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 <u>truthful and accurate</u> 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	02/01/2018 18:39
Date Of Accident	31/12/2017 23:05
Exact Location Of Accident	ALONG GRANGE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCX5111T
Insured/Policyholder	
Name Of Registered Owner	HAZEL TAY @ TAY CHIA HUAN MRS HAZEL EMILIANOU
NRIC No	S7824744D
Email Address	RCXTAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81631177
Alternative Phone No	OTHERS-91112288
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29029476 TMP
Cover Note Number	
Driver	
Name of Driver	RACHEL TAY CHIA XI
NRIC No	S8714523I

 NRIC No
 \$8714523I

 Date Of Birth
 22/05/1967

 Occupation
 INDOOR

 Date Of Driving Pass
 29/11/2005

Driving Experience 12 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-91112288

Fax Number

Contact Number OTHERS-81631177
EMail Address RCXTAY@GMAIL.COM

Address 25 RIDOUT ROAD

Postcode 248419

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

NO

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180103/7005

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKE3238E
Vehicle Make/Model/Colour B.M.W

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HERRY ANDRIEJANSSEN

NRIC/Passport Number S2691736J Contact Number 91017180

Address Postcode

Insurance Company Name

Nature Of Damage

Accident Sketch Plan

SKETCH PLAN

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 liability.
- 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 loggment 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.

Policyholder's Signature Date & Time:

Driver's Signature

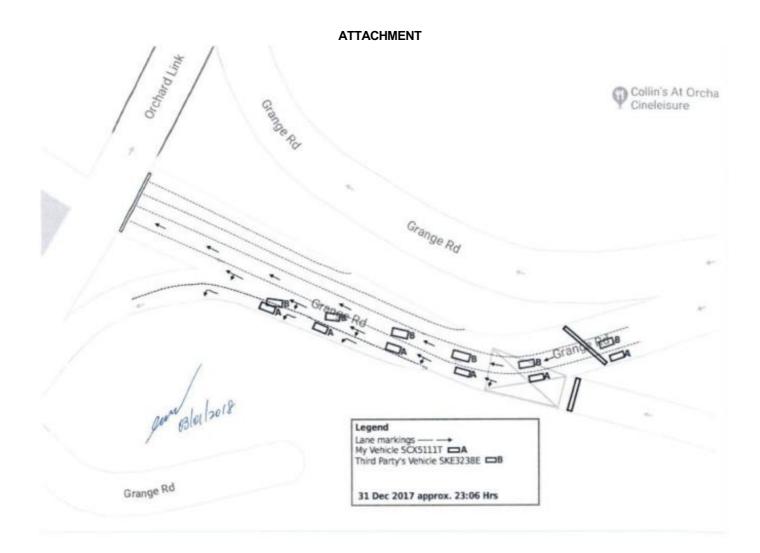
(If driver is not the policyholder) Date & Time: 2/1/18

5 pm.

NRIC/FIN No.:

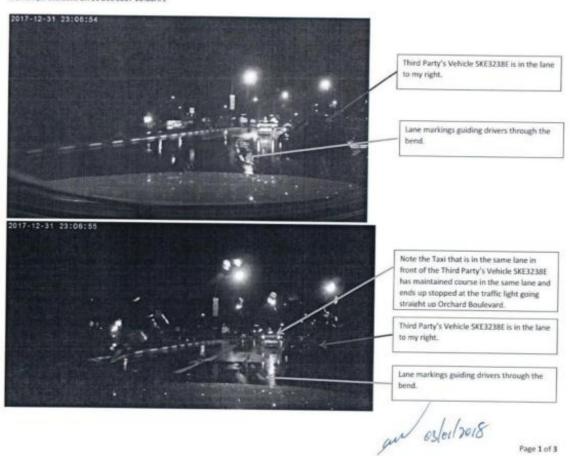
Accident Sketch Plan

SKETCH PLAN			
	ORCHARD		
	BOULEVARD		
	Ope	HARD LINK	
GRANGE ROAD		THE DIVE	
4			
	1 11111		
SCX SIIIT	國国一方	GDANG T PAN	
SKE 3238 E	DEWNSHIPE	GRANGE ROAD	
32.30	DEWONSHIRE		7
DESCRIBE CIRCUMSTANG	CES OF THE ACCIDENT		SOMERSET
31 Dec 2017	xt 11:06 pm.		1
Driving on the	left most lang of Grand	e Road after the inte	rcesta
WITH TOMERCE	Road arriving towards.	the turn truesde pole	- 1 Badanad
NETTER TO	sketch above my vehicle	is A and Haird and	alle te fol
I am filtering	towards a left turn to	continue on to form	On J
		CHAP THE CHAP	e kany.
Third party is	on the second most	10/4 10mm and 10	1 11 11
to filter loft -	to continue ont	e Coronae Day Thou	to trying
does not see n	ny vehicle, and changed	into my land	Mirel party
	1	my lane.	
	. There are dotted la	ne markings that guid	a day
around this tyr	n towards Orchard Boul	evant From Dathson V	iden.
the third party	is seen crossing this a	lotted lane marking lad	ideo ,
collision path	with my vehicle.	perior into marcing in	o a
1			
0 1 1 2	1 1		
Yolick Re	port 1/20180103/-	7005	
DECLARATION			
	iculars are true in every respect.		
	0		11
W WANT OF THE PARTY OF THE PART	layor	sur 0%	1/01/2010
Policyholder's Signature Date & Time:	Driver's Signature	Beporting Centre Personn	el's Sinesture
	(If driver is not the antiquent	44.13.1000	cigo Signature
	(If driver is not the policyholder) Date & Time: 2/1/18	Name: NRIC/FIN No.: LAS	1 Warton



ATTACHMENT

Side swipe accident on 31 Dec 2017 23:06Hrs



ATTACHMENT

Side swipe accident on 31 Dec 2017 23:06Hrs



gar (3/01/2018

Third Party's Vehicle SKE3238E begins to veer to the left into my lane.

Driver does not properly signal his intention to change lanes.

Page 2 of 3

ATTACHMENT

Side swipe accident on 31 Dec 2017 23:06Hrs



Third Party's Vehicle SKE3238E continues veering left into my lane.

Driver does not properly signal his intention to change lanes.



Note the Taxi that is in the same lane in front of the Third Party's Vehicle SKE3238E has maintained course in the same lane and ends up stopped at the traffic light going straight up Orchard Boulevard.

Third Party's Vehicle SKE3238E continues veering left.

I have already began to filter left into the left most turning lane and yet Third Party continues to veer left meaning he is now fully in my original lane and continuing to veer left 2 lanes away from where he started.

ger oslochous

Page 3 of 3





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

1 of 4 Report No. T/20180103/7005

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 03/01/201	e Report N 8 17:06	fade:	Vide Report No.:	Station Diary No.
Informan	t's Partice	ulars		
	nformant: TAY CHIA		Address: 25 RIDOUT ROAD SINGAPO	RE 248419
ID Type / NRIC NO	ID No.: / S87145	231	Contact No.: Home/Office:	Mobile: 91112288
Nationalit SINGAPO	y: DRE CITIZ	EN	Email: rcxtay@gmail.com	
Sex: Female	Age: 30	Date of Birth: 22/05/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation Managem	on: nent execu	itive	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 31/12/2017 23:06	Type of Location Straight Road
Location:				
ORCHARD B	OULEVARD			
	ng Grange Road from	Orchard Road past th	e intersection with So	merset Road and
	and the form of the second form and the second form			
	nshire Road to continu			ng left to continue onto
	nshire Road to continu			
Grange Rd Weather:	nshire Road to continu	e up towards Orchard Road Surface:		
Grange Rd Weather:	nshire Road to continu	e up towards Orchard		ng left to continue onto
Grange Rd Weather: Raining Traffic Flow:	nshire Road to continu	Road Surface: Wet Traffic Control:	d Boulevard and turnir	Road Speed Limit: Traffic Volume:
Grange Rd Weather: Raining	nshire Road to continu	Road Surface:	d Boulevard and turnir	ng left to continue onto Road Speed Limit:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SCX5111T	Car	MERCEDES BENZ	E200	Silver	Slightly Damaged	1
SKE3238E	Car	BMW		Blue	Slightly Damaged	1

Details of V	ehicle Insurance			510 O 45 F 20
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20180103/7005

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCX5111T	MSIG INSURANCE (SINGAPORE) PTE, LTD.	B 29029476 TMP	25/09/2017	25/09/2018

Details of Perso	n Involved		STATE OF THE STATE	1000		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	Cross	sing: NA
Driver		HELIPTIM			114 - 1-4	
Name	RACHEL TAY CHIA	XI		ID No).	S8714523I
Related Vehicle	SCX5111T (Car)			Contact No.		91112288
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Life Language Life	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			
Driver		Yes and		de ante	Name of the	AND DESCRIPTION OF THE PARTY OF
Name	HERRY ANDRIEJAN	NSSEN		ID No		S2691736J
Related Vehicle	SKE3238E (Car)			Conta	ct No.	91017180
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disci	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

My vehicle is in the left most lane while the third party's vehicle is in the second left most lane. i.e. Third Party's vehicle is in the lane to my right. We are both travelling along Grange Road just past the intersection with Somerset Road. Both vehicles proceed to follow the wide right turn from Grange Road up towards Orchard Boulevard. From the left most lane I am proceeding to turn left to continue towards Grange Road. The left most lane - where I am is allowed to go straight or turn left. The Third Party's lane is only allowed to go straight up Orchard Boulevard. The third party does not signal its intention to change lanes and most likely does not see my vehicle thus proceeds to change into my lane. Our vehicles collide in a side swipe. Failure to signal contravenes the ROAD TRAFFIC ACT (CHAPTER 276, SECTION 140) ROAD TRAFFIC RULES Clause 2 "Drivers to give signals".

