



## 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	YP7607Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGAPORE EYE RESEARCH INSTITUTE
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
E-Mail 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	<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

**SKETCH PLAN**

**IMPORTANT NOTICE**

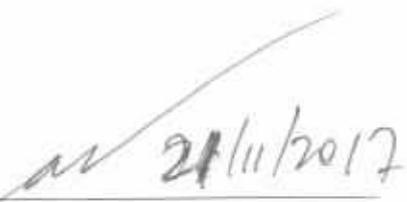
1. Please report **correctly** the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. 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 169858  
 Website: <http://www.seri.com.sg>  
 Co. Reg. No. (UEN) 199704H007

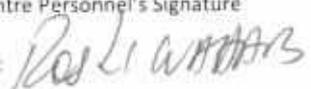



Policyholder's Signature  
 Date & Time:

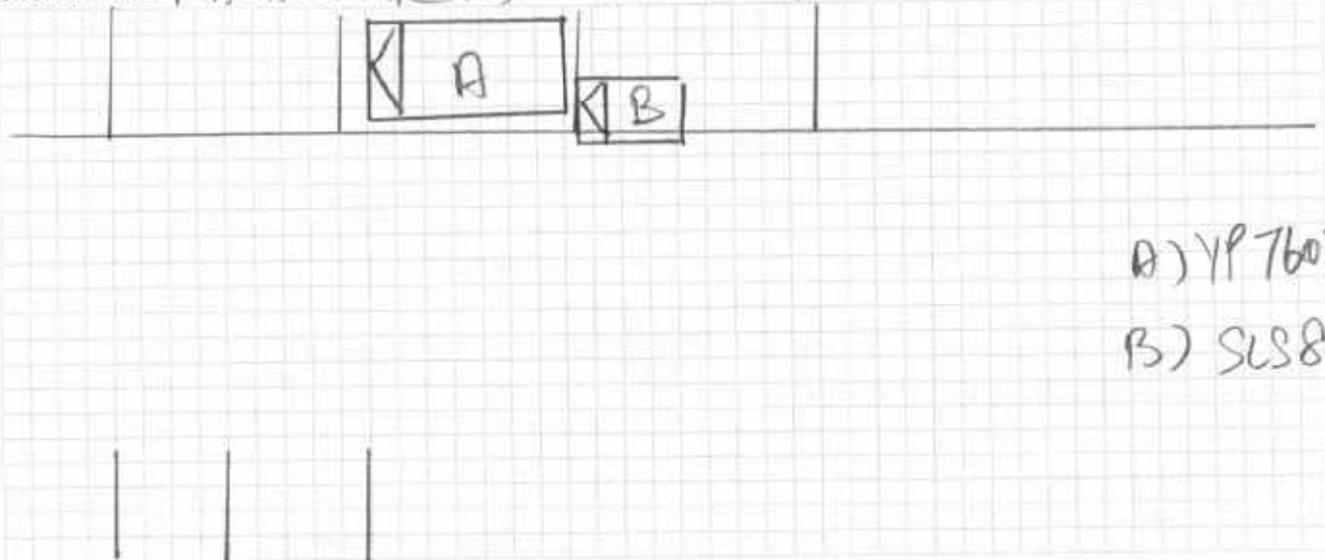
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 21/11/17

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

NOT DRIVING



SKETCH PLAN MACALISTAR ROAD AT SGT OPEN SPACE CARPARK (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 8  
 Singapore, 119076  
 Policyholder's Signature  
 Web site: <http://www.seri.com.sg>  
 Co. Reg. No. (UEN) 1997048007

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

*[Signature]* 21/11/2017  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:



**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 20/11/2017 18:55	Vide Report No. A/20171120/0074	Station Diary No. 170
Name Of Informant LAMOUREUX ECOSSE LUC EDOUARD DENIS	Address 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
Institution/School Name	Date of Birth 14/02/1960	Race Mauritian
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: A / SI JUAY WEE HWA Ssgt Mdi	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





