SL0X22110001-01 / LKK Auto Consultants Pte Ltd [408933]
ENTRY DATE & TIME: 18/01/2022 18:23 (SGT)
SUBMITTED BY: LKK Auto PU
VERSION: 2 (20/01/2022 10:49 (SGT))

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 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 Submission	18/01/2022 18:23 (SGT)
Date of Accident	18/01/2022 12:51 (SGT)
Exact Location of Accident	Lorong 17 Geylang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ8080H

[redacted]

Is company?	No
Name Of Registered Owner	WANG KWEE ING
NRIC No	SXXXX868E
Email Address	system2two@yahoo.com.sg
Mobile Phone No	(Phone) +65-97422822
Alternative Phone No	+65-97422822

[redacted]

Manufacturer	Toyota
Model	Camry
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	1998

[redacted]

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300459239 QMX
Cover Note Number	-

[redacted]

Name of Driver	WANG KWEE ING
NRIC No	SXXXX868E

Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

[redacted]

Type of Accident	Collision - Rear

Date Of Birth	23/12/1964
Occupation	Outdoor
Date Of Driving Pass	30/01/1985
Driving experience	37 YEARS
Gender	Female
Mobile Number	(Phone) +65-97422822
Alt. Phone Number	+65-97422822
Email Address	system2two@yahoo.com.sg
Address	BLK 19 CANTONMENT CLOSE
Address complement	#14-73
Postcode	080019
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER OBSERVATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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 INVESTIGATION

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

ATTACHMENTS

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	SHD5470C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM KIM BOON
Contact Number	-
Address	-
Address complement	-

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

SKETCH PLAN

IMPORTANT NOTICE

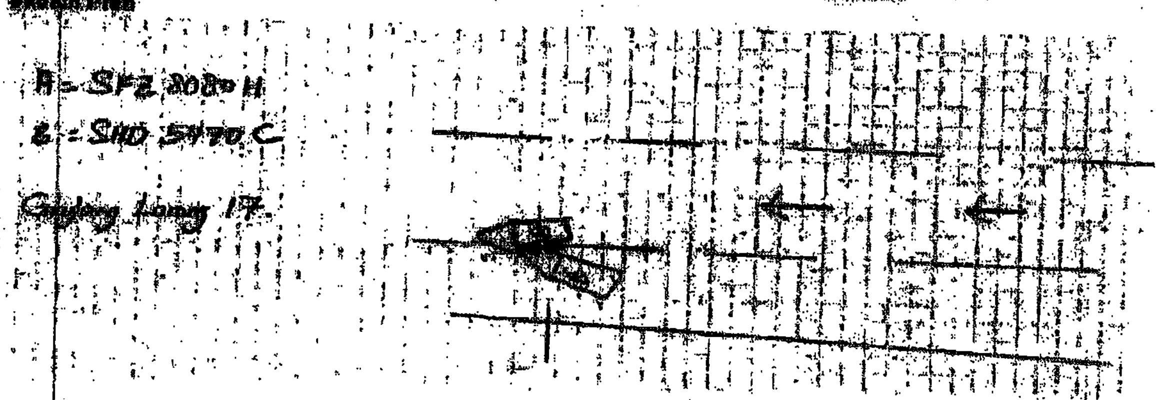
1. [illegible] the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]
7. [illegible]
8. [illegible]

[illegible]

Policyholder's Signature & Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

18/1/2022

Sketch Plan



Describe Circumstances of the Accident

I was travelling on the slip road trying to change to the left lane. Before I change lane I did signalled and checked that there was no vehicle behind me then I moved left of middle vehicle. It is during right and long vehicle my left side portion of my vehicle.

Declaration

I/We declare the foregoing particulars are true to the best of my knowledge.

Policyholder's Signature & Date & Time

Claimant's Signature (if other than policyholder) / Date & Time

Witnessed by Insurance Online Personnel