We exchange driver details and contact numbers on site and subsequently communicated via SMS. Quoting a portion of the Third Party's account of the incident - "Note I have been staying and maintaining on the same right lane which is curving to the left. Never change Lane."

As the driver appears to not even be aware that he had changed lanes, I suspect he may have been drink



T/20180103/7005

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20180103/7005

CONTINUATION OF REPORT

driving.

Please find attached a sketch of the road plan and accident progress. You may also refer to the following Youtube link: https://youtu.be/rvx4l7D2PNc for the Dashboard Camera footage from my vehicle which clearly shows the Third Party crossing the dotted while lane markings guiding turning vehicles into their respective lanes. Additionally, it may be noted that there is a Blue Taxi in front of the Third Party who is in the same lane and maintains course to proceed straight up Orchard Boulevard. However, the Third Party's vehicle veers left out of his lane and collides with my vehicle.



Sketch Plan

NP168



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Informant is not able to provide sketch plan

4 of 4 Report No. T/20180103/7005

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2018 17:06
Officer In Charge Of Case:	Classification Of Case:











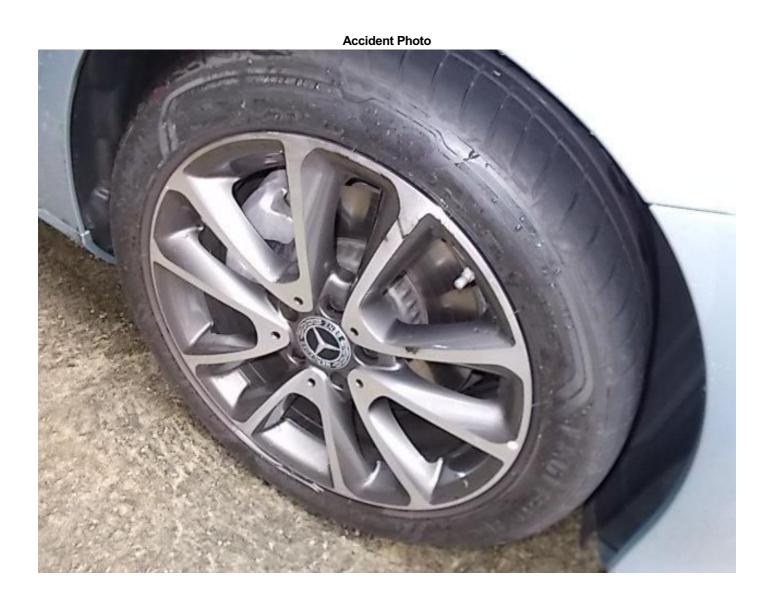




















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffies Quay #15-00 Singapore 048560 Tel (65) 8224 0010 Fex (65) 6224 0030 Operating Hours: Monday to friday, 09:00 - 17:00 UEN: 5685500208 / GST Reg. No.: M40001773\$

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

	1		ADDEN	DUM				
PARTICULARS	DF PERSON MA	KINGTHEAM	MENDMEN	VTS:				
Original Repor	No MARIO				Registration	SC SC	XSIIIT	
Namejas shownis	NRICY: RAEH	al lou	cha>	K/ NIDIG/E	N/Passport	90	27/45)	27
	r/Vehicle Owr	ner) (*) Pleas	e delete as	appropriate	iv/rassporti	No: _ 24	11432	27
Address	1	2-111-11-11					Singapore(
Contact (Tel)	4	•		Mobile	No.: 8/6		The state of the s	
Emall Address	f							
Date of Accide	st :_ 311	12/201),	Time of	Accident:	230	05	
Place of Accide	nt : Al	only		192 R		- Francisco		
Insurance Com	pany:	m819						
I have made a	FORMATION (eport on the ab	ove mentlo		nt and woul	d like to inclu	de additi	onal Informa	tion
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I have made a make the follo	eport on the ab	nove mention	ned accide	Poery	ams	-	onal Informa	tion

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #15-00 Singapore 048580

Operating Hours: Monday to Friday, 05:00 - 17:00 UEN: S665500200 / 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: _____Vehicle Registration No: SCX51117 _NRIC/FIN/PassportNo : S8714528 I Namejas shownin NRIC) : L (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Email Address Date of Accident _Time of Accident: 23 OF SLOWLY GRANGE ROAD. Place of Accident Insurance Company: MIG (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: VEHICLE MUMBER TO SKE3238E Policyholder / Driver's Signature Seporting Centre Date: Name:

NRIC/FINNo.: Date:

Page 29 of 29