

L101  
Sim.MBM217144581 / Borneo Motors (S) Pte Ltd - Pandan  
ENTRY DATE & TIME: 01/11/2017 17:00

## 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 willful 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             | 01/11/2017 17:00                |
| Date Of Accident           | 01/11/2017 13:15                |
| Exact Location Of Accident | PERNVALE PRIMARY SCHOOL CARPARK |
| Country/State of Loss      | SINGAPORE                       |

**DETAILS OF OWN VEHICLE**

|                                                                              |                                      |
|------------------------------------------------------------------------------|--------------------------------------|
| Vehicle Registration Number                                                  | SLL4680E                             |
| <b>Insured/Policyholder</b>                                                  |                                      |
| Name Of Registered Owner                                                     | YAP AH SENG                          |
| NRIC No                                                                      | S1186817G                            |
| Email Address                                                                | JARONYAP@HOTMAIL.COM                 |
| Mobile Phone No                                                              | (LOCAL) +65-96875212                 |
| Alternative Phone No                                                         | OFFICE-97421161                      |
| <b>Vehicle Particulars</b>                                                   |                                      |
| Manufacturer                                                                 | TOYOTA                               |
| Model                                                                        | PRIUS C-1.5 (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                          |
| <b>Insurance Company</b>                                                     |                                      |
| Name of Insurance Company                                                    | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage                                                             | COMPREHENSIVE                        |
| Fleet Policy                                                                 | NO                                   |
| Policy Number                                                                | 52000457                             |
| Cover Note Number                                                            |                                      |
| <b>Driver</b>                                                                |                                      |
| Name of Driver                                                               | YAP JIE HAN, JARON                   |
| NRIC No                                                                      | S8628689J                            |
| Date Of Birth                                                                | 03/10/1986                           |
| Occupation                                                                   | INDOOR                               |
| Date Of Driving Pass                                                         | 07/07/2006                           |
| Driving Experience                                                           | 11 YEARS AND 3 MONTHS                |
| Gender                                                                       | MALE                                 |
| Mobile Number                                                                | (LOCAL) +65-96875212                 |
| Fax Number                                                                   |                                      |
| Contact Number                                                               |                                      |
| EMail Address                                                                | JARONYAP@HOTMAIL.COM                 |

Address BLK 265C PUNGGOL WAY #09-344  
 Postcode 823265  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**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 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. NO  
 Number of Passengers (Including Driver) 1

**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**

PLEASE REFER TO SKETCH PLAN.

**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 PC6512U  
 Vehicle Make/Model/Colour WHITE MINI BUS  
 Details Of Properties  
 Name of Driver SEAH KANG HUAT  
 NRIC/Passport Number S1574737D  
 Contact Number 96469940

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DCS

MCA:

Sam

## MOTOR ACCIDENT REPORT

Date Of Report: 1/11/2017 Time: 1540 Date Of Accident: 1/11/2017 Time: 1315

Exact Location Of Accident: FERNVALE PRIMARY SCHOOL CARPARK

Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ / Johor ☐ / Perak ☐ / Kedah ☐ / Kelantan ☐ / Terengganu ☐ / Pulau Pinang ☐ / Perlis ☐ / Thailand ☐

## OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SLL 4680 E Co. Reg. No.(for Co. Vehicle)/NRIC/PP/FIN No: S11868176

Name Of Registered Owner: YAP AH SENG

Mobile Number: 96875212 Alternative No: 97421161 Email Address: jaronyap@hotmail.com

## Vehicle Particulars

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model: Prius CExact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

## Insurance Company

Name of Insurance Company: MSIG

Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: 52000457

## DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: Yap Jie Han Jarn NRIC/ Passport / FIN No: S8628689J

Date Of Birth: 03 OCT 1986 Occupation: Indoor ☒ Outdoor ☐Date Of Driving Pass: 07 JULY 2006 Gender: Male ☒ Female ☐

Mobile Number: 96875212 Fax No: — Alternative No: —

Address: B1K 265C PUNGGOL WAY #09-344 Postal Code: 823265

Email Address: jaronyap@hotmail.com

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured: child of insured.

Vehicle Registration Number of Driver's Own Vehicle (if applicable): —

Insurance Company of Driver's Own Vehicle (if applicable): —

## GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: BUS (PC6512U) REVERSED INTO SLL4680E WHEN SLL4680E WAS STATIONARY

Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):Was any body injured in the Accident? No ☒ Yes ☐ No. of Passengers (Incl driver in your vehicle):Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:Was any other material or property (e.g. other vehicle) damaged? No ☒ Yes ☐Was there any video captured by Car Camera? No ☒ Yes ☐ Are accident scene photos available for attachment? No ☐ Yes ☒Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☐ Yes ☐

## DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: PC6512 U Vehicle Make/Model/Colour: White Mini Bus

Details Of Properties Damage in Accident:

Name of Driver: Seah Kang Huat (H/P 96469940) (I/C 1574737D)

NRIC/Passport/FIN Number: 1574737D Contact Number: 96469940

Address: Postal Code:

Insurance Company Name:

Nature Of Damage: No. Of Passenger (Including Driver):

## DETAILS OF ACCIDENT INDEPENDANT WITNESS

Name: Name:

Phone Number: Phone Number:

Email Address: Email Address:

## DETAILS OF INJURED PERSON 1 (Please fill Annex A if more person injured)

Name: Approximate Age:

Address: Postal Code:

Injuries Sustained: Injured person in which vehicle:

Were seat belt worn? No ☐ Yes ☐ Were injured conveyed to hospital by ambulance? No ☐ Yes ☐

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

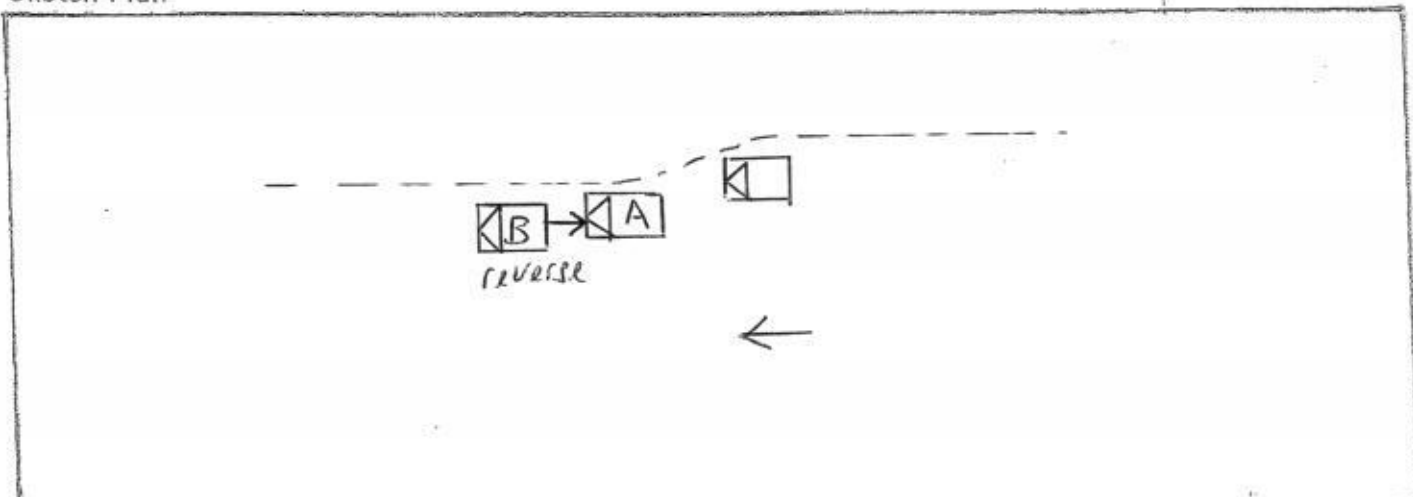
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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



Describe Circumstances of the Accident

Incident happened on 1/11/2017 at Fernvale Primary School at 1315 HRS. White mini bus, PC6512U reversed and knocked into my car, SLL4680 E, while my car was parked in the school carpark.

A dent on bonnet, some crumpled portion at bumper and dislodged bumper was observed.

A phone call was made to the bus driver's manager, David Loh to report the incident. A written agreement was made between driver, Seah Kang Huet, and myself with signature and particulars ~~etc.~~ written.

The school security guard heard a bang sound and realised that an incident had happened.

The school operations manager was on site shortly to observe the situation.

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

Witnessed by Reporting Centre Personnel

Incident on 1/11/2017 at Fernvale Primary  
School at 1315 HRS

School bus (white PC6512a) reversed and  
knock into my car, SUU4680 E, while  
my car was parked in the school carpark.  
A dent on bonnet and bumper was knocked  
out of position.

Call was made to David Loh, driver's manager.  
Driver was He Sheng. There was an agreement  
for full repair cost to be born by the company  
represented by David Loh and He Sheng.

Reported by Yap Jie Han Jaron S8628689J  
at 1325 1/11/2017

Seah Kang Huat

96469940

1/c 1574737D

