### 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	07/05/2018 10:35
Date Of Accident	06/05/2018 14:15
Exact Location Of Accident	JUNCTION OF CLAYMORE HILL AND DRAYCOTT PARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ3291L
Insured/Policyholder	
Name Of Registered Owner	JONATHAN YEOW SHERNG WEE
NRIC No	S8097137J
Email Address	YANGYANG108@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97561182
Alternative Phone No	OTHERS-90301288
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI AT 5G13GZ W/O HID
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	A 80417393 AVW
Cover Note Number	
Driver	

Name of Driver ZHANG YANG YANG

NRIC No S7968705G

Date Of Birth 23/03/1979

Occupation INDOOR

Date Of Driving Pass 30/04/2011

Driving Experience 7 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97561182

Fax Number

Contact Number OTHERS-90301288

EMail Address YANGYANG108@HOTMAIL.COM

Address 4 LADY HILL ROAD

Postcode 258673

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

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Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident SIDE SWIPE
Weather Conditions CLOUDY
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JPU3613 (MOTORCYCLE)

Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

3

Number of Passengers (Including Driver)

Passenger 1 NAME: : DAUGHTER

GENDER: : FEMALE

Passenger 2 NAME: : MOTHER

GENDER: : FEMALE

**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/20180506/2074

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 JPU3613

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver SHASINDRAN A/L NADUNG SILIAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

G0989480U 82296899

### Common Statement

### 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.
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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)

l 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

7/5/18

Reporting Centra Personnel's Signature
Name: KOSZI WHIOTO

### **Accident Sketch Plan**

	CLAYMORE HILL	
[A	DI LOAMNG BAY	
OB J		A) SKQ3291L B) JPU 3613
SCRIBE CIRCUMSTANCES C	F THE ACCIDENT	
		Julo P
	Lich	14
	le len	70
6	150x 1- 180x 00	
105		
DECLARATION		
I/We declare the foregoing part	culars are true in every respect.	av orlog/role
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time: 7/5/2015	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: FOLD WANTED

(0:00 mm

### **POLICE REPORT**





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 1 of 3 Report No. T/20180506/2074

### REPORT OF A TRAFFIC ACCIDENT

Date/Tim 06/05/201	e Report N 18 18:24	Made:	Vide Report No.: E/20180506/0129	Station Diary No.: 122	
informan	t's Partic	ulars		74	
	Informant: 'ANG YAN		Address: 4 LADY HILL ROAD SINGAPORE 258673		
ID Type / ID No.: NRIC NO / S7968705G			Contact No.: Home/Office: Mobile: 90301288		
Nationality: BRITISH			Email:		
Sex: Female	Age: 39	Date of Birth: 23/03/1979	Type of Informant: Driver		
Race: Chinese		-	Language:	Institution / School Name:	
Occupation: DOCTOR			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2018 14:15	Type of Location Straight Road	
Weather:	HILL t before American Club	Road Surface:		Road Speed Limit:	
Cloudy		Dry		Charles of Astronomorphisms	
Traffic Flow: Traffi Two Way		Traffic Control:		Traffic Volume; Light	
I wo way	ion:				

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKQ3291L	Car				No Damage	2

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

### POLICE REPORT



Police Station Of Origin: Orchard N.P.C

2 of 3 Report No. T/20180506/2074

51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

### CONTINUATION OF REPORT

Driver			Charles of the last	-199		AND DESCRIPTION
Name	ZHANG YANG YANG		ID No		S7968705G	
Related Vehicle	SKQ3291L (Car)			Conta	ct No.	90301288
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave NIL Degree			f Injury	NIL	

On 6/5/18 at about 1415hrs, I drove my vehicle to exit from Tanglin Club and I had parked my vehicle (SKQ3291L) at the alighting point along Claymore Hill towards Claymore Road as I wanted to check the GPS for the routes. Subsequently, I slowly drove my vehicle out from the alighting point after making sure that there is no vehicle behind me. While I was about drove off, a Malaysia motorbike (JPU3613) suddenly appeared on my right side and I believed that the right side of my vehicle had collided to the left side the motorbike. Subsequently we had called for police assistance.

The biker had suffered some scratches on his right knee cap area however my two passengers and myself did not suffer from any injuries. My vehicle has no damages however the biker claimed that the left side of the motorbike body has some scratches due to the accident. There is no in-vehicle camera in my vehicle.

There is also a witness who informed that he will be lodging a police report with regards to this accident.

Traffic Police was at scene and requested me to lodge a police report.

### **POLICE REPORT**





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 3 of 3 Report No. T/20180506/2074

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 / Sgt 2 YAN LUFENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2018 18:24
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp	















