

## 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             | 21/11/2017 11:29                              |
| Date Of Accident           | 20/11/2017 14:15                              |
| Exact Location Of Accident | MACALISTER ROAD AT SGH OPEN SPACE CARPARK 'H' |
| Country/State of Loss      | SINGAPORE                                     |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | YP7607A                          |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | SINGAPORE EYE RESEARCH INSTITUTE |
| Co Reg No                   | 199704888Z                       |
| Email Address               | CHERYL.LEOW.K.L@SEVI.COM.SG      |
| Mobile Phone No             | (LOCAL) +65-96413010             |
| Alternative Phone No        | OFFICE-90120929                  |

### Vehicle Particulars

|  |                               |
|--|-------------------------------|
| Manufacturer   | LEXBUILD                      |
| Model  | FTBCI HOLA WALLABY 88-4.5 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | BUS WAS PARKED                |
| 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   | COMMERCIAL VEHICLE            |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | B 29037842 MKC                       |
| Cover Note Number         |                                      |

### Driver

|                      |                                |
|----------------------|--------------------------------|
| Name of Driver       | LEOW KAI LI,CHERYL(LIAO KAILI) |
| NRIC No              | S8938566J                      |
| Date Of Birth        | 01/11/1989                     |
| Occupation           | INDOOR                         |
| Date Of Driving Pass | 12/06/2009                     |
| Driving Experience   | 8 YEARS AND 5 MONTHS           |
| Gender               | MALE                           |
| Mobile Number        | (LOCAL) +65-96413010           |
| Fax Number           |                                |
| Contact Number       | OTHERS-90120929                |
| EEmail Address       | CHERYL.LEOW.K.L@SEVI.COM.SG    |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 877 YISHUN STREET 81<br>#08-293 |
| Postcode  | 760877                              |
| Was driver an employee of the Insured's Company     | YES                                 |
| If No, Relationship of the Driver with the Insured  |                                     |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                         |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                         |

#### General Information of the Accident

|                    |   |
|--------------------|---|
| Type Of Accident   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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)   | 0   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2369999 - <b>FAX NO:</b> 62268438  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20171120/2179 (THE BUS JUST BUY BY THE COMPANY AND WAS NOT DRIVEN BY ANYBODY AND WAS PARKED SINCE 15-11-2017 AND WAS DRIVEN BY THE LEXBUILD PERSONAL AND THE INFORMANT THAT MAKE A REPORT WAS THE EMPLOYEE OF SINGAPORE EYE RESEARCH INSTITUTE)

#### Attachment(s)

|   |  |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera?   | NO   |
| Was there any audio recorded?                 | NO   |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                  |
|-------------------------------------|------------------|
| Vehicle Registration Number         | SLS8637T         |
| Vehicle Make/Model/Colour           | TOYOTA           |
| Details Of Properties               |                  |
| Name of Driver                      | TAMYIAS BIN MIAN |
| NRIC/Passport Number                | S1396048H        |
| Contact Number                      | 84285704         |
| Address                             |                  |
| Postcode                            |                  |
| Insurance Company Name              |                  |
| Nature Of Damage                    |                  |
| No. Of Passenger (Including Driver) | 2                |

#### Details of Witness

Name  
Phone Number  
Email Address

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Singapore Eye Research Institute  
The Academia, 20 College Road  
Discovery Tower Level 6  
Singapore 169056  
Website: <http://www.seti.com.sg>  
Co. Reg. No. (UEN) 1997048707

