

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	20/10/2020 17:50
Date Of Accident	18/10/2020 12:10
Exact Location Of Accident	SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9347A
Insured/Policyholder	
Name Of Registered Owner	FAVOURITE CAR RENTAL PTE LTD
Co Reg No	2XXXXX589K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91155526
Alternative Phone No	OFFICE-96253682

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 400000207 MCX
Cover Note Number	

Driver

Name of Driver	LIM TECK KHOON(LIN DEKUN)
NRIC No	SXXXX006J
Date Of Birth	20/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	08/07/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98000907
Fax Number	(LOCAL) +65-92748480
Contact Number	
Email Address	NOEMAIL

Address	BLK 123 YISHUN STREET 11 #07-495
Postcode	760123
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201018/2047

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	XE4403J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PITCHAI SENTHILKUMAR
NRIC/Passport Number	GXXXX065P
Contact Number	96355062
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIM TECK KHOON(LIN DEKUN)
Approximate Age	
Injuries Sustain	CHEST & NECK
Injured person in which vehicle?	SMG9347A
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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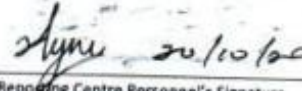
8. Consent under the Personal Data Protection Act (PDPA)

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: 19/10/2020
14:45pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/10/2020
14:45pm

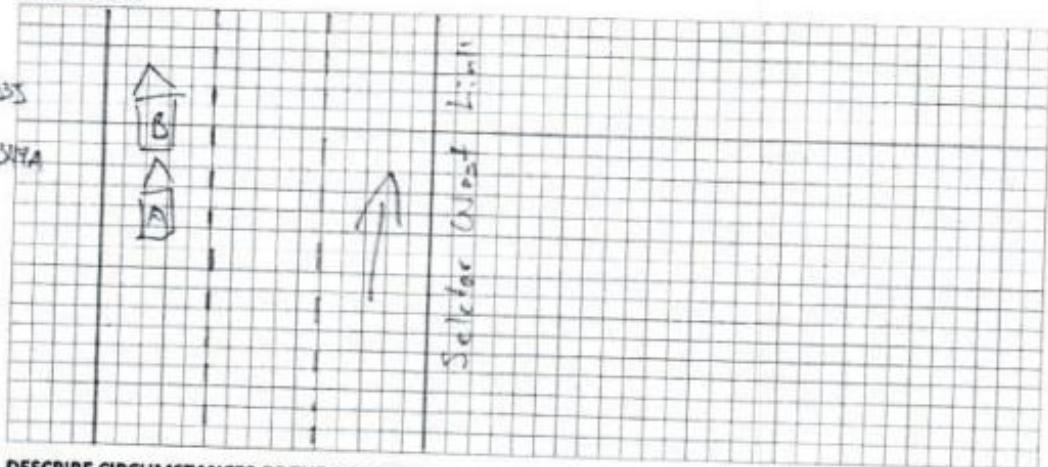

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

B - XE11635

A - SM695HA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to
police Report.

DECLARATION

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

Policyholder's Signature

Date & Time: 19/10/2020

14:45pm

GAARMC SketchPlan Form 1/3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/10/2020

14:45pm

Reporting Officer's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201018/2047

2 of 3

Report No. T/20201018/2047

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
509929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver			
Name	LIM TECK KHOON	ID No.	S7225006J
Related Vehicle	SMG9347A (Car)	Contact No.	98000907
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/10/2020	Date Discharge	18/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	PITCHAI SENTHILKUMAR	ID No.	G6043065P
Related Vehicle	NIL	Contact No.	96355062
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 18/10/2020 at about 12.10pm, I was driving my car, SMG9347A, along Seletar West Link towards CTE. I was driving at the left most lane (3 lane road). I was negotiating a slight bend and after which I went straight for a few moments. I then was shocked to see a stationary tipper truck, XE4403J, in front of me. The vehicle was stationary at the side of the road. I stepped on my brakes but could not stop in time. My car then collided to the rear of the truck.

After collision, I was still in a state of shock. I then noticed the driver came from the opposite side of the road and he checked on me. Both of us exchanged particulars and left the scene. After my car was towed away, I went to see a doctor at OneDoctors clinic and received 3 days MC for chest and neck pain.

My car has an in car camera, however, the car has been towed away by my rental company to their workshop.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20201018/2047

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20201018/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2020 14:53		Vide Report No.:		Station Diary No.: 51
Informant's Particulars				
Name of Informant: LIM TECK KHOON		Address: APT BLK 123 YISHUN STREET 11 #07-495 SINGAPORE 760123		
ID Type / ID No.: NRIC NO / S7225006J		Contact No.:		Mobile: 98000907
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 48	Date of Birth: 20/07/1972	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/10/2020 12:10	Type of Location: Straight Road
Location: SELETAR WEST LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
SMG9347A	Car				Seriously Damaged	0
XE4403J	TIPPER TRUCK				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201018/2047

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Report No. T/20201018/2047

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569829
Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver			
Name	LIM TECK KHOON	ID No.	87225006J
Related Vehicle	SMG9347A (Car)	Contact No.	98000907
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/10/2020	Date Discharge	18/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	PITCHAI SENTHILKUMAR	ID No.	G8043085P
Related Vehicle	NIL	Contact No.	98355062
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

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Police Report



SINGAPORE
POLICE FORCE



T/20201018/2047

3 of 3

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569929
Tel No: 1800-4519999

Report No. T/20201018/2047

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:

F/

SI NORSHAFIK BIN AB HAMID

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

18/10/2020 14:53

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP165

Stamp