### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/02/2018 14:47
Date Of Accident	15/02/2018 13:30
Exact Location Of Accident	JUNCTION OF DEVONSHIRE ROAD/GRANGE ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDD760X
Insured/Policyholder	
Name Of Registered Owner	LIM YEE MING
NRIC No	S6999074F
Email Address	JEKTHOONTAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96803515
Alternative Phone No	OTHERS-96803515
Vehicle Particulars	
Manufacturer	BMW
Model	320I-2.0 ABS D/AB 2WD 2DR GAS/D (A)
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	B 27163537 SMP
Cover Note Number	
Driver	
Name of Driver	LIM YEE MING

Name of Driver

NRIC No

S6999074F

Date Of Birth

Occupation

Date Of Driving Pass

LIM YEE MINO
28/09/1969

INDOOR

22/04/1988

Driving Experience 29 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96803515

Fax Number

Contact Number OTHERS-96803515

EMail Address JEKTHOONTAN@YAHOO.COM.SG

Address 63 MOUNT SINAI DRIVE

#09-01 277116

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident NO COLLISION

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?

ambulance?

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) 1

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20180219/2142

### 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 UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

ONICIOUNI

Vehicle Category MOTORCYCLE

Name of Driver SHEIK ALLAUUDIN BIN DAWOOD ABDUL MAJID

NRIC/Passport Number S9516901E Contact Number 97114157

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- 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")
- (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:
  - 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:

2018

7

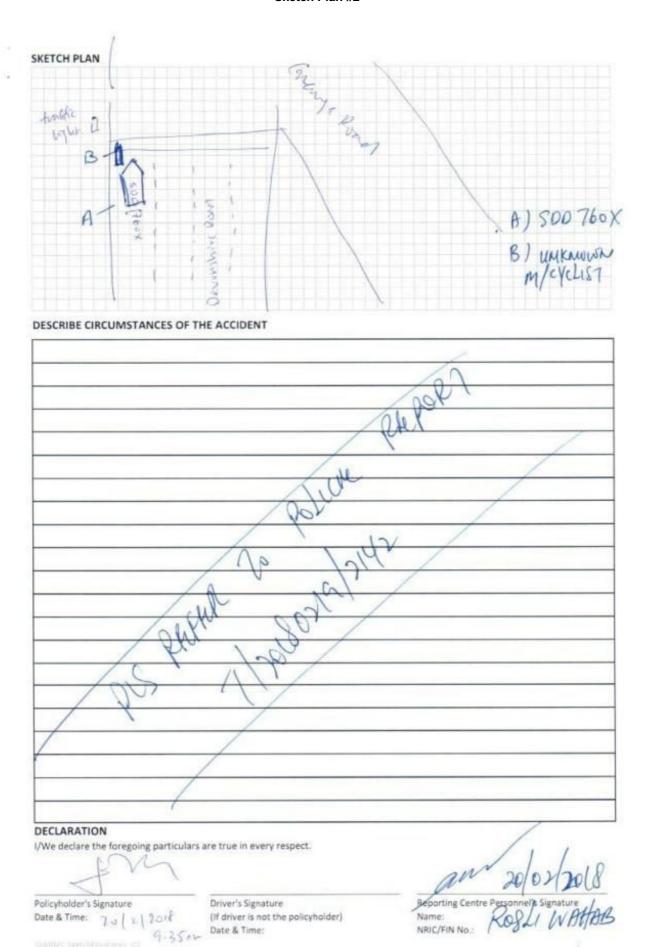
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Pega

evame:

NRIC/FIN No.:







T/20180219/2142

Police Station Of Origin: Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

Report No. T/20180219/2142

Date/Tir	me Report I	Made:	Vide Desert N		
Date/Time Report Made: 19/02/2018 19:47		viduc.	Vide Report No.:	Station Diary No.	
Informa	int's Partic	ulars			
LIM YES		5	Address: 63 MOUNT SINAI DRIVE #19	9-01 SINGAPORE 277116	
ID Type / ID No.: NRIC NO / S6999074F Nationality: SINGAPORE CITIZEN		74F	Contact No.: Home/Office: Mobile: 96803515		
		EN.	Email:		
Sex: Male	Age; 48	Date of Birth: 28/09/1969	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: LAWYER			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Others	Drink Drive: No	Date/Time of Accident: 15/02/2018 13:3	Type of Location Y-Junction	
DEVONSHIR GRANGE RO		Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collisi Moving agains	on: et stationary motorcy		September 1	Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	-	Make	Model	Color	Condition	No of Passenger
SDD760X	Car				No	0
					Damage	

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



Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

2 of 3 Report No. T/20180219/2142

CONTINUATION OF REPORT

Driver		A CONTRACTOR		ID No		S6999074F	
Name	LIM YEE MING			ID No.	8	303330741	
Related Vehicle	NIL		NIL		Conta	ct No.	96803515
NESKY MANUFACTURE STREET			Class of		Class: 2B,3		
Hospital/Clinic	NIL			Drivin	9	Date of Expiry: NIL	
Date Treatment	NIL		Date Disc				
No. of Days granted Medical Leave		NIL	Degree of Injury NIL		NIL		

### Brief Details.

On the 15.02.2018 at about 1330hrs, I was driving my car SDD760X (BMW/grey colour) along Devonshire Road. I then stopped at the extreme left lane traffic light junction to Grange Road just after 111 Somerset and the light was red at that point of time.

While waiting for the light to turn green, a large red/white motorcycle moving from my left side. The rider then veered slightly into my path and stopped in front of me more to the left side. The rider was then removed his handphone from the holder and appeared to be texting.

When the light turns green, the rider did not move and continue to do his texting. So, I veered my car to the right to avoid him, passed him and proceeded to turn left into Grange Road. Subsequently, the same rider caught up with me when I stopped at the next traffic light junction, Grange Road and Irwell Bank

Through my front left window, the rider yelled, 'your tyre touched my leg' and asked to stop ahead so we could speak. I agreed and then I stopped my vehicle after the junction along a service road to minimize the obstruction to other traffic.

Later, the rider kept saying that 'your tyre touched my leg'. On seeking clarification, I realized that he was claiming that my front left wheel of my car had run over his left foot. And there is no other contact between other parts of my car and the motorcycle parts. He claimed that his foot is hurt. When he removed his Crocs sandal to show me, I did not see any visible injury. He then said that he would be seeking medical attention at a hospital, but no hospital name was given.

We then exchange particulars, by taking photographs of his driving licences. He is one Shek Allaudin bin Dawood Abdul Majid, S9516901É, HP: 97114157. Unfortunately, I had overlook in taking the motorcycle number plate. We then moved our separate ways,







Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

3 of 3 Report No. T/20180219/2142

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: E / Staff Sgt NAZRI BIN AHMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2018 19:47
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp SN 172	
SIGNATURE	









