

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 Submission 08/11/2021 19:46 (SGT)
Date of Accident 05/11/2021 17:48 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE TWDS CITY B4 ALEXANDRA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF5466G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DHI WATER AND ENVIRONMENT(S)PTE LTD
Company Reg No 2XXXXX802D
Email Address regine_yau@hotmail.com
Mobile Phone No (Phone) +65-96932564
Alternative Phone No +65-96932564

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1497

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300314511 MCY
Cover Note Number -

DRIVER

Name of Driver LIM ZHI SHENG
NRIC No SXXXX047H

Date Of Birth	19/11/1986
Occupation	Outdoor
Date Of Driving Pass	27/02/2017
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96932564
Alt. Phone Number	-
Email Address	regine_yau@hotmail.com
Address	BLK 124 JURONG EAST STREET 13
Address complement	#10-13
Postcode	600124
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ1919B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM ZHI SHENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJF5466G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

DHI Water & Environment (S) Pte Ltd

2 Venture Drive, #18-18,

Vision Exchange,

Singapore 608526

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

AYE TWA5 CITY B4 ALEXANDRA

VEHICLE A : SJF 5466 G1

VEHICLE B : SKI 1919 B

DHI Water & Environment (S) Pte Ltd
2 Venture Drive, #18-18,
Vision Exchange,
Singapore 608526

ON THE STATED DATE & TIME, I WAS DRIVING MY VEHICLE 3JF54669 ON AYE
TWO'S CITY BEFORE ALEXANDRA, WHILE DRIVING ON LANE 1 OUT OF 4 LANES, I NOTICED
THE VEHICLE IN FRONT OF ME SLOW DOWN AND CAME TO A STOP, I FOLLOW SUIT, OUT OF
SUDDEN I FELT A HUGE IMPACT FROM THE REAR OF MY CAR. I ALIGHTED MY VEHICLE
AND REALIZED THAT VEHICLE B SKZ1919B HAD REAR ENDED MY VEHICLE WE EXCHANGED
CONTACT DETAILS I LEFT THE SCENE SHORTLY TO AVOID CONGESTION.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Sky 5/11/21 18:25

John 08/10/20





















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL0X21B80002 Vehicle Registration No: SJFS466G
 Name (as shown in NRIC): LIM ZHI SHENG NRIC/FIN/Passport No: SXXXX0474
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 124 JURONG EAST ST 13 #10-13 Singapore (600124)
 Contact (Tel): _____ Mobile No.: 96939564
 Email Address: _____
 Date of Accident: 05/11/21 Time of Accident: 1748
 Place of Accident: AYE TWDS CITY BY ALEXANDRA
 Insurance Company: MSIL

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND POLICY NO: A 300314511 MCY

 Policyholder / Driver's Signature
 Date:

24/11/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: