

## 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 ability.
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 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 Report	02/05/2017 10:28
Date Of Accident	28/04/2017 22:45
Exact Location Of Accident	CTE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7887M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM ENG GEK WINIFRED TERESA
NRIC No	S0005200J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91390840
Alternative Phone No	OTHERS-94311748

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 L (A)

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A27856233QMX
Cover Note Number	

### Driver

Name of Driver	ALBERT YEE TECK KANG
NRIC No	S0074191D
Date Of Birth	26/11/1948
Occupation	INDOOR
Date Of Driving Pass	19/02/1974
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94311748
Fax Number	
Contact Number	
EEmail Address	ALBERTYEE88@YAHOO.COM

Address  
Postcode  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured SPOUSE  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident UNKNOWN - TP HIT INSURED WHILE CHANGING LANE  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. YES  
Number of Passengers (Including Driver) 2

#### Details of Police Action

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

SEE ATTACHED ANNEX A.

#### 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 SHD4599Y  
Vehicle Make/Model/Colour BLUE TAXI  
Details Of Properties  
Name of Driver JIANG YAN  
NRIC/Passport Number S2633475F  
Contact Number 90019875  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### Details of Witness

Name  
Phone Number  
Email Address

**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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*W. J. Lim Eng Jek*

Policyholder's Signature / Date &  
Time 2/5/17

Sketch Plan

*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date  
& Time 2/5/17

*[Signature]*  
Witnessed by Reporting Centre  
Personnel

*Refer to Annex A for sketch*

Describe Circumstances of the Accident

Refer to Report of Annex A attached.

Declaration

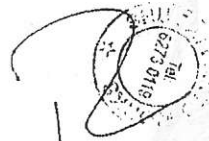
We declare the foregoing particulars are true in every respect.

W. J. R. E. g. pek

Policyholder's Signature / Date &  
Time 2/5/17

*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date  
& Time 2/5/17



Witnessed by Reporting Centre  
Personnel

ANNEX A

TRAFFIC ACCIDENT INVOLVING SHD 4599Y AND SJT 7887M ALONG CTE IN THE DIRECTION OF PIE (CHANGI AIRPORT) AND SLE ON FRIDAY 28 APRIL 2017 AT AROUND 10.45 PM

On Friday 28 April 2017 at around 10.45pm, I was driving my vehicle SJT 7887M along CTE in the direction of PIE (Changi Airport) heading for home. At that time, I was at lane 3 (i.e. second lane from extreme left) and was around 200m from before Exit 7A (Moulmein Rd) when the driver of taxi SHD 4599Y who was on the extreme left turning lane towards Exit 7A cut into my lane and hit the left front passenger door of my vehicle. The traffic at that time was very heavy as there was already an alert sign at the CTE tunnel to warn drivers that there was a traffic accident at lane 1 ahead. My vehicle came to a stop when the taxi hit my vehicle. I found blue-paint scratch marks as well as scratches to the left back passenger door. The road condition then was dry and well lighted. There was no injury sustained by either my spouse (front passenger) or me. The taxi driver was also not injured. Not long after, a tow truck team came along to inspect our vehicles. The officer advised us to drive into Moulmein Road to discuss how we want to settle the accident. We exchanged our personal particulars and I informed the female taxi driver that I will be making an official report on the accident. Please refer to diagram of traffic accident below.

### Particulars of Drivers

#### Self (Name)

ALBERT YEE TECK KANG

#### NRIC NO

S0074191 D

#### ADDRESS

66 FLORA ROAD  
#03-58 PARC OLYMPIA  
SINGAPORE 560861

#### TAXI DRIVER

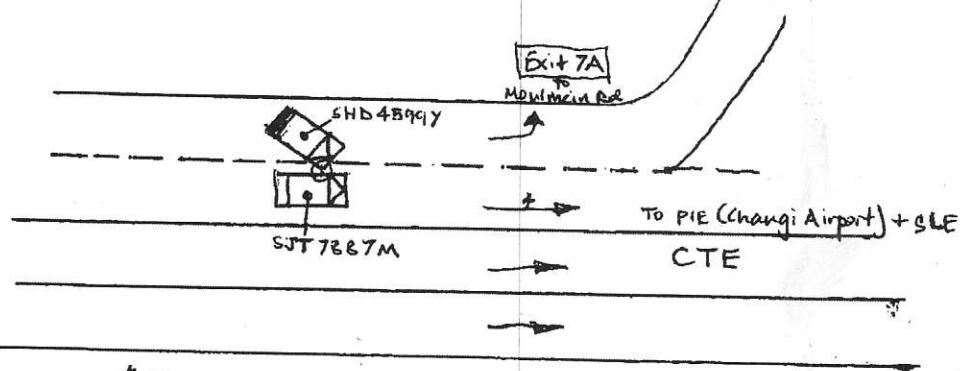
JIANG YAN

#### NRIC NO

S 2633 475 F

#### ADDRESS

BK 179 ANG MO KIO AVE 5  
#11-2888  
SINGAPORE 560179



Signature:

*[Signature]*  
2/5/17