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	03/08/2018 17:09
Date Of Accident	03/08/2018 07:50
Exact Location Of Accident	EAST COAST PARKWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT838C
Insured/Policyholder	
Name Of Registered Owner	TAN PHWE LENG @ TAN PHE LIN @ MARIANA ADIJANTO
NRIC No	S2175684I
Email Address	DAVID93CHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91193150
Alternative Phone No	OTHERS-91193150
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 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	D 29030736 QMX
Cover Note Number	
Driver	
Name of Driver	CHAN ILIN HAO DAVID

Name of Driver CHAN JUN HAO, DAVID

NRIC No S9328580H
Date Of Birth 13/08/1993
Occupation OUTDOOR
Date Of Driving Pass 09/07/2012

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91193150

Fax Number

Contact Number OTHERS-91193150

EMail Address DAVID93CHAN@GMAIL.COM

Address 51 GOODMAN ROAD

Postcode 439016

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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?

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 1

Number of Passengers (Including Driver)

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 ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180803/7004

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 SJF7815U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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: Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

KETCH PLAN		A-SLT838C
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic		B-SJF7815U
	21/	->
EAST COP	AST PARKWAY	
Cris i		
	LA	
1 :		
-		_>
2		
		>
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	X
		Q e go
		V
	1 Sol 8 0 803	
	60	170
	Xhe 00	7
	Vo 600	
	0-2 -06	
	Dete 12	
	+ 1	
0/1	5	
(
DECLARATION /We declare the foregoing part	rticulars are true in every respect.	
	rticulars are true in every respect.	
	rticulars are true in every respect.	- 3/8/2018
/We declare the foregoing part Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
/We declare the foregoing part	Driver's Signature (If driver is not the policyholder)	
/We declare the foregoing part	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Sketch Plan #3





2 of 3

Report No. T/20180803/7004

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

CONTINUATION OF REPORT

Driver		manifest to the	A STATE OF THE PARTY OF THE PAR	10000		
Name	CHAN JUN HAO, DAVID			ID No		S9328580H
Related Vehicle	SLT838C (Car)			Conta	ct No.	91193150
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	ger - L
No. of Days gran	ted Medical Leave	1.13.00			NIL	

Brief Details.

I was driving on ECP towards AYE/Tuas between the Marine Parade (exit 10B) and Fort Road (exit 13). I wanted to change lanes and when I attempted to move into the new lane, the car behind accelerated in an attempt to deter me from changing, but instead ended up hitting me. I proceeded to my exit at Fort Road because it was my exit, and also the nearest exit, and he followed closely behind, stopping and exiting his car when we stopped at a traffic light. He didn't concern himself with exchanging personal details and instead, started walking around my car and taking pictures saying that he would file a police report. He then drove off. Minor scratches were sustained by both our cars.

No pedestrians, cyclist, government property, or other vehicles were involved.









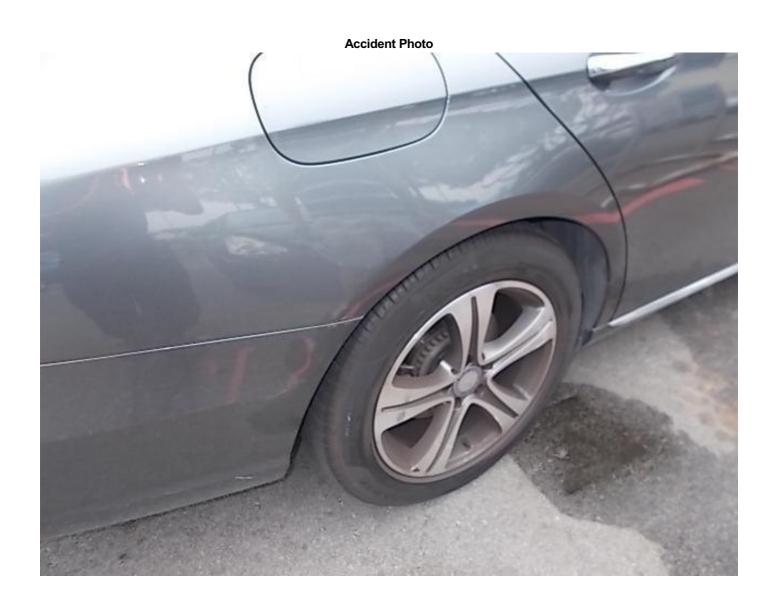




















Police Report





1 of 3

Report No. T/20180803/7004

POLICE FORCE

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

REPORT OF	A TRAFFIC	ACCIDENT

Date/Time Report Made: 03/08/2018 09:41		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars			
Name of Informant: CHAN JUN HAO, DAVID			Address: 51 GOODMAN ROAD SING	39016	
ID Type / ID No.: NRIC NO / S9328580H		вон	Contact No.: Home/Office: Mobile		91193150
National SINGAP	ity: ORE CITIZ	EN	Email: David93chan@gmail.com		
Sex: Male	Age: 24	Date of Birth: 13/08/1993	Type of Informant: Driver		
Race: Chinese			Language: English	Institut	ion / School Name:
Occupation: Business consultant		t	Driving Licence Information Class:		f Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/08/2018 07:50	Type of Location Straight Road	
Location: EAST COAS	T PARKWAY				
Weather:				Road Speed Limit: 90 Km/h	
Clear		Traffic Flow: Traffic Control: Dual Carriage Way Not Controlled			
A CAMPAGE CONTRACTOR	e Way			Traffic Volume: Moderate	

Details of V	ehicle Invo	lved		and the same of the		All and the second
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJF7815U	Car	TOYOTA	Estima	White		0
SLT838C	Car	MERCEDES BENZ	E200	Grey	Slightly Damaged	1

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

Police Report





/20180803/7004

2 of 3

Report No. T/20180803/7004

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

CONTINUATION OF REPORT

Driver		SERVICE ROLL	A STATE OF THE PARTY OF			
Name	CHAN JUN HAO, DAVID			ID No		S9328580H
Related Vehicle	SLT838C (Car)			SLT838C (Car) Contact N		91193150
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Di			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

I was driving on ECP towards AYE/Tuas between the Marine Parade (exit 10B) and Fort Road (exit 13). I wanted to change lanes and when I attempted to move into the new lane, the car behind accelerated in an attempt to deter me from changing, but instead ended up hitting me. I proceeded to my exit at Fort Road because it was my exit, and also the nearest exit, and he followed closely behind, stopping and exiting his car when we stopped at a traffic light. He didn't concern himself with exchanging personal details and instead, started walking around my car and taking pictures saying that he would file a police report. He then drove off. Minor scratches were sustained by both our cars.

No pedestrians, cyclist, government property, or other vehicles were involved.

Police Report



Sketch Plan

Authentication Stamp

NP168



3 of 3

Report No. T/20180803/7004

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

CONTINUATION OF REPORT

Informant is	not ab	e to prov	ride sketch	plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2018 09:41
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case: