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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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

foresaid.	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
A CONTRACTOR OF THE CONTRACTOR	ETAILS 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-B1631177
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
Date Of Birth	22/05/1967
Occupation	INDOOR
Date Of Driving Pass	29/11/2005

FEMALE

Gender

(LOCAL) +65-91112288

12 YEARS AND 1 MONTH

Mobile Number 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.

NO

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 Police Station Address TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

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

SKE2338E

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

Page 3 of 28

SKETCH PLAN

IMPORTANT NOTICE

- 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 ladgment 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)
 - (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: 2/1/13

Reporting Centre Personnel's Signature

	BOULEVARD			
		ORCHÍ	ARD LINK	
GRANGE ROF				
SCX 51117 SKE 3238 E	DEWONSHIRE	一個一個	GRANGE	ROMD SOMERSET
DESCRIBE CIRCUMST	TANCES OF THE ACCIDEN			POAD
31 Dec 201=	t at 11:06 pm.	Si di Caranta		
I am filter Third party to filter le-	sketch above ing towards a line on the se	my vehicle is eft turn to a econd mest muse onto and changes	A and third continue on to Left lane and Grange Road. Into my lane.	d party is Bl Grange Read. I is also trying The third par
around Hair	turn towards 0		markings that	
	arty is seen cro			
colliston po	th with my veh	icle."		*
Polick	RUPORT 1/2	0180103/2	905	

DECLARATION

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

Policyholder's Signature Date & Time:

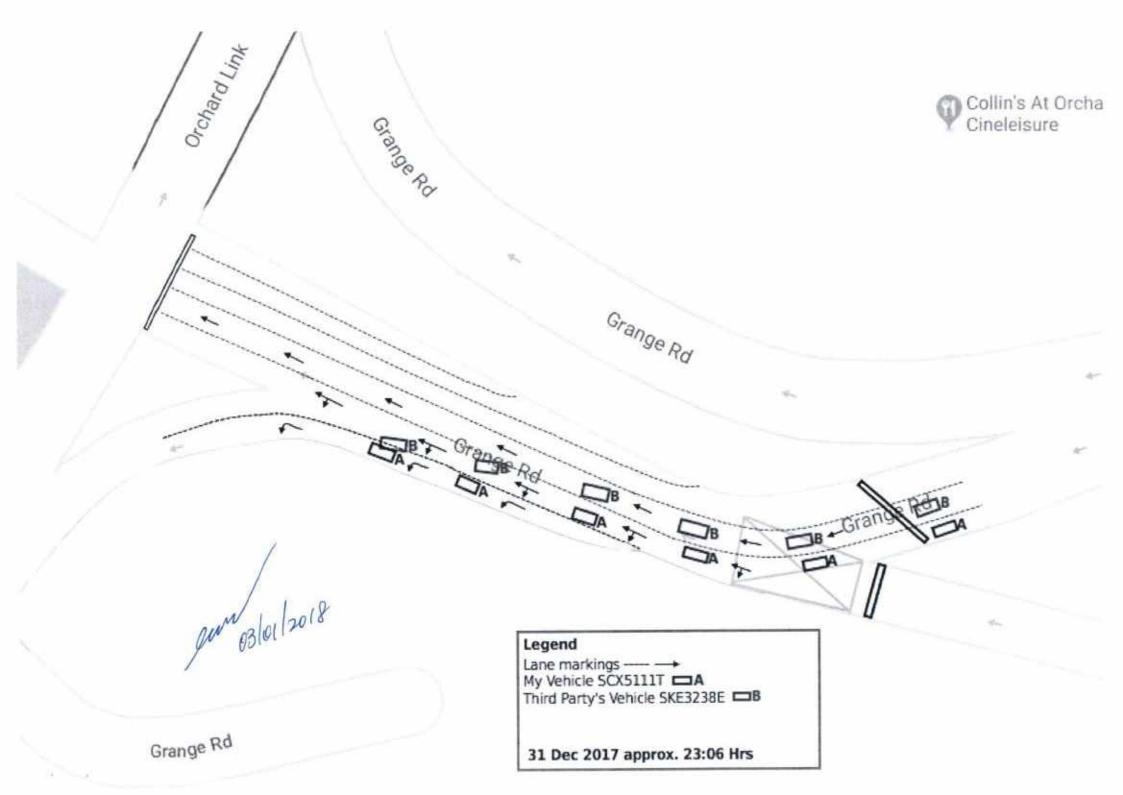
Driver's Signature

(If driver is not the policyholder)

Date & Time: 2/1/18

Beporting Centre Personnel's Signature

NRIC/FIN No.: JOS



Side swipe accident on 31 Dec 2017 23:06Hrs



Third Party's Vehicle SKE3238E is in the lane to my right.