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/11/17

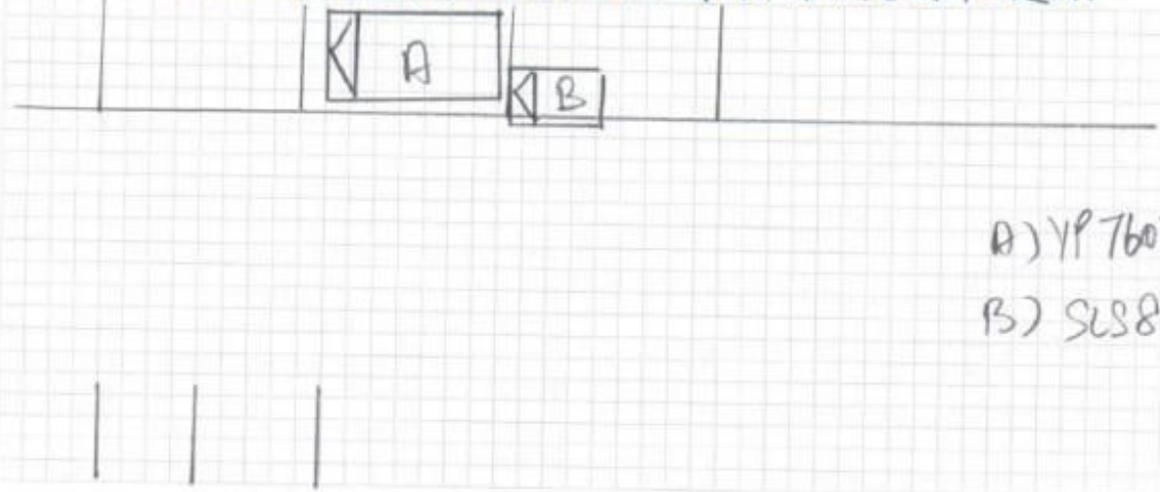
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

NOT DRIVING

21/11/2017  
Rajli W...

Sketch Plan #2

SKETCH PLAN MACALISTAR ROAD AT SGT OPEN SPACE CARPAR (H)



A) YP7607Z  
B) SLS8637T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT  
A/2017/120/2179*

DECLARATION

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

Singapore Eye Research Institute  
The Acaemia, 20 College Road  
Discovery Tower Level 6  
Singapore 119075  
Policyholder's Signature  
Web: <http://www.seri.com.sg>  
Co. Reg. No. (UEN) 1997048777

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/11/17  
NOT DRIVING

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



A/20171120/2179

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20171120/2179

Police Station Of Origin  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

|  |  |  |           |                             |                   |
|--|--|--|-----------|-----------------------------|-------------------|
| Date/Time Report Made<br>20/11/2017 18:55                  |  | Vide Report No.<br>A/20171120/0074   |           | Station Diary No.<br>170    |                   |
| Name Of Informant<br>LAMOUREUX ECOSSE LUC EDOUARD<br>DENIS |  | Address<br>147 KILLINEY ROAD #03-07 SINGAPORE 239566                                     |           |                             |                   |
| ID Type / ID No.<br>NRIC NO / S2772063C                    |  | Contact No.<br>Home/Office<br>65767382   |           | Mobile<br>96413010          |                   |
| Nationality<br>AUSTRALIAN                                  |  | Email Address  |           |                             |                   |
| Occupation<br>SENIOR PRINCIPAL CLINICIAN SCIENTIST         |  | Sex<br>Male  | Age<br>57 | Date of Birth<br>14/02/1960 | Race<br>Mauritian |
| Institution/School Name                                    |  | Language<br>English  |           |                             |                   |
| Date/Time Of Incident<br>20/11/2017 14:15                  |  | Location Of Incident<br>MACALISTER ROAD SINGAPORE<br>SGH Carpark H Open Spaced Car Park. |           |                             |                   |

**Brief details.**

On 20/11/2017 at about 1515hrs, I was informed by my staff that my parked bus YP7607Z, which we had parked at the open spaced car park H of Macalister Rd of SGH, had collided with another car, a silver Toyota SLS8637T. I wish to state that the bus contains clinical equipment for eye assessments, and it had been parked in that manner at the said parking lots since the morning of 15/11/2017. After inspection, there were no damages to the items within the bus, however the rear end of the bus sustained some damages on the left rear where the car impacted onto it. We had taken some photos of it, and

|  |                                |
|--|--------------------------------|
| Signature Of Officer Recording The Report:<br>A / <del>SI JUAN WEE HWA</del><br>Ssgt Andi  | Signature Of Informant:        |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>20/11/2017 18:55 |
| Officer In-Charge Of Case:<br>A / Central Police Divisional Investigation Branch /<br>Insp ANG WEI LING LYNETTE<br>Contact No.: 65575076 | Classification Of Case:        |

