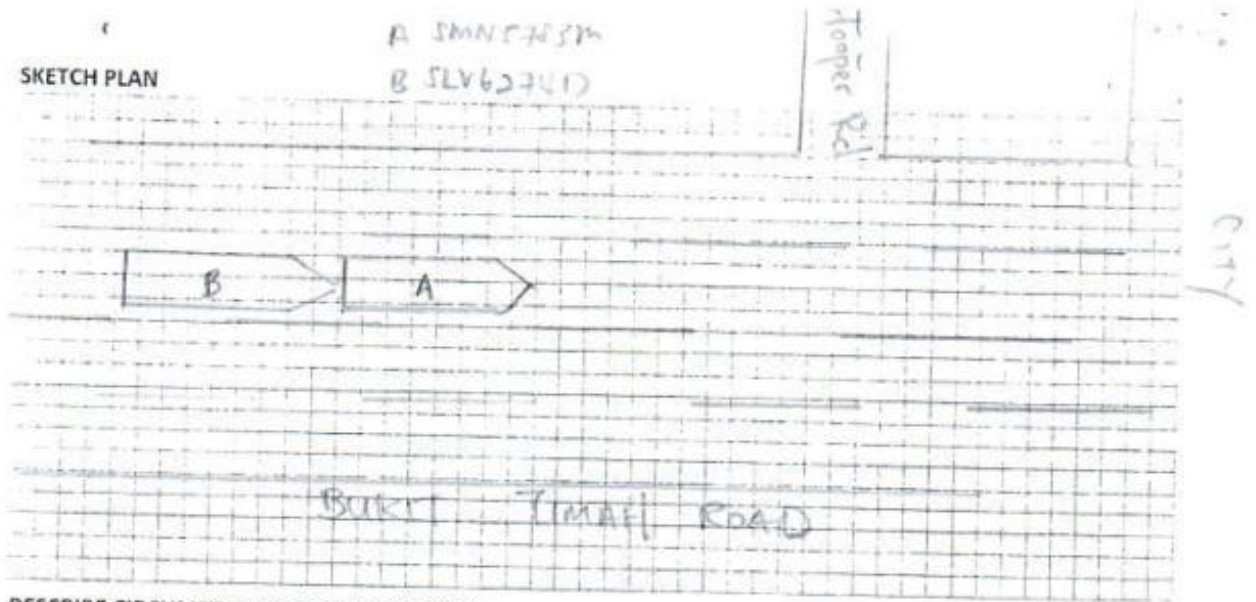
11/12/19 2:34pm

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

13/12/19

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 5/20191211/2072

DECLARATION

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

Policyholder's Signature

Date & Time:

11/12/19 2:20pm
GARVC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11/12/19 2:20pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2/Jan 13/12/19

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191211/2072

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20191211/2072

CONTINUATION OF REPORT

Driver			
Name	WONG PUI PIN		ID No. S7812923I
Related Vehicle	SLV6274D (Car)		Contact No. 92392741
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
Driver			
Name	LIM HWEE LIN		ID No. S8028718F
Related Vehicle	SMN5783M (Car)		Contact No. 91820454
Hospital/Clinic	FAMILY DOCTORS AT 365		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	10/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 10/12/2019 at about 1525hrs, I was driving my car (SMN5783M- Black Honda Shuttle) along Bukit Timah Road towards City. Traffic was stationary as traffic light was red. Thus, I stopped my vehicle. When my car was stationary, out of a sudden, I felt a collision from the back of my car. I then went out of the car and discovered that a car(SLV6274D- Silver S350) had collided onto my car. The passenger who was in my car, did not complained of injuries. I felt giddiness and pain on my neck shoulder and back area at the point of time. I then went to the clinic and was granted three days of MC. There is an in car camera in my car. I have taken photos of the accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/2019/211/2072

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No: T/2019/211/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2019 13:18		Vide Report No.:		Station Diary No.: 59
Informant's Particulars				
Name of Informant: LIM HWEE LIN		Address: APT BLK 403 FAJAR ROAD #05-239 SINGAPORE 670403		
ID Type / ID No.: NRIC NO / S8028718F		Contact No.: Home/Office: Mobile: 91820454		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 39	Date of Birth: 20/09/1980	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PRIVATE HIRER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2019 15:25	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
Towards City before Hooper Road				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SLV8274D	Car	MERCEDES BENZ	S350	Silver		0
SMN5763M	Car	HONDA	SHUTTLE	Black		1

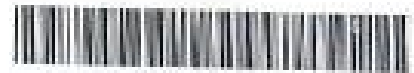
Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T20191211/2072

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8923989

2 of 3

Report No: T20191211/2072

CONTINUATION OF REPORT

Driver			
Name	WONG PUI PIN		ID No. S78129231
Related Vehicle	SLV6274D (Car)		Contact No. 92392741
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
Driver			
Name	LIM HWEE LIN		ID No. S8028718F
Related Vehicle	SMN5783M (Car)		Contact No. 81820454
Hospital/Clinic	FAMILY DOCTORS AT 365		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	10/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



1/20191211/2072

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20191211/2072

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:

J /

Staff Sgt MUHAMMAD FIRDAUS BIN SAHROL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/12/2019 13:18

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP165

SIGNATURE