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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/11/2017 09:22
Date Of Accident	25/11/2017 11:50
Exact Location Of Accident	RAFFLES BLVD TWDS PAN PACIFIC HOTEL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCH1825C
Insured/Policyholder	
Name Of Registered Owner	SOH LAY MUI
NRIC No	S1195391C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96842917
Alternative Phone No	OFFICE-96842917
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI AT 5G13GZ W/O HID
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number A 80395952 AVW

Cover Note Number

Driver

YEO BENG HUAT DAVID Name of Driver

NRIC No S0151808I Date Of Birth 26/10/1951 **INDOOR** Occupation Date Of Driving Pass 23/03/1972

Driving Experience 45 YEARS AND 8 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96842917

Fax Number

Contact Number

EMail Address BZMANYEO@YAHOO.COM Address 32 MOUNT VERNON ROAD #09-08

Postcode 368056

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 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.

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ALJUNIED NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 13 JOO SENG ROAD, POSTCODE: 360013, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2809999 - **FAX NO**: 62815960

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SJS9838Y
Vehicle Make/Model/Colour BMW

Details Of Properties

Name of Driver

NRIC/Passport Number

MIXIO/F assport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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")
- 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:
 - 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.

h

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

CLARMIC SketchPlanForm, V2

Policyholder's Signature

Date & Time:

Accident Sketch Plan

SKETCH PLAN							
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ECLARATION	Manhaman and a						
We declare the foregoing par	ticulars are true in ev	very respect.				1	
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olicyholder's Signature	Driver's Sign	nature		Reporti	na Canten	Personnel's Sig	nature
ate & Time:	(If driver is	not the policyholder)	Name:		- eraumier s Sig	and Curre
	Date & Time	Date & Time:			N No.:		

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POLICE REPORT





Police Station Of Origin: Aljunied NPP 13 Joo Seng Road #01-69 SINGAPORE 360013 1 of 3 Report No. T/20171126/2029

Tel No: 1800-2809999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 017 12:28	/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: NG HUAT,		Address: 32 MOUNT VERNON ROAD	#09-08 SINGAPORE 368056	
ID Type / ID No.: NRIC NO / S0151808I		081	Contact No.: Home/Office: Mobile: 96842917		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 66	Date of Birth: 26/10/1951	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/11/2017 11:50	Type of Location Straight Road	
Location: Along Road 1 RAFFLES BC Towards Pan	ULEVARD				
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tr		Traffic Control:		Traffic Volume: Light	
		Traffic Light - Wo	rking	Light	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SCH1825C	Car				Slightly Damaged	1

POLICE REPORT



T/20171126/2029

Police Station Of Origin: Aliunied NPP 13 Joo Seng Road #01-69 SINGAPORE 360013 Tel No: 1800-2809999

2 of 3 Report No. T/20171126/2029

CONTINUATION OF REPORT

On the 25/11/2017 at about 1150hrs I was travelling in my vehicle (SCH1825C) on Raffles Boulevard towards Pan Pacific Hotel on the fourth lane from the left when suddenly one blue BMW which I could not recall the car plate number, was travelling from my rear left and had steered into my lane resulting in its front colliding onto my rear left of my vehicle. I had wanted to get off my vehicle to talk to the driver of the blue BMW however he had just drove off without stopping his vehicle. I had an In-car camera on the front of my vehicle however It did not capture this incident. I am unsure if there are cameras in the vicinity of raffles boulevard. I wish to state that I had followed all traffic regulations when travelling on the road. I am lodging this report for recording purposes.

POLICE REPORT





Police Station Of Origin: Aljunied NPP 13 Joo Seng Road #01-69 SINGAPORE 360013 Tel No: 1800-2809999 3 of 3 Report No. T/20171126/2029

