

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 Actual 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	27/01/2023 18:30 (SGT)
Reported by	Both
Date of Accident	27/01/2023 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG TOWN HALL ROAD SLIP ROAD BOON LAY WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7768B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SOON HUAT
NRIC No	SXXXX688Z
Email Address	soonhuat69@gmail.com
Mobile Phone No	(Phone) +65-97531413
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	G 300253508 QMY

DRIVER

Name of Driver	LIM SOON HUAT
NRIC No	SXXXX688Z
Date Of Birth	01/01/1970
Occupation	Indoor

Date Of Driving Pass	29/09/1989
Driving experience	33 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97531413
Alt. Phone Number	-
Email Address	soonhuat69@gmail.com
Address	APT BLK 357 YUNG AN ROAD
Address complement	# 12-61
Postcode	610357
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?	Yes
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	CCN6190
Vehicle Category	Private car

PASSENGER 1

Name	KHOO LI LIAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230127/2012

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CCN6190
Vehicle Manufacturer	Perodua
Vehicle Model	Myvi
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHD SAIFUL FAIRUS BIN OMAR
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 SOON HUAT
Gender	Male
Phone No	(Phone) +65-97531413
Address	APT BLK 357 YUNG AN ROAD
Address Complement	# 12-61
Post Code	610357
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMH7768B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KHOO LI LIAN
Gender	Female
Phone No	(Phone) +65-97438752
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMH7768B
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Jurong Town Hall Road slip Road Boon Lay way





Describe Circumstances of the Accident

REFER TO POLICE REPORT: T/2023 0127/2013.

Declaration

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 27/1/23
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230127/2012

3 of 4

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20230127/2012

CONTINUATION OF REPORT

Brief Details.

On 27/01/2023, at about 0740hrs, I was driving my Brown Toyota Noah, SMH7768B, along Jurong Town Hall Road on the left most lane when I arrived at the slip road towards Boon Lay Way. As there was a vehicle in front of me, I was stopped and waiting behind the pedestrian crossing for the car in front to proceed before I moved forward. Suddenly, I felt an impact from the rear of my vehicle. I then got down from my vehicle and discovered that a Malaysian vehicle, Red Perodua Myvi, CCN6190, had collided into the rear of my vehicle. After checking on the other driver, we decided to not block the road and move to the pickup point at Chinese Garden MRT to exchange particulars and take photos of our vehicles. While at the pickup point, we exchanged particulars and took photos of our vehicles. My vehicle sustained a dent at the rear door and rear bumper. The other party's vehicle sustained a dent on the front bumper. I then contacted my workshop and was advised to proceed to a police station to lodge a traffic accident report.

I wish to add that I have the contact number of the other party however I did not bring it with me. I have an in-car camera however it is facing the front.























**SINGAPORE
POLICE FORCE**



T/20230127/2012

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20230127/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2023 08:47	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: LIM SOON HUAT	Address: APT BLK 357 YUNG AN ROAD #12-61 SINGAPORE 610357		
ID Type / ID No.: NRIC NO / S7000688Z	Contact No.: Home/Office: Mobile: 97531413		
Nationality: SINGAPORE CITIZEN	Email: soonhuat69@gmail.com		
Sex: Male	Age: 53	Date of Birth: 01/01/1970	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: MECHANICAL DESIGNER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/01/2023 07:40	Type of Location: Slip Road
Location: JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		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
CCN6190	Car	PERODUA	Myvi	Red	Slightly Damaged	0
SMH7768B	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230127/2012

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20230127/2012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH7768B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300253508	31/01/2022	30/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHD SAIFUL FAIRUS BIN OMAR	ID No.	8402060654350301
Related Vehicle	CCN6190 (Car)	Contact No.	NIL
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 SOON HUAT	ID No.	S7000688Z
Related Vehicle	SMH7768B (Car)	Contact No.	97531413
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
Passenger			
Name	KHOO LI LIAN	ID No.	S7241854I
Related Vehicle	SMH7768B (Car)	Contact No.	97438752
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



**SINGAPORE
POLICE FORCE**



T/20230127/2012

3 of 4

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CONTINUATION OF REPORT**Brief Details.**

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T/20230127/2012

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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20230127/2012

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:
D /
SGT 2 TENG JIUN SAI,
PRESTON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/01/2023 08:47

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168