

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	10/08/2018 16:15
Date Of Accident	09/08/2018 15:50
Exact Location Of Accident	BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5541Z
Insured/Policyholder	
Name Of Registered Owner	CAR CLUB PTE LTD
Co Reg No	200912077G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81356104

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO

Exact Purpose for which vehicle was being used at time of accident

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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCB/18-000130-00
Cover Note Number	

Driver

Name of Driver	LEE PHUAY HUI
NRIC No	S7403045I
Date Of Birth	14/01/1974
Occupation	INDOOR
Date Of Driving Pass	09/09/1992
Driving Experience	25 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81356104
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	8 BRIDPORT AVENUE SINGAPORE
Postcode	559299
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PHILIPPE GRANDCLAUDON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT ATTACHED

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	SHD3640S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 LEE PHUAY HUI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLF5541Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PHILIPPE GRANDCLAUDON

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLF5541Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

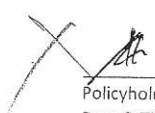
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8. **Consent under the Personal Data Protection Act (PDPA)**

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: 10/8/18


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE
REPORT
ATTACHED

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.:





**SINGAPORE
POLICE FORCE**



T/20180810/2058

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129658
Tel No: 1800-8729999

1 of 4

Report No: T/20180810/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
10/09/2018 14:00

Video Report No.:

Station Diary No.:
84

Informant's Particulars

Name of Informant: LEE PHUAY HUI			Address: 8 BRIDPORT AVENUE SINGAPORE 559299	
ID Type / ID No: NRIC NO / S74030451			Contact No.: Home/Office: Mobile: 81356104	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 44	Date of Birth: 14/01/1974	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/08/2018 15:50	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD after the slip road of Braddell Road, towards CTE (Orchard)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3640S	Car				Slightly Damaged	1
SLF5541Z	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180810/2068

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Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No: T/20180810/2068

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SHD3640S (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE PHUAY HUI		ID No. S74030451
Related Vehicle	SLF5541Z (Car)		Contact No. 81356104
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	09/08/2018		Date Discharge 09/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 09/08/2018 at about 1550hrs, I was driving my rented vehicle bearing the registration plate number SLF5541Z along Braddell Road and intended to turn left into the slip road (towards CTE in the direction of Orchard Road). At that point in time, the road was dry, the sky was clear and there was no traffic. My husband was at the front left passenger seat.

I noticed that there was no incoming vehicle and proceeded to exit into the slip road. I continue to keep a look out for oncoming vehicles on my right. Out of the sudden, we felt a huge impact from the rear. Understanding that someone had hit my vehicle at the back, I stopped driving. The impact was so huge that the back of our heads hit the head rest quite hard. I developed a massive headache, felt numbness in my right buttocks, pain in my neck and shoulder. I alighted my vehicle and noticed that a Comfort Delgro taxi bearing the registration plate number SHD3640S had collided into the rear of my vehicle.

The Taxi driver was in his vehicle and had no intention to alight his vehicle until I approached him. He did ask for my particulars however I was unsure if I should provide my particulars to him. He did not even ask us whether we were ok. I told him both my husband and I were feeling unwell due to the impact caused by his car and we had to wait for my car rental company staff to come. When he instead tried to leave the scene, I called for Police assistance at 999. Police and ambulance came to the scene.

This is the first time such an incident happened to me. My husband and I were conveyed by ambulance to Tan Tock Seng hospital. X rays were done for both of us. I forgot to tell the doctors that we hit the back of our heads quite hard on the head rests. We were discharged on the same day and I was given 5 days of MC and a lot of medication till 13/08/2018. I felt pain and stiffness at my neck area, my shoulders, lower area of my back, my right side buttocks, my right knee. I was dizzy, nauseous and having massive



SINGAPORE
POLICE FORCE



T/20180810/2066

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Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel.No. 1800-8729999

Report No. T/20180810/2066

CONTINUATION OF REPORT

headache for many hours. I still feel pain in my neck, back and buttocks now. I still feel nauseous and unwell. I will follow up for further medical screenings with Tan Tock Seng.



**SINGAPORE
POLICE FORCE**



T/20180810/2066

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180810/2066

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:

D /
Sgt 2 NG JIA HAO

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

10/08/2018 14:00

Officer In Charge Of Case:

TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

SN 37

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE