

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 10/05/2022 18:33 (SGT)
Date of Accident 10/05/2022 08:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information GUILLEMARD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN895T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM GUAN CHOON (LIN YUANCHUN)
NRIC No S7414131E
Email Address JONATHAN.LIMGC@HOTMAIL.COM
Mobile Phone No (Phone) +65-96466880
Alternative Phone No +65-96466880

VEHICLE PARTICULARS

Manufacturer Honda
Model Mobilio
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300121306 QMY
Cover Note Number -

DRIVER

Name of Driver LIM GUAN CHOON (LIN YUANCHUN)
NRIC No S7414131E

Date Of Birth	03/05/1974
Occupation	Indoor
Date Of Driving Pass	21/08/1993
Driving experience	28 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96466880
Alt. Phone Number	+65-96466880
Email Address	JONATHAN.LIMGC@HOTMAIL.COM
Address	28 CASSIA CRESCENT #08-28 S391028
Address complement	-
Postcode	-
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED

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	GBK8504D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	YASZID BIN ANWAR
NRIC No	S6826173B
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 GUAN CHOON (LIN YUANCHUN)
Gender	Male
Phone No	(Phone) +65-96466880
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLN895T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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.

X

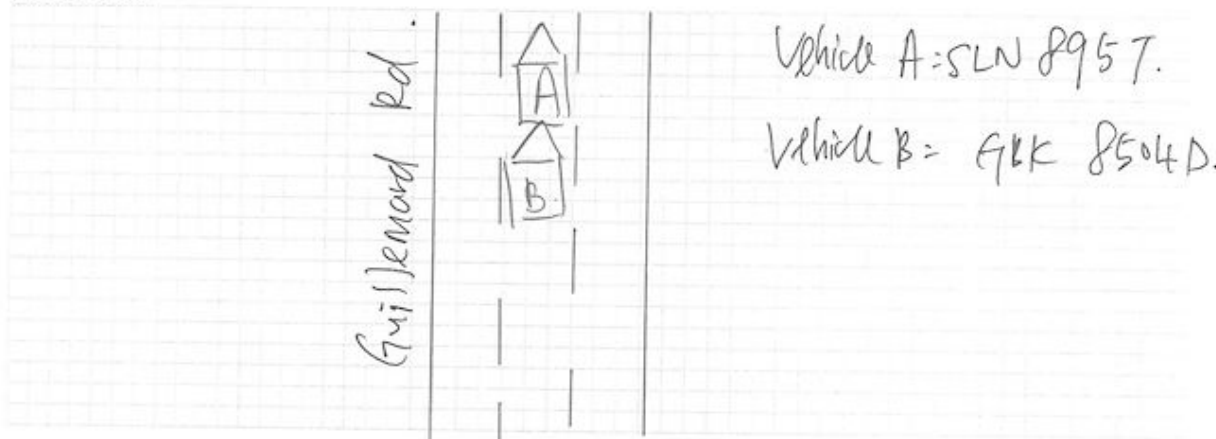
X

Policyholder's Signature / Date & Time
 10/5/22
 0958

Driver's Signature (If driver is not the policyholder) / Date & Time
 10/5/22 0955

Witnessed by Reporting Centre Personnel


Sketch Plan



Describe Circumstances of the Accident

Refer to the police report.

Report: T/2022 0510/7000.

Declaration

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

X

Policyholder's Signature / Date & Time

X

10/5/22 0955
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

































**SINGAPORE
POLICE FORCE**



T/20220510/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220510/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2022 09:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM GUAN CHOON			Address: 28 CASSIA CRESCENT #08-28 SINGAPORE 391028		
ID Type / ID No.: NRIC NO / S7414131E			Contact No.: Home/Office: Mobile: 96466880		
Nationality: SINGAPORE CITIZEN			Email: JONATHAN.LIMGC@HOTMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 03/05/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2022 08:10	Type of Location: Straight Road
Location: GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Conditio	No of
GBK8504D	Lorry				Slightly Damaged	0
SLN895T	Car	HONDA	MOBILIO SV 1.5 CVT	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220510/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220510/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN895T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300121306	21/04/2022	20/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YASZID BIN ANWAR		ID No.	S6826173B
Related Vehicle	GBK8504D (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	LIM GUAN CHOON		ID No.	S7414131E
Related Vehicle	SLN895T (Car)		Contact No.	96466880
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/05/2022		Date	10/05/2022
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

I was stationary along the traffic lights waiting for it to turn green when I suddenly felt a huge impact from the rear. I alighted from my vehicle, took photos, exchanged particulars and left the scene. I sought medical attention immediately after the accident and was advised to lodge an accident report on this said matter.



**SINGAPORE
POLICE FORCE**



T/20220510/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220510/7000

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/05/2022 09:25

Classification Of Case:

NP168