Lane markings guiding drivers through the bend.



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 is in the lane to my right.

Lane markings guiding drivers through the bend.

an 03/01/2018



Gre 63/01/2018

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

Driver does not properly signal his intention to change lanes.

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 osloclool7





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

Repo

1 of 4 Report No. T/20180103/7005

REPORT OF A TRAFFIC ACCIDENT

	te/Time Report Made: /01/2018 17:06		Vide Report No.:	Station Diary No.:
Informan	t's Partic	ulars		
	Informant: TAY CHIA		Address: 25 RIDOUT ROAD SINGAPO	RE 248419
ID Type / NRIC NO	ID No.; / S87145	231	Contact No.: Home/Office:	Mobile: 91112288
Nationality: SINGAPORE CITIZEN		EN	Email: rcxtay@gmail.com	
Sex: Age: Date of Birth: Female 30 22/05/1987			Type of Informant: Driver	
Race: Chinese		W	Language: English	Institution / School Name:
Occupation: Management executive		itive	Driving Licence Information: Class: 3	Date of Expiry:

General Infor	mation of the Acciden	t		BASA A RES
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 31/12/2017 23:06	Type of Location: Straight Road
CRCHARD B Travelling alo passing Devo	OULEVARD ng Grange Road from (inshire Road to continue	Orchard Road past the e up towards Orchard	intersection with Som Boulevard and turning	erset Road and left to continue onto
Weather: Raining		Road Surface: Wet	F	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - World	1100	raffic Volume: //oderate
Type of Collis Between Mov	ion: ing Vehicles - Side Swi	pe - Same Direction	а	Anyone conveyed by ambulance: No

Details of Vehicle Involved						
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			
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 Vehicle 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			Whi	
Any Pedestrian II	nvolved: No				
No. of Pedestrian	is Injured: NIL	Use of Per	destrian	Cross	ing: NA
Driver			45		
Name	RACHEL TAY CHIA XI		ID No.		S8714523I
Related Vehicle	SCX5111T (Car)		Conta	ct No.	91112288
Hospital/Clinic	NIL		Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Driver					
Name	HERRY ANDRIEJANSSEN		ID No.		S2691736J
Related Vehicle	SKE3238E (Car)		Conta	ct No.	91017180
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	f Injury	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

3 of 4

Report No. T/20180103/7005

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

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.

A:CCIDENT STATEMENT

ACCIE	DENT DATE: (31, /12).	2017 (DD/MM/YYYY)	, TIME:(<u>23 : (</u>) 6) (HH:MM)
locat	HON: GRANGE	ROAD		- '
Ĭ.	DETAILS OF VEHICLE OJVEHICLE NUMBER:	SCX 5111 T	1000	} :
7,9	b)INSURANCE COMPAI c)POLICY NUMBER: R d)POLICY TYPE: (COMP e)MAKE & MODEL: N I)TYPE: (CALOON) COU g)VEHICLE CATEGORY:	ZGO 294 76 MA REHENSIVE / CHIRD PAR BERCEDES E 200 PE / MPV / VAN / LORRY (ERIVATE) COMMERCIA	TM P IN THIRD PARTY / MOTORCYCL	FIRE &THEFT)
St.	h PURPOSE OF USING A I) ARE YOU CLAIMING U IF INO, PLEASE STATE (T	NDER YOUR OWN INSUF HIRD PARTY CLAIM /RE	PORTING ONLY	
2	INSURED / POLICY HOLE A) NAME: HAZE L TA b) NRIC/FIN/PASSPORT: c) ADDRESS: 25, RIDOL	5 78 24 744D	CONTACTI_Z	CEMALED 1631177
	· CONTINUE TO 3.d IF D	RIVER ALSO POLICY HO	DLDER	1
do of pastonger including driver.) (1)	DRIVER DINAME: RACHEL DINRIC/FIN/PASSPORT: DIADDRESS: 25, RID	S8714523I	CONTACT:_9	FEMALE)
4.	*d) DATE OF BIRTH: (20) e) OCCUPATION: (NOCUPATION: (NOCUPATION: (NOCUPATION: (NOCUPATION: (NOCUPATION: (NOCUPATION: NOCUPATION: (NOCUPATION: NOCUPATION: (NOCUPATION: (NOCUPATION: NOCUPATION: (NOCUPATION: NOCUPATION: (NOCUPATION: (NOCUPAT	DOB) OUTDOOR! TUKUUL . 29 NOV 21 LOYEE OF THE INSUR	POS ED'S COMPANY	7 (YES /(NO)
ž,	IF NO, RELATIONSHIP	P OF THE DRIVER WITH	'H INSURED : _2 OTHERS	ISICK
6.	DIROAD SURFACE: (DR WAS ANYBODY INJURE	Y (WET) / OTHERS	1 14	1 4
1/1	a) REPORTED TO POLIC IF YES, PLEASE STATE \ THIRD PARTY VEHICLE	WHICH POLICE STATION	H <u>r.</u>	
o of passengar	 o) VEHICLE NUMBER: 	HEDDY ANDRIES	ANSSEN	THE RESIDENCE OF STREET
(1) 9.	b) DRIVER'S NAME:_ c) NRIC/FIN/PASSPO	RT: \$2691736J	CONTACT:_	9101 718
to of passinger	A CHINALE CRIMER		MODEL:	10
noluding, delver) DRIVER'S NAME:_) HRIC/PH/PASSPO	RTI	CONTACT:	
(_)		×	The same of	

email = rextay@gmail.cm

Pax =

VIDED: https://youtu.be/rvx4I7D2PNc

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$87145231



RACHEL TAY CHIA XI

CHINESE

22-05-1987 SINGAPORE





A0157094

25 RIDOUT ROAD SINGAPORE 248419

= S8714523I

02-07-2002

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 29 Nov 2005 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No. 58714523



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-D1, SGX Centre 2, Singapore 068807 Tel +65 5827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1

Individual Ownership

PRIVATE MOTOR CAR - TP

Third Party

Certificate No. B 29029476 TMP

Index Mark and Registration Number of Vehicle

SCX5111T

2. Name of Policyholder

Hazel Tay @ Tay Chia Huan Mrs Hazel Emilianou

 Effective Date of the Commencement of Insurance for the purposes of the Act 26/09/2017

4. Date of Expiry of Insurance

25/09/2018

5. Persons or Classes of Persons entitled to drive*

Hazel Tay @ Tay Chia Huan Mrs Hazel Emilianou
Any other person provided he is driving on the Policyholder's order or with the
Policyholder's permission.

- * Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

for Chief Executive Officer



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580

Tel (65), 5224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 03:00 - 17:00 UEN: \$66550070d / 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.

		DDENDUM
(A) PARTICULARS	OF PERSON MAKING THEAMEN	IDMENTS:
Original Report	No : MMA418000973	Vehicle Registration No: SCX STUT
Name(as shown in	NRICH: RAEHAL BY CO	14-X/ NRIC/EIN/PORTE SP7/1/C)37
(*Vehicle Drive	r / Vehicle Owner) (*) Please del	late as appropriate
Address		
Contact (Tel)	1	Singapore(Mobile No.: 816 31177
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Date of Acciden	31/12/2017	720
Place of Acciden	t: Alonely Con	EAN GR ROAN
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) ADDITIONALINI	FORMATION AMENDMENTS:	
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Policyholder / Driv Date:	ver s Signature	Name: Reporting Centre Personnel's Signature
Policyholder / Driv Date:	ver s Signature	Name: NRIC/FINNO.: Personnel's Signature Name: NRIC/FINNO.: Poll Works Date: