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 witholding 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	YP7607Z
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE EYE RESEARCH INSTITUDE
Co Reg No	199704888Z
Email Address	CHERYL.LEOW.K.L@SERI.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
EMail Address	CHERYL.LEOW.K.L@SERI.COM.SG

Address	BLK 877 YISHUN STREET 81 #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	- - -
Insurance Company of Driver's Own Vehicle	- - -

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	**ROAD**: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , **POSTCODE:** 088762 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2369999 - **FAX NO**: 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 IMFORMANT THAT MAKE A REPORT WAS THE EMPLOYEE OF SINGAPORE EYE RESEARCH INSTITUDE)

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

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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.

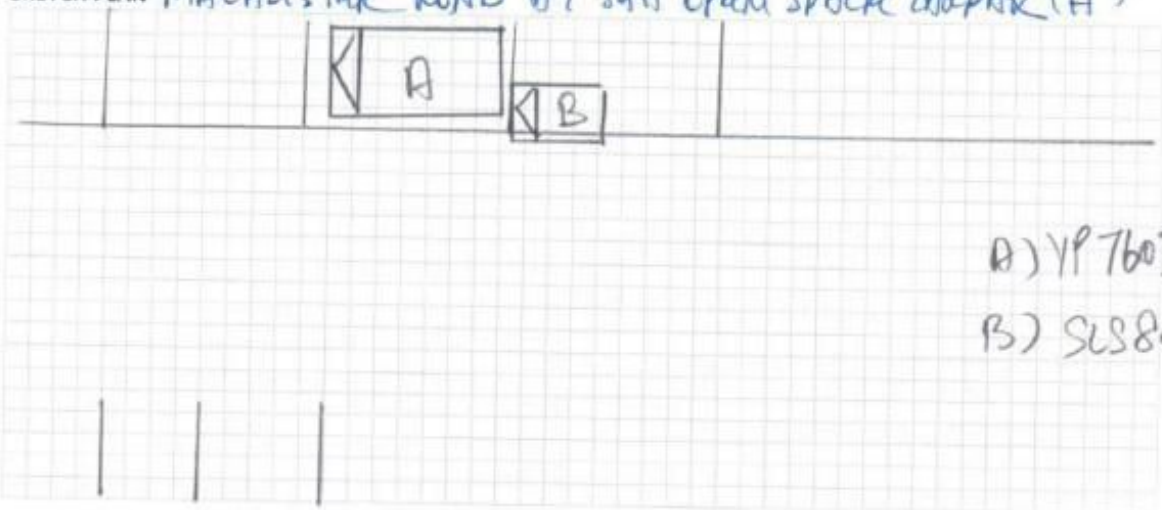
Singapore Eye Research Institute
The Academia, 20 College Road
Discovery Tower Level 6
Singapore 169856
Website: http://www.seri.com.sg
Co. Reg. No. (UEN) 199704870Z

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 21/11/17 NOT DRIVING	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

21/11/2017

Sketch Plan #2

SKETCH PLAN MACALISTER ROAD AT SGH OPEN SPACE CARPAR (H)



A) YP 7607 Z
B) SLS8637T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT A/20171120/2179

DECLARATION

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

Singapore Eye Research Institute
The Academia, 20 College Road
Discovery Tower Level 6
Singapore 169856
Web: http://www.seri.com.sg
Co. Reg. No. (UEN) 199704[illegible]

Policyholder's Signature
Date & Time:

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

21/11/2017
Reporting Centre Personnel's Signature
Name: ROSLI NORATAB
NRIC/FIN No.:

Sketch Plan #3

SINGAPORE POLICE FORCE

A/20171120/2179

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	Vide Report No.	Station Diary No.
20/11/2017 18:55	A/20171120/0074	170

Name Of Informant	Address
LAMOUREUX ECOSSE LUC EDOUARD DENIS	147 KILLINEY ROAD #03-07 SINGAPORE 239566
ID Type / ID No. NRIC NO / S2772063C	Contact No. Home/Office: 65767382 Mobile: 96413010
Nationality AUSTRALIAN	Email Address
Occupation SENIOR PRINCIPAL CLINICIAN SCIENTIST	Sex: Male / Age: 57 / Date of Birth: 14/02/1960 / Race: Mauritian
Institution/School Name	Language English
Date/Time Of Incident 20/11/2017 14:15	Location Of Incident MACALISTER ROAD SINGAPORE 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:	Signature Of Informant:
A / ~~SI JUAY WEE HWA~~ SSgt Andi	
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2017 18:55
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp ANG WEI LING LYNETTE Contact No.: 65575076	Classification Of Case:

Authentication Stamp

Signature
Singapore Police Force

Sketch Plan #4

SINGAPORE POLICE FORCE

A/20171120/2179

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: A / ~~SI JUAY WEE HWA~~ SSgt Andi	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2017 18:55
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp ANG WEI LING LYNETTE Contact No.: 65575076	Classification Of Case:

Authentication Stamp

Land Transport Authority

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	YP7607Z		
Vehicle Type:	A64 - Goods (Closed) Van Canteen/Clinic/Workshop /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 INSTITUTE
Owner ID Type:	Company
Owner ID:	199704888Z
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / 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

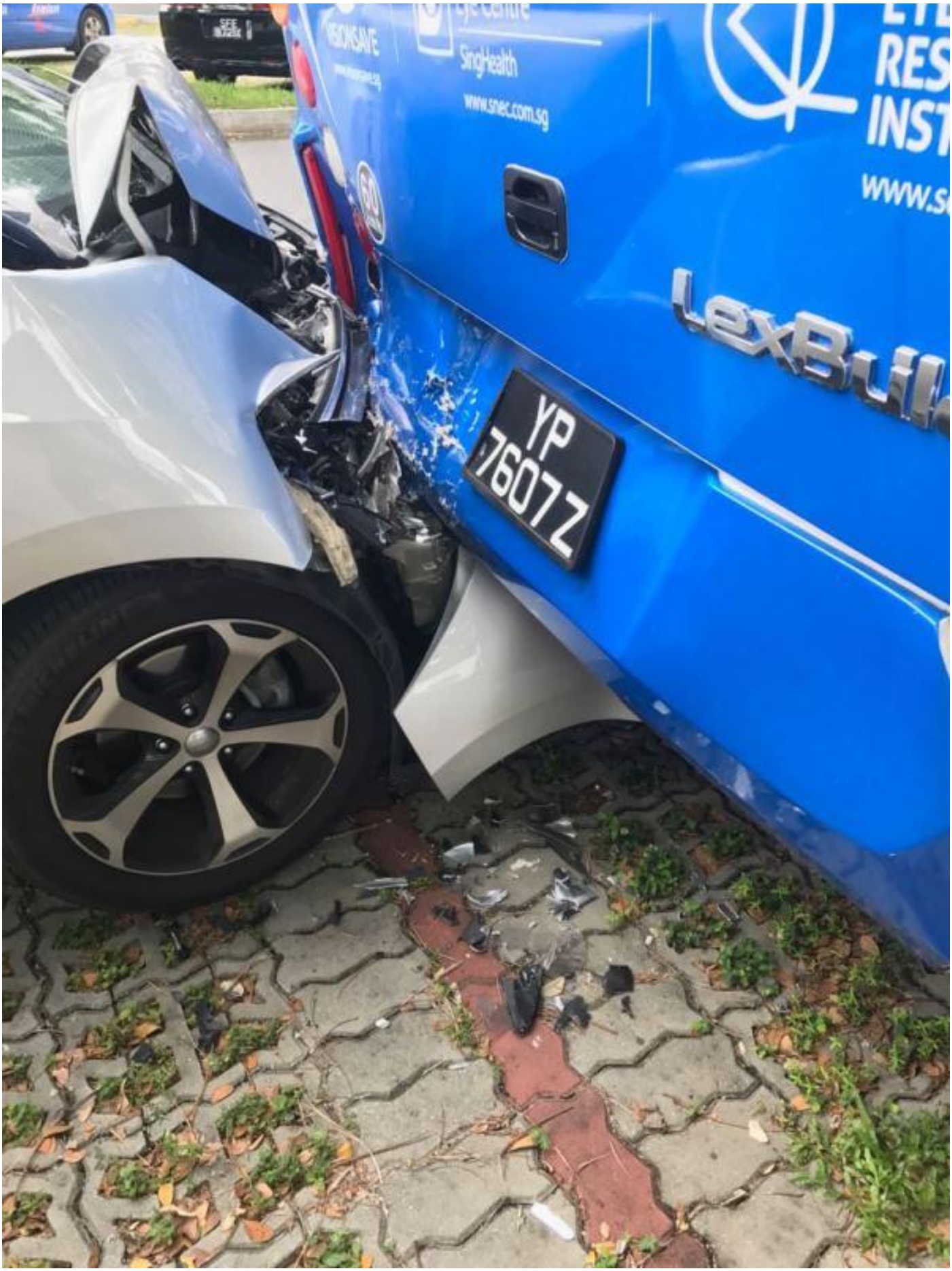
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500208 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAA07153890 Vehicle Registration No: YP7607Z

Name(as shown in NRIC) : LOW KAI LI, CHERYL (LIAO KAILI) NRIC/FIN/Passport No : S8938566J

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 90120929

Email Address : _____

Date of Accident : 20/4/2017 Time of Accident : 14:15

Place of Accident : MACALISTER ROAD AT SGH OPAL SPACE CARPARK (H)

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER AS ABOVE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROZI WORKS
NRIC/FIN No.:
Date: 21/4/2017