Authentication Stamp



Sketch Plan #4



SINGAPORE  
POLICE FORCE



A/20171120/2179

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20171120/2179

police had attended to us vide incident A/20171120/0074. I am lodging this report for my insurance to follow up.

|  |            |                                |
|--|------------|--------------------------------|
| Signature Of Officer Recording The Report:<br>A / SI JIAY WEE HWA<br><i>slg Audi</i>   | <i>pl.</i> | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable  |            | Date/Time:<br>20/11/2017 18:55 |
| Officer In-Charge Of Case:<br>A / Central Police Divisional Investigation Branch /<br>Insp ANG WEI LING LYNETTE<br>Contact No.: 65575076 |            | Classification Of Case:        |

Authentication Stamp



Sketch Plan #5



Register New Vehicle (Acknowledgement)

**Vehicle Particulars**

|                          |   |                                   |                       |
|--------------------------|---|-----------------------------------|-----------------------|
| Vehicle No.:             | YP7607Z   |                                   |                       |
| Vehicle Type:            | A64 - Goods (Closed) Van<br>Canteen/Clinic/Workshop<br>/Caravan | Vehicle Scheme:                   | Normal                |
| Vehicle Attachment 1:    | No Attachment   |                                   |                       |
| Vehicle Attachment 2:    | -   | Vehicle Attachment 3:             | -                     |
| Vehicle Make:            | FTBCI   | Vehicle Model:                    | LEXBUILD-HOLA SG AUTO |
| Chassis No.:             | LA9K1GAH6HFFBC076   | Engine No.:                       | ISB28522245151        |
| Motor No.:               | -   | Trailer Chassis No.:              | -                     |
| Propellant:              | Diesel  | Passenger Capacity:               | 4                     |
| Engine Capacity:         | 6691 cc   | Power Rating:                     | -                     |
| Maximum Power Output:    | -   |                                   |                       |
| Unladen Weight:          | 11620 kg  | Maximum Laden Weight:             | 15780 kg              |
| Primary Colour:          | White   | Secondary Colour:                 | -                     |
| First Registration Date: | 19 Oct 2017   | Original Registration Date:       | 19 Oct 2017           |
| Manufacturing Year:      | 2017  | Open Market Value:                | \$165,067.00          |
| PARF Eligibility:        | No  | Minimum PARF Benefit:             | \$0.00                |
| No. of Transfers:        | 0   | Additional Registration Fee Rate: | 5.00%                 |
| Actual ARF Paid:         | \$8,254.00  |                                   |                       |

**Owner Particulars**

|                              |  |
|------------------------------|--|
| Owner Name:                  | SINGAPORE EYE RESEARCH<br>INSTITUTE  |
| Owner ID Type:               | Company  |
| Owner ID:                    | 199704888Z   |
| Registered Address Type:     | Private Residential (Condo<br>Apt or House) / Shopping /<br>Office Complexes |
| Registered Block /House No.: | 31   |
| Registered Street Name:      | THIRD HOSPITAL AVENUE  |
| Registered Unit No.:         | # 03 - 03  |

Sketch Plan #6

Registered Building Name: -  
Registered Postal Code: 168753  
COE No. / Expiry Date: 2017090105000390N / 18 Oct 2027  
COE Bid Category: C - Goods Vehicle & Bus  
QP Paid: \$42,801.00

**Transaction Details**

Business Transaction Ref. No.: 20171019105537112038  
Business Transaction Date: 19 Oct 2017  
Business Transaction Time: 10:55:37

**Message**

The above vehicle has been successfully registered.