**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: A / <del>SI JUAY WEE HWA</del> <i>Sgt Andi</i>	<i>pl.</i>
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp ANG WEI LING LYNETTE Contact No.: 65575076	

Signature Of Informant: <i>[Handwritten Signature]</i>
Date/Time: 20/11/2017 18:55
Classification Of Case:

Authentication Stamp



## 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

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 STATEMENT

ACCIDENT DATE: 20 / 11 / 2017 (DD/MM/YYYY), TIME: 11:15 (HH:MM)

LOCATION: SEH CONPAVE H, MACALISTEY CONPAVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4D7607Z
- b) INSURANCE COMPANY: MSIA
- c) POLICY NUMBER: B29037842 MCC
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: FTBC1
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TAMTRAS BIN HIRAN, SINGAPORE Eye Research Institute (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: leow kai li cheng (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S81585663 CONTACT: 90120929
- c) ADDRESS: BK 877 YUAN G 31 #08-293

\* d) DATE OF BIRTH: 01 / 11 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: \_\_\_\_\_ → BUS was parked  
→ Nobody driving

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NOT DRIVING

5. c) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
d) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Central Police Division Investigational Branch

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS 8637T MODEL: toyota
- b) DRIVER'S NAME: TAMTRAS BIN HIRAN
- c) NRIC/FIN/PASSPORT: S13960484 CONTACT: 3428 5704

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
- e) DRIVER'S NAME: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(0)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

Email = cheng.leow.k.l@sevi.com.sg

fax =

V I D E O

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8938566J



Name

LEOW KAI LI, CHERYL  
(LIAO KAILI)

廖愷俐

Race

CHINESE

Date of birth

01-11-1989

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8938566J

Name

LEOW KAI LI, CHERYL  
(LIAO KAILI)

Birth Date: 01 Nov 1989

Issue Date: 12 Jun 2009



3831094



NRIC No. S8938566J



Date of issue

01-11-2004

Address

APT BLK 877 YISHUN STREET 81  
#08-293  
SINGAPORE 760877

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

ISSUE DATE

Class 3A Motor cars without clutch pedals (Auto)  $\leq$  2000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals  $\leq$  2000kg 12 Jun 2009



NP 428A

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

**COMMERCIAL VEHICLE****THE SCHEDULE**

Policy Number		Period of Insurance	Place of Issue
B 29037842 MKC		19/10/2017 to 30/11/2017	SINGAPORE
Name and Address of Insured			Date of Issue
Singapore Eye Research Institute 31 Third Hospital Avenue #03-03 Singapore 168753			23/10/2017
			Account Number
			211385
Premium	GST		Total Due
SGD383.89	SGD26.87		SGD410.76

RISK NUMBER 1

COMMERCIAL VEHICLE

SCOPE OF COVER Comprehensive

**INTEREST INSURED**

ITEM	0001	SUM INSURED	MARKET VALUE
REGISTRATION NO.	YP7607Z	NO CLAIM DISCOUNT	20.00% (or F/D)
MAKE/MODEL	FTBCI - As detailed below	EXCESS	SGD1,000
ENGINE NUMBER	ISB28522245151	WINDSCREEN	UNLIMITED
CHASSIS NUMBER	LA9K1GAH6HPFBC076	ANNUAL PREMIUM	SGD3,258.62
YEAR OF MFG	2017		
CAPACITY	6691 C.C.		
SEATING CAPACITY	5 (INCL. DRIVER)		

**AUTHORISED DRIVERS**

Any other person provided he is driving on the Insured's order or with the Insured's permission.

**LIMITATION AS TO USE**

Use only for the carriage of passengers or goods in connection with the Insured's business.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

**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 : MMA417153890 Vehicle Registration No: YP7607Z  
 Name (as shown in NRIC) : LOW KAI LI, CHERYL (L190 KALI) 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 : 20/1/2017 Time of Accident : 14:15  
 Place of Accident : MACALISTER ROAD AT SGA OPEN SPACE CARPARK (H)  
 Insurance Company : M8L6

**(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: Keshi W...  
NRIC/FIN No.:  
Date: 21/1/2017