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 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

| aloresalu. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 09/02/2018 17:54 |
| Date Of Accident | 22/01/2018 10:00 |
| Exact Location Of Accident | A/F NORTH BUONA VISTA RA/ONE NORTH GATEWAY |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKS8455M |
| Insured/Policyholder | |
| Name Of Registered Owner | KHOR SEK HWEE JOYCE |
| NRIC No | S1611692J |
| Email Address | PMC_JK@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-97877927 |
| Alternative Phone No | OTHERS-90073225 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | HRV |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 71528536 QMY |
| Cover Note Number | |
| Driver | |
| Name of Driver | ROSMAN BIN AMIR HASSAN |
| NRIC No | S0511770D |
| | |

 NRIC No
 S0511770D

 Date Of Birth
 20/12/1948

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/03/1971

Driving Experience 46 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97877927

Fax Number

Contact Number OTHERS-90073225

EMail Address PMC_JK@YAHOO.COM.SG

Address BLK 65 TELOK BLANGAH DRIVE

#07-168 100065

NA-- difference and the first transfer NO

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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 CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
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) 3

Passenger 1 NAME: : KHOO SWEE LIAN

GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 51 TELOK BLANGAH DRIVE, POSTCODE: 100051,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2729999 - **FAX NO**: 63772526

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180207/2084

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 SKF4779Z

Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver INDRA

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 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)
 - (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
- 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

MEDOTING Centre Personnel's Signature
Name:
NRIC/FIN No.: WOLF WARM

| SKETCH PLAN | July of Morris Buona | JISTA RO DNA-MORIY |
|--|--|--------------------------------------|
| | 1/87 | |
| | I | A) SKS 8455 M |
| | | B) SKF4119 Z |
| DESCRIBE CIRCUMST | ANCES OF THE ACCIDENT | |
| | Refer Police Regio | it. |
| 1/20 | 180201/2084 | |
| 11/10 | 1802011308A | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ECLARATION We declare the foregoin | g particulars are true in every respect. | an eglor/wis |
| While | 60. | |
| olicyholder's Signature ste & Time: | Driver's Signature (If driver is not the policyholder) Date & Time: | Sporting Centre Persondel's Agnature |





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 1 of 4 Report No. T/20189207/2084

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 07/02/2018 13:33 | | Made: | Vide Report No. | Station Diary No.: | | |
|---|-------------------|------------------------------|--|----------------------------|--|--|
| Informa | nt's Partic | ulars | MEMBERS NEWS | | | |
| Name of Informant: ROSMAN BIN AMIR HASSAN | | | Address: APT BLK 65 TELOK BLANGAH DRIVE #07-168 SINGAPORE 100065 | | | |
| ID Type / ID No.: NRIC NO / S0511770D | | 70D | Contact No.: Home/Office: | Mobile: 90073225 | | |
| National SINGAP | ity: ORE CITIZ | EN | Email: | | | |
| Sex: Male | Age: 69 | Date of Birth: 20/12/1948 | Type of Informant: Driver | | | |
| Race: Malay | | | Language: | Institution / School Name: | | |
| Occupation: Other car and light goods vehicle drivers nec | | goods vehicle | Driving Licence Information: Class: 3 | Date of Expiry: | | |

| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 22/01/2018 10:00 | Type of Location X-Junction |
|---|----------------------|---|---|---|
| NORTH BUO ONE-NORTH North Buona North Gatewa Weather: | Vista Road towards I | Holland Village after the Road Surface: Dry | junction of North Bud | ona Vista Road and One Road Speed Limit: |
| Clear | | 1019 | | |
| Clear Traffic Flow: Two Way | | Traffic Control: Traffic Light - Wo | rking | Traffic Volume: Light |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SKF4779Z | 1000 | | | | Slightly Damaged | 0 |
| SKS8455M | Car | | | 17 | Slightly Damaged | 2 |

| Details of Person Involved | | | |
|---------------------------------|--------------------------------|--|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | | |



Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

2014 Report No. T/20180207/2084

CONTINUATION OF REPORT

| Driver | | | | | Volen I | |
|-----------------|-----------------------------------|--|-----------|-------------------------------------|-----------|---------------------------------|
| Name | ROSMAN BIN AMIR HASSAN | | ID No | | S0511770D | |
| Related Vehicle | SKS8455M (Car) | | Conta | ct No. | 90073225 | |
| Hospital/Clinic | NIL | | | Class Drivin Liceni Expiry | g | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL Date Dis | | Date Disc | charge | NIL | |
| | of Days granted Medical Leave NIL | | Degree o | f Injury | NIL | |

On 22/01/2018 at around 1000hrs, I was driving vehicle SKS8455M together with 2 other passengers along Buona Vista Road towards Holland village at the junction with One-North Gateway. I was on the first lane (turning right lane) but I discovered that I made a mistake and should be going straight instead As the turning right lane was on red light, I stopped my vehicle first. When the traffic light turned green, I switched on my hazard lights and moved slowly straight.

There was another vehicle(SKF4779Z) on the second lane who went straight at that junction. That car then overtook me on my left side after the junction. That car then switched to the first lane without signaling right. I then felt a slight impact as that cars rear right bumper sliced my front left bumper as that car squeezed into the lane in front of me. After that, that car stopped and the driver came out of the vehicle to take a look at his vehicle.

I did not get out from my vehicle. As the driver was checking his vehicle, I wound down my window and asked him if there was any damages to his vehicle. The other driver then replied to me there were no damages. He then drove off first.

I picked up some delivery along North Buona Vista Drive. While I was driving along Buona Vista Drive, I saw that same car parked at the side of the road. The same driver signaled to me to stop behind his car. I then stopped behind his car, got out of the car and spoke to the driver who then told me he was called Indra. The driver then informed me that there is some scratches on his rear right bumper. I then checked my car and also discovered some scratches on my front left bumper. I then suggested to him to make a Police report and claim insurance. The other driver however said it was too troublesome and was not keen to make a report.

I then told him that he can make the repairs at any workshop and told him I was willing to pay for the damages. I then gave him my name and contact number. We did not exchange particulars and he did not give me his contact number. I then drove off first.

I am making this report as the owner(Ms Khor Sek Hwee Joyce) of the car SKS8455M that I was driving that day received a letter from Traffic Police (Ref: TP/IP/07577/2018) instructing the driver to make a Police report.



Police Station Of Origin Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 T/201802077084

3 of 4 Report No. T/20180207/2084

CONTINUATION OF REPORT





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 4 of 4 Report No. T/20180207/2084

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 Recording The Report D / Staff Sgt MUHAMMAD DANIAL BIN JAFFAR | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 07/02/2018 13:33 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 | Classification Of Case: |



















