#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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	16/12/2019 14:45
Date Of Accident	13/12/2019 09:10
Exact Location Of Accident	PIE TO CHANGI AIRPORT
Country/State of Loss	SINGAPORE
-	DETAILS OF OWN VEHICLE
	SLZ3803B
Vehicle Registration Number	SLZ3803B
Insured/Policyholder	LIMITER CONTROL
Name Of Registered Owner	LIM HEOK LONG CLIFTON
NRIC No	S1609029H
Email Address	CLIFTON@SILVERLINEPS.COM
Mobile Phone No	(LOCAL) +65-98179008
Alternative Phone No	OTHERS-98179008
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT B8 1.8 TFSI AT 3G24JZ
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00620885
Cover Note Number	30/04/2019 - 29/04/2020
Driver	
Name of Driver	LIM HEOK LONG CLIFTON
NRIC No	S1609029H
Date Of Birth	21/11/1963
Occupation	INDOOR
Date Of Driving Pass	22/03/1990
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98179008
Fax Number	

OTHERS-98179008

CLIFTON@SILVERLINEPS.COM

Address 156 JOO CHIAT TERRACE #04-04

Postcode 427303

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 CHAIN COLLISION

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

5

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] MARINE PARADE N.P.C

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA7921X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver PEH HAN YONG, LESTER

NRIC/Passport Number S8300107J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHC1102Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SKU5128S

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)

### **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SLK221D

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)

### **DETAILS OF INJURED PERSON 1**

Name LIM HEOK LONG CLIFTON

Approximate Age

Injuries Sustain NECK PAIN Injured person in which vehicle? SLZ3803B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

13 Dec	2019. 09.10 am	n Ple To Change Ampo	r/-
My Vehicle A: 5/2 38	Vehicle B: SYR	De to Change Ampoortion:  1978 Vehicle C: 886 1102  88 E: SAR 2210	7
		WGI ARRORT -	
		E SLK 2210 A SLZ 3803 B SHA 7921 C SHC 1102) D SKU 5128	3B X
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
Reper d	2019	Report No. 1213/2138	
Veh B: P	eh Han Yong,	Les-lev / 58300167	73
My workshop: Email address: & myself: Email address: Cliffo: Note: Please take note that you own policy. Kindly check	opy of my efile accident report to	the for you to submit own damage claim under	, and
DECLARATION  I/We declare the foregoing particular  Policyholder's Signature  Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature	- <del></del>

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AH LIM MOTOR COMPANY

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Person el's Signature Name:

NRIC/FIN No.:





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 1 of 3 Report No. T/20191213/2138

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time R 13/12/2019 1	•	de:	Vide Report No.:	Station Diary No.: 41		
Informant's	Particul	ars				
Name of Info			Address:			
LIM HEOK L	ONG CL	IFTON	156 JOO CHIAT TERRACI	E #04-04 SINGAPORE 427303		
ID Type / ID	No.:		Contact No.:			
NRIC NO / S1609029H			Home/Office: Mobile: 98179008			
Nationality:			Email:			
SINGAPORE	E CITIZE	N				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	56	21/11/1963	Driver			
Race:		Language:	Institution / School Name:			
Chinese						
Occupation:		Driving Licence Information:				
OTHERS			Class: Date of Expiry:			

	Injune	Drink	Date/Time of	True of Leasting	
Type of Accident:	Injury Others	Drive:	Accident: 13/12/2019 09:10	Type of Location: Straight Road	
_	EXPRESSWAY				
Expressway Weather: Road		Road Surface:		Road Speed Limit:	
Clear Dry		Dry		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Traffic Flow: Traff		Traffic Control:		Traffic Volume:	
One Way				Moderate	
One way				Α	
Type of Collis				Anyone conveyed by	
Type of Collis	ion: ing Vehicles - Head	To Rear		ambulance:	

Details of V	ehicle Involv	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA7921X	Car				Slightly Damaged	0
SLK221D	Car				Slightly Damaged	0
SLZ3803B	Car	VOLKSWAGO N	PASSAT B8 1.8 TFSI AT 3G24JZ	Blue	Slightly Damaged	0

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No Effect	tive Expiry Date





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

2 of 3 Report No. T/20191213/2138

Tel No: 1800-4428999

#### CONTINUATION OF REPORT

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ3803B	DIRECT ASIA INSURANCE	MT/00620885	30/04/2019	29/04/2020
	(SINGAPORE) PTE, LTD.			

