

## 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 withholding 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             | 31/03/2018 16:20                            |
| Date Of Accident           | 29/03/2018 10:15                            |
| Exact Location Of Accident | CENTRAL BLVD NEAR ONE RAFFLES QUAY BUILDING |
| Country/State of Loss      | SINGAPORE                                   |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKB4755M             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | BECKER DAVID JOHN    |
| NRIC No                     | S2652509H            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91459368 |
| Alternative Phone No        | OFFICE-91459368      |

### Vehicle Particulars

|  |   |
|--|---|
| Manufacturer   | BMW                                     |
| Model  | 535I GT 3.0 AT D/AB 2WD GAS/D TC HUD SR |
| 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 27835176 SMP                       |
| Cover Note Number         | -                                    |

### Driver

|                      |                                   |
|----------------------|-----------------------------------|
| Name of Driver       | WAH HUI LYN, ALICIA (HUA HUILING) |
| NRIC No              | S7909407B                         |
| Date Of Birth        | 12/03/1979                        |
| Occupation           | INDOOR                            |
| Date Of Driving Pass | 03/01/2003                        |
| Driving Experience   | 15 YEARS AND 2 MONTHS             |
| Gender               | FEMALE                            |
| Mobile Number        | (LOCAL) +65-93626549              |
| Fax Number           |                                   |
| Contact Number       |                                   |
| EEmail Address       | ALICIA.ADELLE@GMAIL.COM           |

|   |                                |
|---|--------------------------------|
| Address   | BLK 212 SERANGOON AVE 4 #12-48 |
| Postcode  | 550212                         |
| Was driver an employee of the Insured's Company     | NO                             |
| If No, Relationship of the Driver with the Insured  | SPOUSE                         |
| Vehicle Registration Number of Driver's Own Vehicle | -                              |
|   | -                              |
|   | -                              |
| Insurance Company of Driver's Own Vehicle           | -                              |
|   | -                              |
|   | -                              |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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?  |     |
| 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                       | TRAFFIC POLICE DIVISION HQ   |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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 | SLK7499Z    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | STEVEN      |
| NRIC/Passport Number        |             |
| Contact Number              | 90901156    |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |
| Nature Of Damage            |             |

No. Of Passenger (Including Driver) 1

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

A = SKB 4755 M  
B = SLK 7499 E

Central Blvd

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180329/2054

1 of 3

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

Report No. T/20180329/2054

## REPORT OF A TRAFFIC ACCIDENT

|   |            |                              |   |                    |                            |
|---|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>29/03/2018 21:28              |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                          |            |                              |   |                    |                            |
| Name of Informant:<br>WAH HUI LYN, ALICIA (HUA HUILING) |            |                              | Address:<br>APT BLK 212 SERANGOON AVE 4 #12-48 HDB-<br>SERANGOON EST SINGAPORE 550212 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7909407B                |            |                              | Contact No.:<br>Home/Office: Mobile: 93626549   |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN                       |            |                              | Email:  |                    |                            |
| Sex:<br>Female  | Age:<br>39 | Date of Birth:<br>12/03/1979 | Type of Informant:<br>Driver  |                    |                            |
| Race:<br>Chinese  |            |                              | Language:   |                    | Institution / School Name: |
| Occupation:<br>RELATIONSHIP MANAGER                     |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                              |                    |                            |

## General Information of the Accident

|  |            |                                    |  |                                     |
|--|------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury | Drink Drive:<br>No                 | Date/Time of Accident:<br>29/03/2018 10:15 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>CENTRAL BOULEVARD<br><br>CENTRAL BOULEVARD NEAR ONE RAFFLES QUAY BUILDING |            |                                    |  |                                     |
| Weather:<br>Clear  |            | Road Surface:<br>Dry               | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way   |            | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |            |                                    |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SKB4755M    | Car  |      |       |       | No Damage        | 0               |
| SLK7499Z    | Car  |      |       |       | Slightly Damaged | 0               |

## Details of Person Involved

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



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180329/2054

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

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Report No. T/20180329/2054

CONTINUATION OF REPORT

| Driver                            |                                   |                  |   |
|-----------------------------------|-----------------------------------|------------------|---|
| Name                              | WAH HUI LYN, ALICIA (HUA HUILING) |                  | ID No. S7909407B  |
| Related Vehicle                   | NIL                               |                  | Contact No. 93626549  |
| Hospital/Clinic                   | NIL                               |                  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                               | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                               | Degree of Injury | NIL   |

**Brief Details.**

29/03/2018 @1015HRS (CENTRAL BOULEVARD NEAR ONE RAFFLES QUAY BULIDING)

I WAS DRIVING ALONG CENTRAL BOULEVARD ON THE 3 LANE OUT OF 5 LANES, CARS WERE TRYING TO MERGE WITH THE LANE GOING STRIAIGHT. I WAS TRAVELLING BEHIND A VEHICLE (SLK7499Z). SUDDENLY THE VEHICLE IN FRONT STOP, WHEN I APPLIED MY BRAKE MY CAR WAS UNABLE TO STOP IN TIME AND MY FRONT BUMPER TOUCH ON THE HIS REAR BUMPER. THAT'S WHEN WE STOP AND HE SWITCH OFF HIS ENGINE AND EXITED HIS VEHICLE. THEN WE TOOK PHOTO OF THE INCIDENT AND HE TOOK MY NUMBER. WE LEFT THE SCENE.

HE TEXTED ME, HE TOLD ME THE DAMAGES TO HIS VEHICLE: \$300-400, RENTAL: 80/DAY X2, LOST OF INCOME: 250/DAY X2. I WAS WILLING TO PAY FOR THE DAMAGES AND THE RENTAL OF THE VEHICLE, PROVIDED IF HE SHOW THE CORRECT DOCUMENTS. I WAS NOT COMFORTABLE TO PAY FOR HIS LOST OF INCOME AS THE DAMAGES WAS REALLY MINIOR.

THERE WAS NO DAMAGES TO MY VEHICLE, DAMAGES TO HIS VEHICLE WAS A SLIGHT SCRATCH ON HIS REAR BUMPER.  
THAT'S ALL

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180329/2054

3 of 3

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

Report No. T/20180329/2054

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:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
29/03/2018 21:28

Classification Of Case:



SINGAPORE  
POLICE FORCE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

