

## 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 .....              | 07/02/2023 17:22 (SGT)                     |
| Reported by .....                     | Both Policyholder and Actual Driver        |
| Date of Accident .....                | 06/02/2023 17:35 (SGT)                     |
| Exact Location of Accident .....      | Singapore                                  |
| Additional Location Information ..... | PIE TUAS AFTER ADAM EXIT LAMP POLE NO 1014 |
| Country/State of Loss .....           | Singapore                                  |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMC2132U |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | Yes                  |
| Name Of Registered Owner ..... | LIM MING KIAN        |
| Company Reg No .....           | 53381726M            |
| Email Address .....            | m_kian@hotmail.com   |
| Mobile Phone No .....          | (Phone) +65-91065802 |
| Alternative Phone No .....     | -                    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | VOXY HYBRID 1.8V A        |
| 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 hire              |
| Transmission .....   | Auto                      |
| CC .....   | 1797                      |

#### INSURANCE COMPANY

|   |                         |
|---|-------------------------|
| Name of Insurance Company .....         | FWD Singapore Pte. Ltd. |
| Policy Number / Cover Note Number ..... | PNCV2020-00000360-02    |

#### DRIVER

|                      |                              |
|----------------------|------------------------------|
| Name of Driver ..... | LIM MING KIAN (LIN MINGJIAN) |
| NRIC No .....        | S8330413H                    |
| Date Of Birth .....  | 30/09/1983                   |
| Occupation .....     | Outdoor                      |

|  |  |
|--|--|
| Date Of Driving Pass .....   | 08/09/2003                                 |
| Driving experience .....   | 19 YEARS AND 5 MONTHS                      |
| Gender .....   | Male                                       |
| Mobile Number .....  | (Phone) +65-91065802                       |
| Alt. Phone Number .....  | -  |
| Email Address .....  | m_kian@hotmail.com                         |
| Address .....  | APT BLK 289 YISHUN AVE 6 #11-18 (S) 760289 |
| Address complement .....   | -  |
| Postcode .....   | -  |
| 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 .....   | Chain Collision |
| 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? .....  | 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  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

#### 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

REFER WITH ATTACHED.

#### 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 ..... | FILE SIZE TOO LARGE, UNABLE TO UPLOAD |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                |
|-----------------------------------|----------------|
| Vehicle Registration Number ..... | SKA4075Y       |
| Vehicle Manufacturer .....        | -              |
| Vehicle Model .....               | -              |
| Vehicle Variant .....             | -              |
| Vehicle Colour .....              | -              |
| Vehicle Category .....            | Private car    |
| Name of Driver .....              | RAHAN BIN DAUD |

|   |                      |
|---|----------------------|
| Contact Number .....                          | (Phone) +65-93363392 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | 2                    |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SMD9076Y    |
| 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) .....     | 2           |

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.



Policyholder's Signature / Date & Time

*[Signature]*  
7/2/23  
15:00

*[Signature]*  
7/2/23  
15:00

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

PIE (Tuas) After Adam Exit beside Lamp post No: 1014

Vehicle A: SMC 2132 U  
Vehicle B: SKA 4075 Y  
Vehicle C: SMD 9076 Y

Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SMC 2132 U) along PIE towards twin after Adam Port on the 2nd from the right lane of a 4 lane expressway. The vehicle ahead of my vehicle braked and I followed accordingly. Out of a sudden, vehicle B (SKA 4075 Y) collided into the rear portion of my vehicle. I alighted and discovered I was involved in a 3 car chain collision.

Video footage Attached.

Declaration

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



Policyholder's Signature / Date & Time

Signature of Driver (if driver is not the policyholder) / Date & Time

7/2/23  
15-00



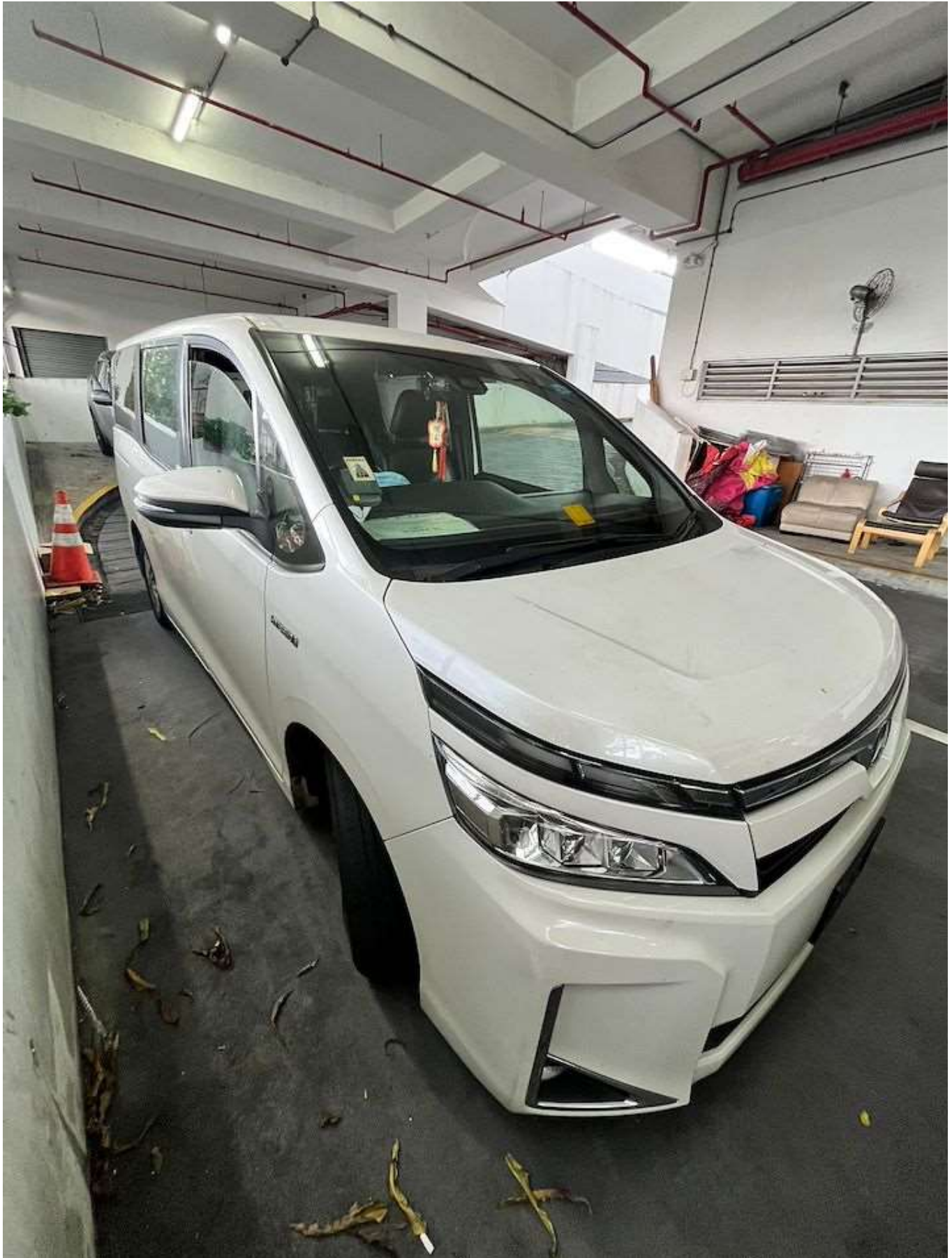
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)















