

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	22/09/2020 13:10
Date Of Accident	21/09/2020 19:10
Exact Location Of Accident	AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4501R
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	1XXXXX194N
Email Address	JENNIFER@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	
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	YES
Policy Number	A 400000480 MCX
Cover Note Number	

Driver

Name of Driver	LIM CHENG WAH
NRIC No	SXXXX857D
Date Of Birth	27/11/1971
Occupation	INDOOR
Date Of Driving Pass	08/08/2017
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92700121
Fax Number	
Contact Number	
Email Address	LOGICDROID@GMAIL.COM

Address BLK 612 ANG MO KIO AVE 4 #11-1111
 Postcode 560612
 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 LIGHT RAINS
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 3
 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: : LEE HUI WEN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REER TO ATTACHED.

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 GBD3750D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver TEE BOON NONG
 NRIC/Passport Number SXXXX789E
 Contact Number 81272733
 Address
 Postcode

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ5559R
Vehicle Make/Model/Colour MAZDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver HASLINDA BINTE SALLEH
NRIC/Passport Number SXXX097G
Contact Number 91685191
Address
Postcode

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

DETAILS OF INJURED PERSON 1

Name LIM CHENG WAH
Approximate Age 49
Injuries Sustain WHIPLASH , PAIN AND SHOULDER PAIN
Injured person in which vehicle? SLZ4501R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

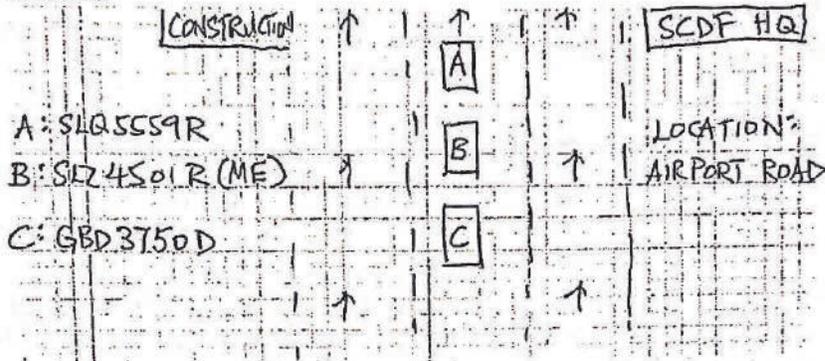
Name LEE HUI WEN
Approximate Age
Injuries Sustain WHIPLASH
Injured person in which vehicle? SLZ4501R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 2

1/30/2020

Protected By Symantec

SKETCH PLAN

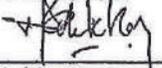


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mon 21/09/20
 I am a private line driver driving (SLZ4501R) HONDA VEZEL. 7:02 PM I was sending a passenger home to JIN TENAGA VIA AIRPORT ROAD. It was raining and traffic was moderate
 There was construction going on in a distant after the bus stop (opposite SCDF HQ) on AIRPORT ROAD and only 2 lanes were available (3 lane road) I was on the 2nd lane (middle)
 In front of my car was [SLA5559R] and I am of a safe distance away from it. At around 7:10 PM as I was approaching the construction site, SLA5559R suddenly jammed her brakes. I managed to stop my car about 1/2 m away from SLA5559R.
 Unfortunately, the small lorry behind me [GBD3750D] did not managed to stop in time and collided into the rear of my car which caused my car to move forward and touched the rear of the car in front of mine (no damages).
 After the shock and checking that my passenger was not hurt, I went to access the damage.

DECLARATION Please refer to Police report
 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 Person's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200922/2030

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200922/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2020 11:50	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars			
Name of Informant: LIM CHENG WAH		Address: APT BLK 612 ANG MO KIO AVENUE 4 #11-1111 SINGAPORE 560612	
ID Type / ID No.: NRIC NO / S7140857D		Contact No.: Home/Office: Mobile: 92700121	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 27/11/1971	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2020 19:10	Type of Location: Straight Road	
Location: AIRPORT ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
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
GBD3750D	Lorry					0
SLQ5559R	Car					0
SLZ4501R	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20200922/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEE BOON NONG	ID No.	S2585789E
Related Vehicle	GBD3750D (Lorry)	Contact No.	81272733
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	HASLINDA BINTE SALLEH	ID No.	S7702097G
Related Vehicle	SLQ5559R (Car)	Contact No.	91685191
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 CHENG WAH	ID No.	S7140857D
Related Vehicle	SLZ4501R (Car)	Contact No.	93700121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/09/2020 at around 1902hrs, I had picked up a passenger from Irving Road and was her destination is Jalan Tenaga. I was driving my vehicle, registration number: SLZ4501R along Airport Road on the 2nd lane. The traffic volume was moderate and it was drizzling. There was some construction being done on the 1st lane so only 2 lanes were available. I aware that there was some movement there and kept a safe distance in between the vehicle in front of mine.

Suddenly, the vehicle in front of mine, registration number: SLQ5559R, suddenly jammed the brakes of her vehicle. I manage to avoid colliding the vehicle by jam braking and coming to a stop. However, about



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T/20200922/2030

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Report No. T/20200922/2030

CONTINUATION OF REPORT

1-2 seconds later, I felt an impact coming from the rear side of my vehicle. The collision caused my vehicle to shift forward and slightly touched the rear bumper of SLQ5559R. I was in shock for a moment and shortly after, I made a check of my passenger was okay. After making a check with my passenger and that she was okay, I went out of my car to assess the damage. I also exchanged particulars with the other drivers.

I will be seeing the doctor soon as I felt that I suffered a whiplash due the impact of the accident. There is also pain on my back and in between my shoulders. My passenger also informed that her back is hurting and she will be seeing a doctor. There are 2 in-car cameras in my vehicle, one facing the front and one facing the back.

The damages to my vehicle are as follows:

- 1.) Dent and scratches on the rear boot door and portion of my vehicle