Please note that \$41,205.00 will be deducted from your GIRO account.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



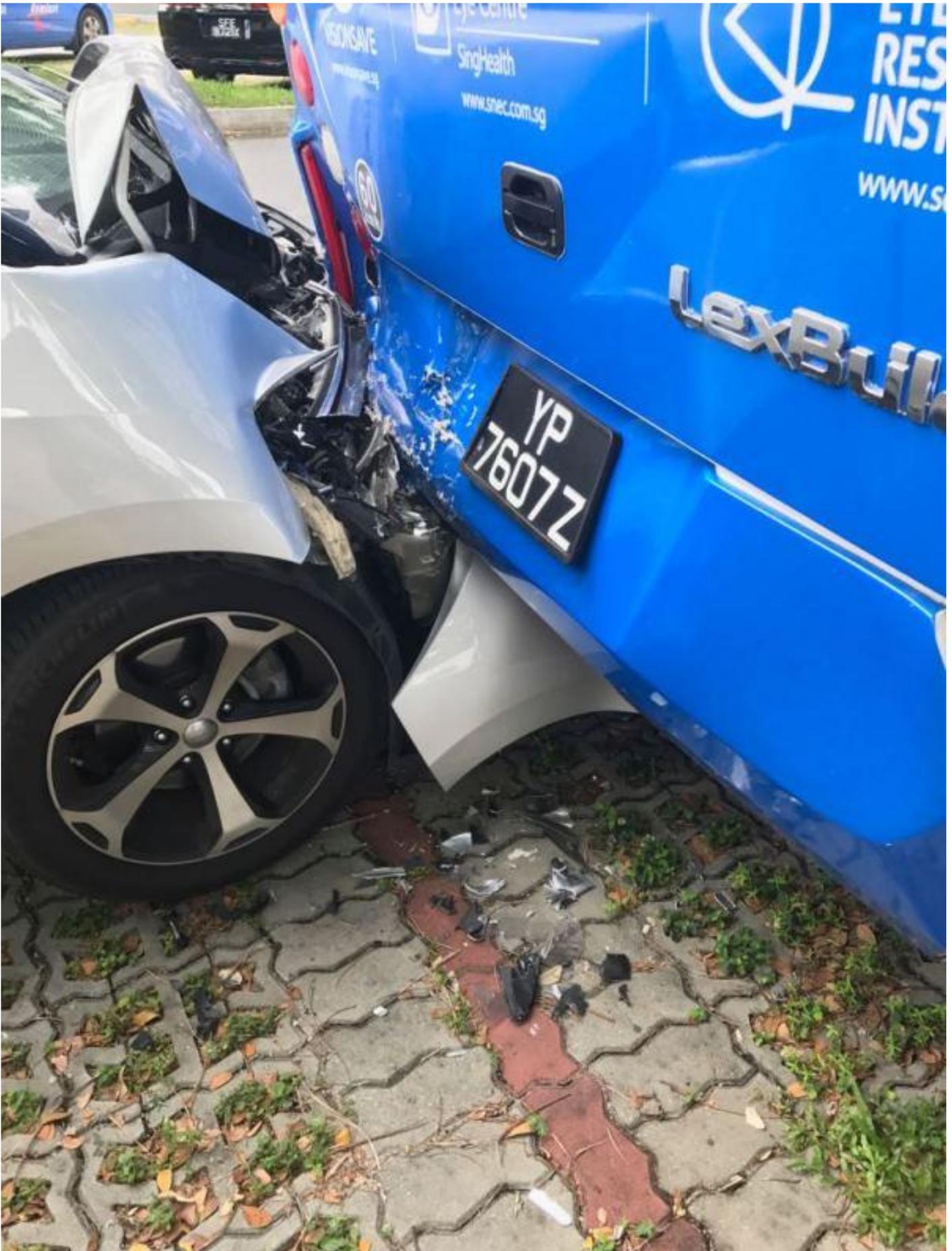
Accident Photo



Accident Photo



Accident Photo



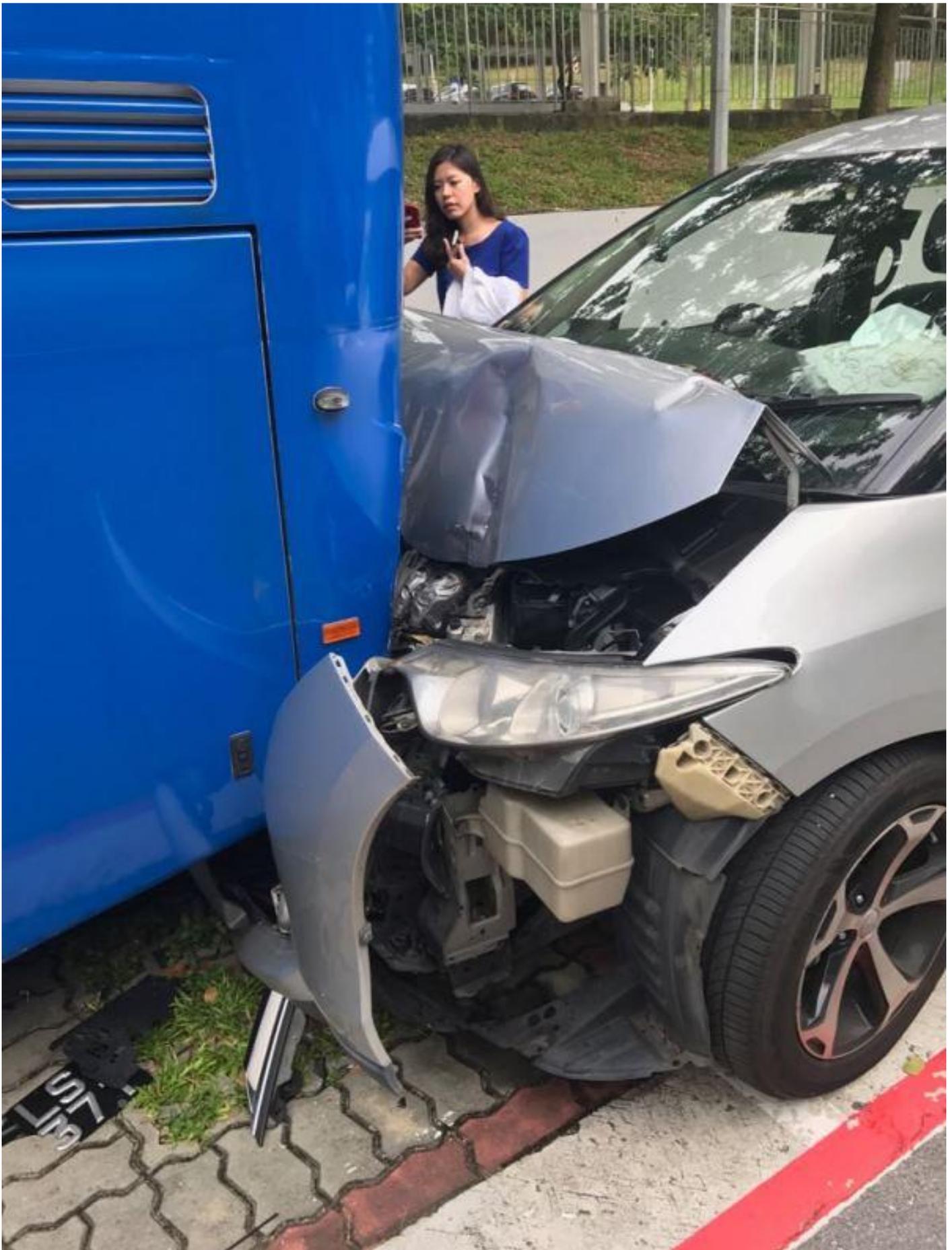
