

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	03/07/2018 12:15
Date Of Accident	30/06/2018 14:50
Exact Location Of Accident	506 CHAI CHEE LANE LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS5598B
Insured/Policyholder	
Name Of Registered Owner	YEOH KAI LIN KAREN
Passport No/FIN	K0052357H
Email Address	RICHARDKERSHAW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97302259
Alternative Phone No	OTHERS-81210850

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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 29065081 QMX
Cover Note Number	

Driver

Name of Driver	RICHARD JAMES KERSHAW
Passport No/FIN	G5260468R
Date Of Birth	22/09/1983
Occupation	INDOOR
Date Of Driving Pass	22/10/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97302259
Fax Number	
Contact Number	OTHERS-81210850
Email Address	RICHARDKERSHAW@HOTMAIL.COM

Address	92 TAMAN WARNA
Postcode	273402
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	COLLIDED INTO PEDESTRIAN
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?	YES
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	
Vehicle Make/Model/Colour	
Details Of Properties	CONSTRUCTION WORKER
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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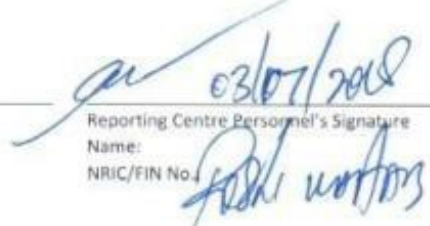
8. Consent under the Personal Data Protection Act (PDPA)

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:

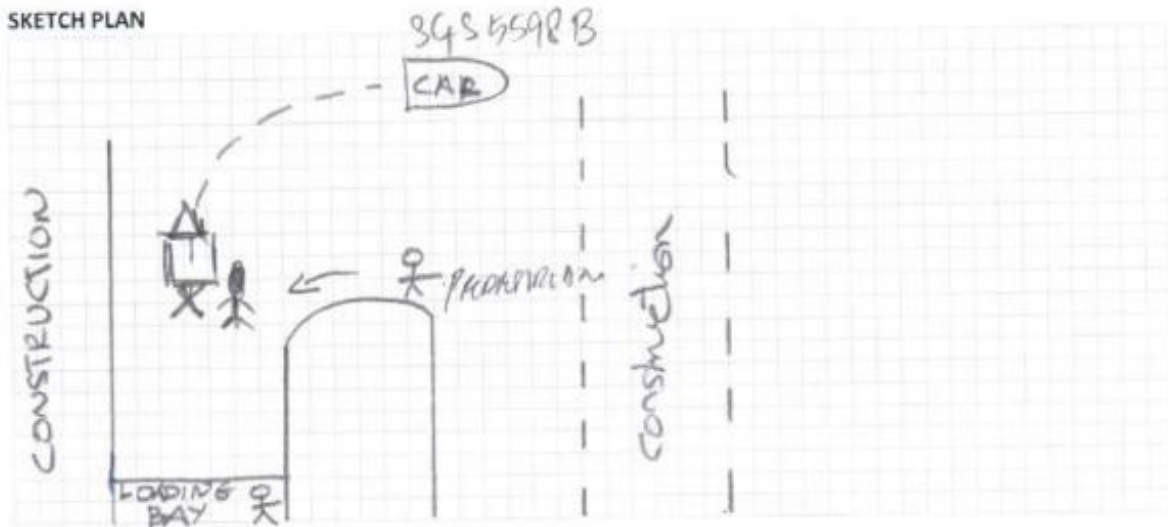

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/07/18
09:35


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

Accident Sketch Plan

506 CHOI CHHE LANE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Incident - SAT 30/06/18, Time - approx. 14:50

of the storage facility

My friend Matthew was waiting at the loading bay with a piece of furniture to put into the car. I had gone to pick up the car to reverse it into the loading bay. As I began to reverse I checked around and noticed one person standing at the far corner of the bend by the entrance to the loading area. As I began to approach the entrance to the loading bay I slowed down to a very slow ~~pace~~ ^{pace} as I was about to enter a very narrow space (the entrance to the loading area) and I was aware that someone had been on the far corner of the bend. I was constantly looking behind me through the back window. I slowed down ~~even~~ ^{even} further, but no one had come into my field of view in the back window so I continued to reverse very slowly and carefully. I then heard a bump on the back side of the car and I pressed the break. When I got out of the car a man was sitting on the floor with an injured foot. My friend and I immediately called the ambulance. After the man was taken to hospital the police informed me I would be called later. Later that evening I was called to Bedok Police Station to give a statement. After giving the statement the officer refused

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: 02/07/18
09:50

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

03/07/2018

Common Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

② to give me a copy of the statement so I am only able to produce a copy of the reference number with the officer signing to confirm the above. There was CCTV footage at the entrance of the loading bay which will clearly show what happened. My understanding is that the man was walking backwards and looking in the opposite direction and not looking where he was going. The man was a construction worker, working on the site next to the storage facility but was only wearing flip-flops and no protective footwear whilst walking across the loading bay area.

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: 02/07/18
09:50

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

SGAMTC Motor Policy Form V3

Common Statement

G | 2018 06 30 / 0146

Investigation Officer Burdon, 6244 7200

Bliss are unable to give a copy of
a statement



No Police Report Given

Back Police Station

a. 03/07/2018
P. [unclear]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S66550020G / 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: MUA418085572 Vehicle Registration No: SGS 5598B
Name (as shown in NRIC): RICHARD JAMES KURSHAW NRIC/FIN/Passport No: G5260468R
(*) Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 81210850
Email Address: _____
Date of Accident: 30/06/2018 Time of Accident: 14:50
Place of Accident: 506 COTTON CREEK LANE, LORONG BAY
Insurance Company: MSIC

(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:

THE CONSTRUCTION WORKER CONVEYED TO HOSPITAL

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Belinda Watson
NRIC/FIN No.:
Date: 05/07/2018

Addendum Sheet



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: S663300200 / 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 : MMA418081572-01 Vehicle Registration No: 998 5598B
 Name (as shown in NRIC) : RICHARD JAMES KARSHTAN NRIC/FIN/Passport No : G5260468R
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 97302259
 Email Address : _____
 Date of Accident : 30/06/2018 Time of Accident : 14:50
 Place of Accident : 506 off on LITKAL LAKE LAROUX RING
 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:

DATE OF DRIVER PASS TO 20/10/2015

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: POLLY W. H. H. H.
 NRIC/FIN No.:
 Date: 17/07/2018