Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 22/02/2018 09:42

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 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	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

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD760X
Insured/Policyholder	
Name Of Registered Owner	LIM YEE MING
NRIC No	S6999074F
Email Address	ARMOURYR1@GMAIL.COM
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
NRIC No	S6999074F
Date Of Birth	28/09/1969
Occupation	INDOOR
Date Of Driving Pass	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	ARMOURYR1@GMAIL.COM

Address	63 MOUNT SINAI DRIVE #09-01
Postcode	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

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?	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?	NO
If Yes,against whom?	

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	
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

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) 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

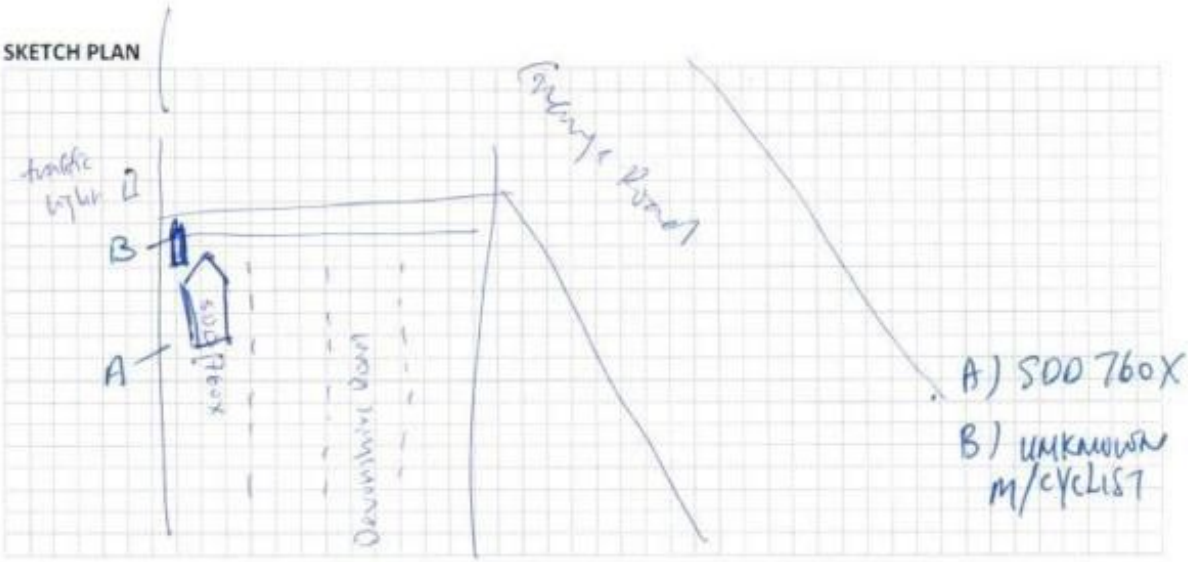
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 20/2/2018 9.55am	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

20/02/2018

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PCS REFER TO POLICE REPORT T/20180219/2142

DECLARATION

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

Policyholder's Signature Date & Time: 20/2/2018 9.35am	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: ROSLI WAHAB NRIC/FIN No.: 20/02/2018

Sketch Plan #3

SINGAPORE POLICE FORCE

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
19/02/2018 19:47		122

Informant's Particulars

Name of Informant: LIM YEE MING			Address: 63 MOUNT SINAI DRIVE #19-01 SINGAPORE 277116	
ID Type / ID No.: NRIC NO / S6999074F			Contact No.: Home/Office: Mobile: 96803515	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 28/09/1969	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: LAWYER			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2018 13:30	Type of Location: Y-Junction
Location: Junction of Road 1 and Road 2 DEVONSHIRE ROAD GRANGE ROAD Traffic light junction extreme left lane and first in line.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving against stationary motorcylist				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDD760X	Car				No Damage	0

Details of Person Involved

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

Sketch Plan #4

SINGAPORE POLICE FORCE

T/20180219/2142

Report No. T/20180219/2142

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

CONTINUATION OF REPORT

Driver			
Name	LIM YEE MING	ID No.	S6999074F
Related Vehicle	NIL	Contact No.	96803515
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	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 Road.

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, S9516901E, HP: 97114157. Unfortunately, I had overlook in taking the motorcycle number plate. We then moved our separate ways.

SN 172

SIGNATURE

Sketch Plan #5

SINGAPORE POLICE FORCE

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

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
NP168

SN 172

SIGNATURE

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: 5665300200 / 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 : MNB4180244495 Vehicle Registration No: SDD760X

Name(as shown in NRIC) : LIM YEOK MING NRIC/FIN/Passport No : S6999074F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 96803515

Email Address : _____

Date of Accident : 15/02/2018 Time of Accident : 13:30

Place of Accident : JUNCTION OF DEVONSHIRE / ORANGE ROAD

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS TO armoury81@gmail.com

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: RAHI WAHAB
NRIC/FIN No.:
Date: 22/02/2017