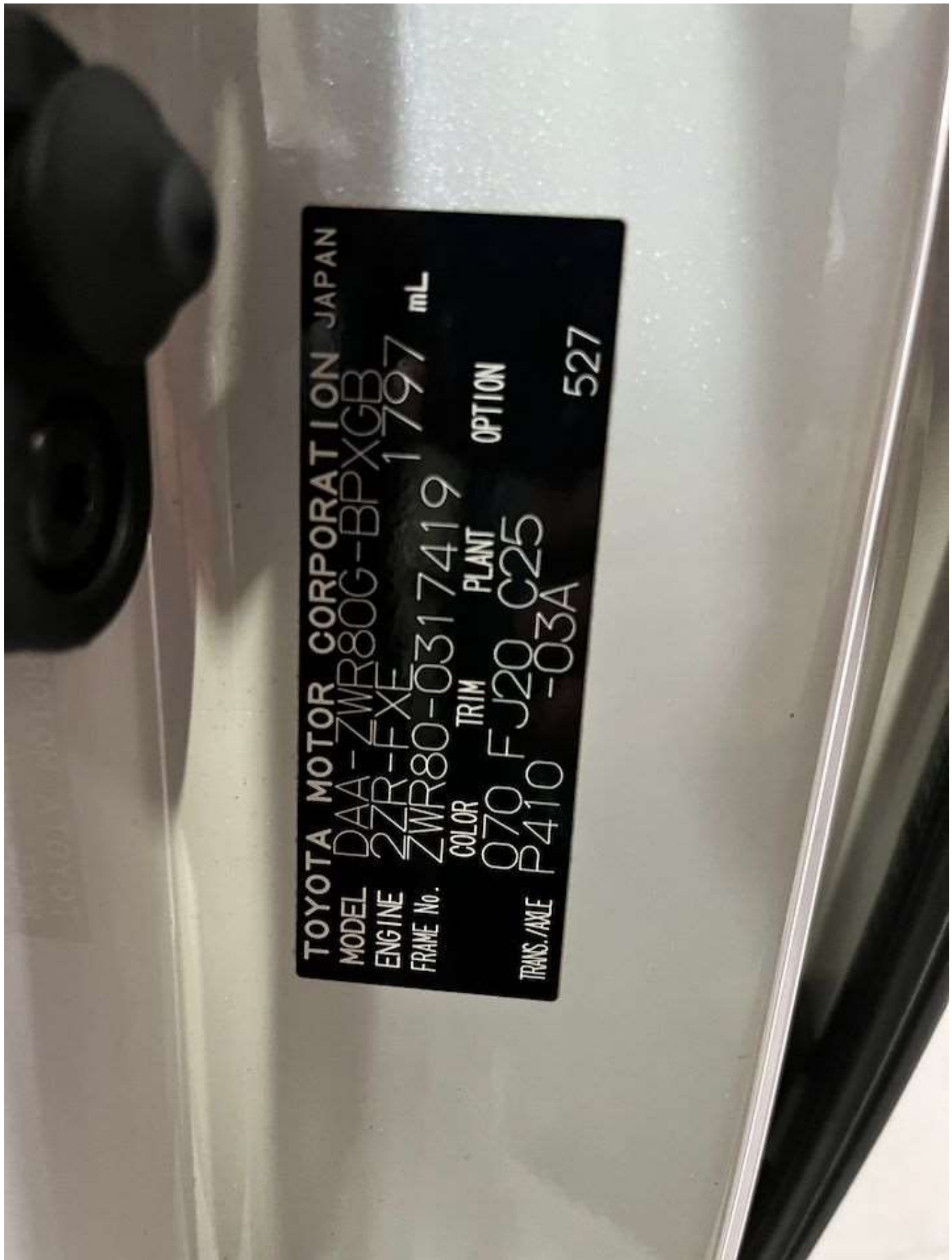












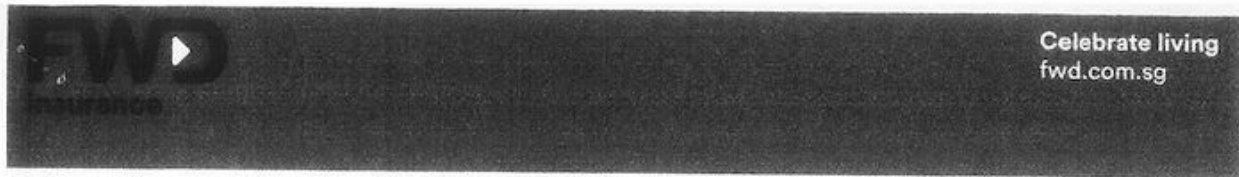












## Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance  
if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours or by the next working day of the incident regardless of whether it will lead to a claim.

**Policy number:** PNCV2020-00000360-02

Car plate number : SMC2132U

Coverage start date: 27/06/2022

Coverage end date: 26/06/2023

Who is insured to drive: You

Covered geographical area: Singapore, West Malaysia and Southern Thailand

#### About you (the Policyholder)

Name: Lim Ming Kian

NRIC/FIN: S8330413H

Address: 289 Yishun Avenue 6 11-18 Singapore 760289

Email: M\_KIAN@hotmail.com

Mobile number : 91065802

Date of birth: 30/09/1983

Gender : Male

Marital status: Married

Certificate of merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

Company name: MK Trans

ACRA number: 53381726m

#### About your car and policy

Car make and model: TOYOTA VOXY 1.8 HYBRID

Year of first registration : 2018

Plan type: Comprehensive

Standard excess: S\$1,800

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Authorised family members to drive your car: No

Overseas booster: Yes

Premium paid (Inclusive of GST): S\$2,269.75

Finance company: Twincar Leasing