Accident Photo



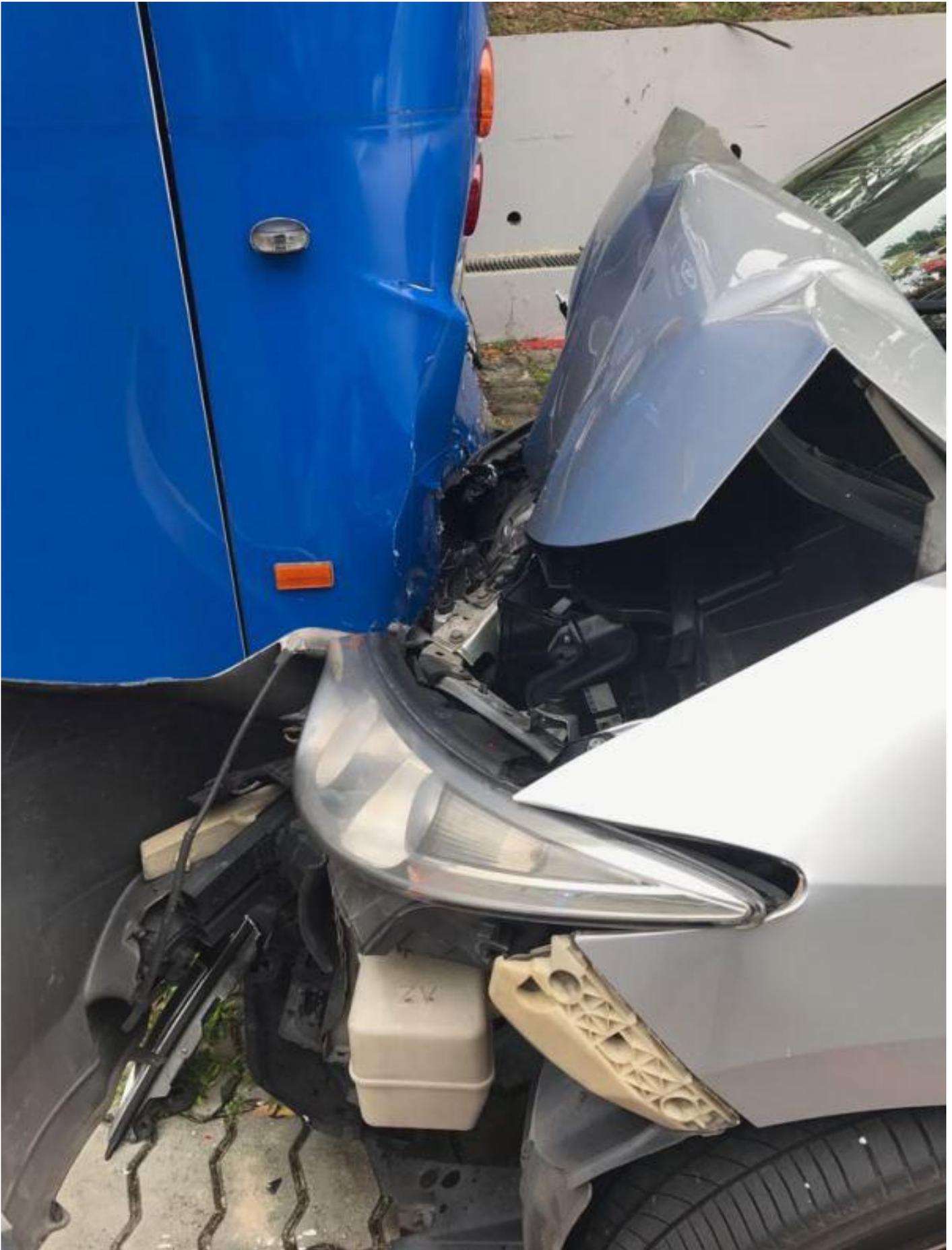
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