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrians Injured: NIL Use of Pe		Use of Peo	destrian Crossing: NA			
Driver						
Name	LIM HEOK LONG CLIFTON		ID No	•	S1609029H	
Related Vehicle	SLZ3803B (Car)		Contact No.		98179008	
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	13/12/2019 Date Disc		Date Disci	narge	13/12	/2019
No. of Days gran	ted Medical Leave	04	Degree of	Injury	Slight	

On the 13 December 2019 at approximately 0908hours, as I was driving in my car (SLZ 3803B) along PIE, the car in front of me with vehicle registration plate number SLK 221D slowed down, and caused me to jam on my brakes. I was driving at a safe distance and I didn't collided with him. Suddenly I heard a loud bang from my rear and my move forward and I collided with the vehicle in front of me.

I stepped out from my car and discovered that the car behind with plate number SHA 7921X to hit my car, and as a result of this, I hit the car in front of me with plate number SLK 221D. This further resulted in a chain of events involving a total of 5 vehicles involving another two car that is SHC1102Y, SHC1102Y and the last car is SKU5128S. The damage to my vehicle was rear and back of portion of my car and there was a slight damage to rest of the car.

Traffic police was at scene and he informed that there is no injuries we can proceed with our insurance claims. After which we drove off as advice by the traffic police officer and there was nobody conveyed via ambulance.

I would like to state that I have a camera recording in my car that capture the accident.

At 0950hrs I felt pain at my neck and shoulder thus I decided to go to the Hospital and I was given 4 days MC.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

3 of 3 Report No. T/20191213/2138

Tel No: 1800-4428999

CONTINUATION OF REPORT

### Sketch Plan

NP168

SIGNATURE

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	Signature Of Informant:
G/	THE STATE OF THE S
Staff Sgt SALINA BINTÉ ISMAIL	
	V

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 Interpreter: Date/Time: Not applicable 13/12/2019 19:34 Officer In Charge Of Case: Classification Of Case: TP/AEIT/ Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172 Authentication Stamp



Contact us at

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

#### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act") Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore) Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No. : MT/00620885

Type of Coverage / Driver Plan : Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No. : SLZ3803B

Chassis No. WVWZZZ3CZJE156398

2) Name of Policy Holder : Lim Heok Long Clifton

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act : 30/04/2019 00:00

4) Date/Time of Expiry of Insurance : 29/04/2020 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) Any named person under the policy who is driving on the Policyholder's permission.

(b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

6) Limitations as to use\*

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.

\*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Sum Insured : Market Value

 Own Damage Excess
 : S\$ 1,500.00 (before any applicable GST)

 Windscreen Excess
 : S\$ 100.00 (before any applicable GST)

Choice of workshop : DirectAsia approved workshops

Finance company / Hire Purchase

Main driver : Lim Heok Long Clifton

Named driver : None

Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.

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 and Com pensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

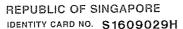
Issued on: 17/04/2019

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur (Chief Underwriting Officer)

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com

### Driving License Pg. 1







LIM HEOK LONG CLIFTON

郎 旭

CHINESE Date of birth 21-11-1963

SINGAPORE

\$160902916



- STRICTLÝ FOR WORKSHOP USAGE

**USE FOR ACCIDENT** REPORTING ONLY

Hy: 98179008. Event: clifton @ silverline ps. com

# **STRICTLY** FOR WORKSHOP USAGE

USE FOR ACCIDENT

MEPORTING ON POLARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B

Motorcycles not exceeding 200 cc Motorcycles between 201 cc and 400 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

17 Aug 1987 17 Aug 1987 22 Mar 1990



NRIC № S1609029H

02-09-2011

156 JOO CHIAT TERRACE #04-04 SINGAPORE 427303

NP 428A