CONTINUATION OF REPORT

Sketch Plan

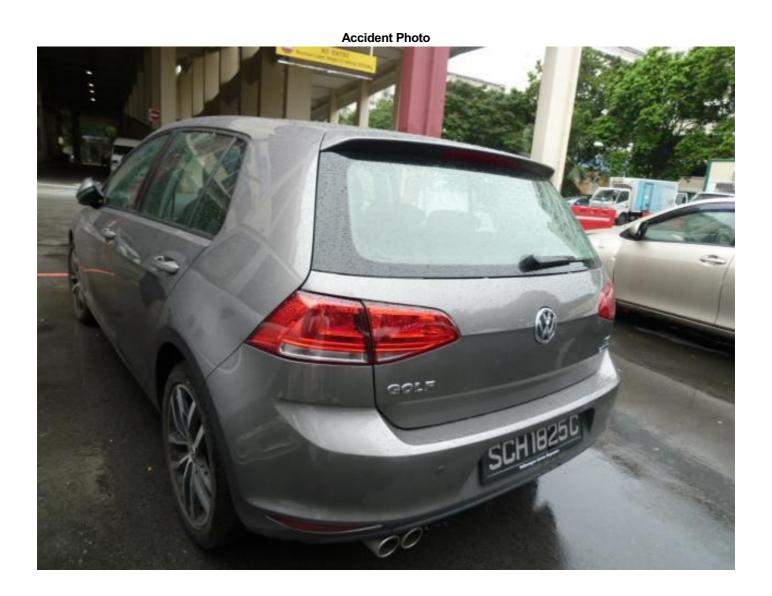
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recor E / Sgt 2 JOVI BENEDICK TA	1)	Signature Of Informant:	
Signature Of Interpreter: Not applicable	W	Date/Time: 26/11/2017 12:28	v , d
Officer In Charge Of Case TP / GIA / Staff Sgt TANG SIEW PIN		Classification Of Case:	
Contact No.: 65476430	10.50	5N 020	(4)
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	Singapore Po	lice Force	4









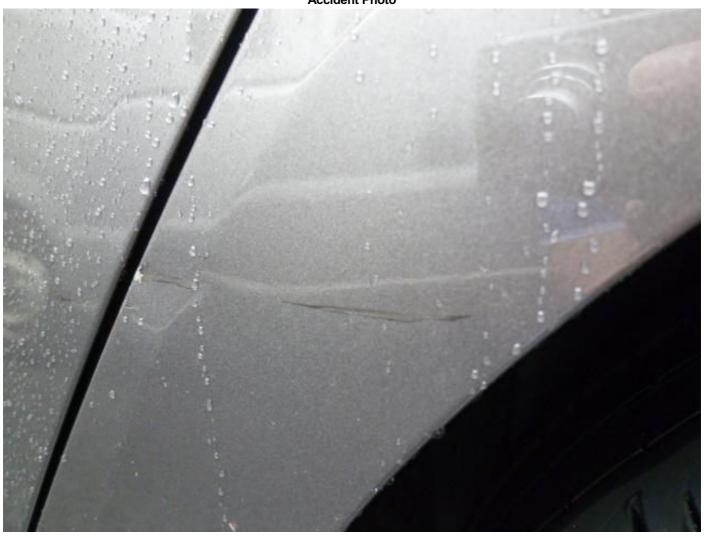










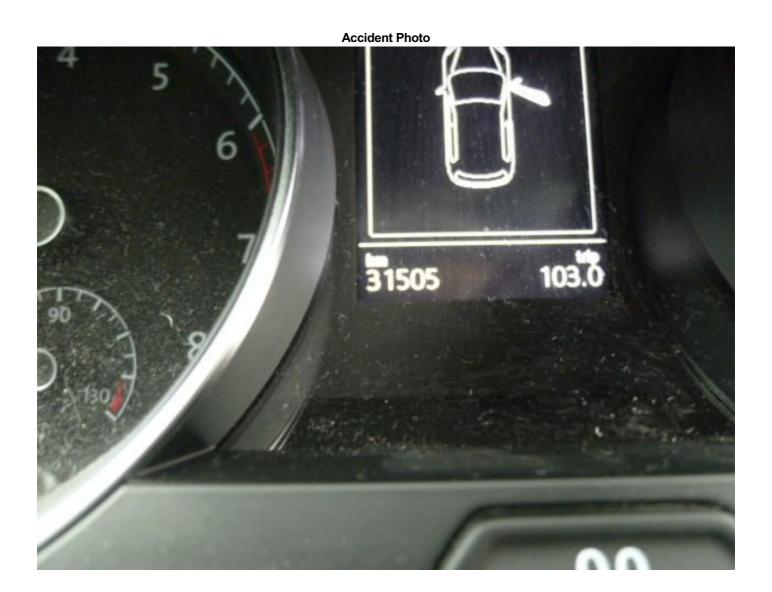














Addendum Sheet



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: 566550020G / 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 : MNA 117156 # 65 _____Vehicle Registration No: _____ SCH 1825 C Name(as shown in NRIC): Yeo Beng Huat David NRIC/FIN/Passport No: 50151808 I (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate _Singapore(Address Mobile No.: 9684 2917 Contact (Tel) Email Address Date of Accident : 25 /11/17 ____Time of Accident : _____ /11.50 Place of Accident : Raffles Blud Twds Pan Pacific Hotel MSIG Insurance Company: _____ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Add In Third Party Car plate Number: SJS9838Y * Amend Revert from Reporting to Own Damage Claims.

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

Date: 1112117

GIARME addendumform, V3