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	23/05/2018 10:42
Date Of Accident	22/05/2018 13:15
Exact Location Of Accident	JUNC SIMEI RD TWDS SOMAPAH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ1805T
Insured/Policyholder	
Name Of Registered Owner	LEE RONG YAO, BRYAN
NRIC No	S8335233G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91476419
Alternative Phone No	OFFICE-91476419
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	29043433
Cover Note Number	

Driver

Name of Driver LEE RONG YAO, BRYAN

NRIC No S8335233G
Date Of Birth 11/11/1983
Occupation INDOOR
Date Of Driving Pass 17/06/2003

Driving Experience 14 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91476419

Fax Number

Contact Number OFFICE-91476419

EMail Address NOEMAIL

Address 21 SOMMERVILLE ROAD

#04-01

Postcode 358246

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

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

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

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : KYM TAN XIAO PING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

YES

NO

2

Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

Ition Address SINGAPORE

Police Station Contact **TEL NO**: 1800-4880999 - **FAX NO**: 64883561

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180522/2110. THE DRIVER CALLED UP TO MSIG AS THE VEHICLE WAS NOT PRESENT, THE VEHICLE CURRENTLY WITH POLICE COMPOUND. THE DRIVER SPOKEN TO OFFICAL NAMELY MR. ASHIK FROM MSIG HAS AGREED THAT DAMAGED PHOTOS CAN BE THROUGH EMAIL. CONTACT NUMBER: 6594 2548.

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 GBE7704G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver RAMALINGAM VENGADESAN

NRIC/Passport Number G2147342T

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

2

GENDER:

DETAILS OF INJURED PERSON 1

LEE RONG YAO, BRYAN Name

Approximate Age

Injuries Sustain ARM

SLJ1805T Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

KYM TAN XIAO PING Name

Approximate Age

NECK Injuries Sustain

Injured person in which vehicle? SLJ1805T YES

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 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:
 - (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:

23/5/218

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

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN	[3]	
	g '	A = SIJ 18057
Ä	13	B: GBE 7704G
	/ / /	
Simo		
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	report- 1/20180522/2110.	
	*	
		,
	/	
PECLARATION We declare the foregoing par	ticulars are true in every respect.	
olicyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Police Report





Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

1 of 3

Report No. T/20180522/2110

Date/Time Report Made: Vide Report No .: Station Diary No .: 22/05/2018 17:09 Informant's Particulars Name of Informant: Address: LEE RONG-YAO, BRYAN 21 SOMMERVILLE ROAD #04-01 SINGAPORE 358246 ID Type / ID No. Contact No.: NRIC NO / S8335233G Home/Office: Mobile: 91476419 Nationality: Email: SINGAPORE CITIZEN Date of Birth: Type of Informant: Sex: Age: 34 11/11/1983 Driver Male Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: Human Resource Class: 3 Date of Expiry:

General Inform	mation of the Accident	HOLD SHOW	HATE-		
Type of Accident:	Injury Conveyed By Ambula	ance Dri No	ive:	Date/Time of Accident: 22/05/2018 13:15	Type of Location: X-Junction
Location: Along Road 1 SIMEI ROAD SOMAPAH R At the traffic ju	OAD				
Weather: Clear		Road Surfa Dry	ace:	F	Road Speed Limit:
Traffic Flow: Two Way		Traffic Cor Traffic Ligh		2007 (1)	raffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head On	9100		а	Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLJ1805T	Car					1

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

Police Report





1/20180522/2110

Police Station Of Origin: Serangoon N.P.C

Report No. T/20180522/2110

2 of 3

50 Serangoon Avenue 2 #01-02 SINGAPORE

Tel No: 1800-4880999

CONTINUATION OF REPORT

Driver		ASSESSED AND ADDRESS.	COLUMN TWO IS NOT THE OWNER.	Complete Company	HIA GOT	NAME OF TAXABLE PROPERTY.
Name	LEE RONG-YAO, BRYAN			ID No	9	S8335233G
Related Vehicle	NIL			Conta	ct No.	91476419
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details.

On 22.05.2018 at around 1315hrs, I was driving my vehicle with my colleague along Simei road towards Somapah road. The traffic up ahead was green as such I continue driving. All of a sudden, there was a lorry which was intending to turn right hit onto my vehicles front bumper. I was in shocked and immediately called for police. Shortly after, ambulance arrived and was conveyed to Changi General Hospital. I did not manage to take down the vehicle's plate number but I have an installed camera in my car. However, I did manage to take photo of the lorry's driver Ramalingam Vengadesan G2147342T.

Police Report





Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

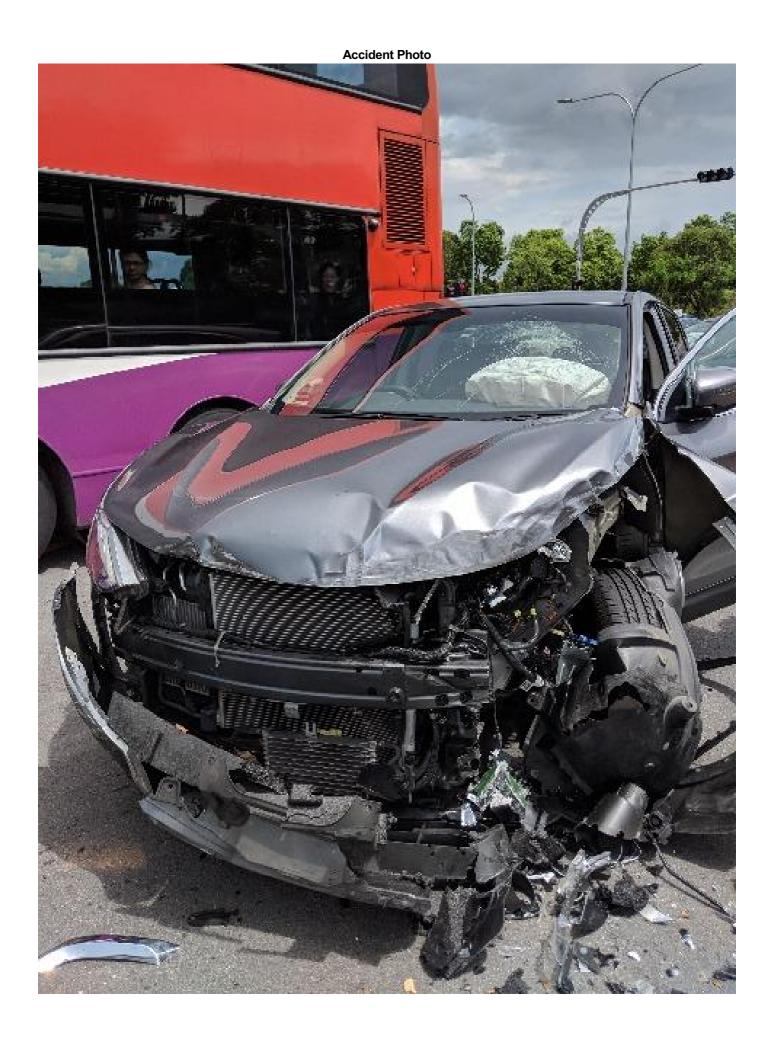
3 of 3 Report No. T/20180522/2110

Tel No: 1800-4880999

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording Th F /	e Report:	Signature Of Informant:
Sgt 2 MUHAMMAD ASYRAF BIN	ARIS	Myt
Signature Of Interpreter: Not applicable		Date/Time: 22/05/2018 17:09
Officer In Charge Of Case:		Classification of Case:
Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436		SN 154
Authentication Stamp	WEST	Signature:



Accident Photo

