

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 | 11/09/2018 10:24 |
| Date Of Accident | 10/09/2018 12:10 |
| Exact Location Of Accident | JUNCTION OF COMMONWEALTH AVE & CLEMENTI AVE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLM3495A |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE ENG CHEE |
| NRIC No | S7211188E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90697248 |
| Alternative Phone No | OTHERS-90697248 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | MAZDA |
| Model | 5-2.0 (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 | 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 | A 80455238 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEE ENG CHEE |
| NRIC No | S7211188E |
| Date Of Birth | 03/04/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/05/1995 |
| Driving Experience | 23 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90697248 |
| Fax Number | |
| Contact Number | OTHERS-90697248 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------|
| Address | 6 WOODGROVE DRIVE #03-15 |
| Postcode | 738209 |
| 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 | - |
| | - |
| 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 | 2 |
| 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: : SIN YIT LIN EILEEN GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI N.P.C |
| Police Station Address | ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

Type Of Accident: HEAD TO SIDE AS PER POLICE REPORT No.T/20180910/2102

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 | SHA755E |
| Vehicle Make/Model/Colour | HYUNDAI I40 |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | NG CHIN SENG |
| NRIC/Passport Number | |
| Contact Number | 94559093 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|--------------------------|
| Name | LEE ENG CHEE |
| Approximate Age | 46 |
| Injuries Sustain | |
| Injured person in which vehicle? | SLM3495A |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | 6 WOODGROVE DRIVE #03-15 |
| Postcode | 738209 |

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.

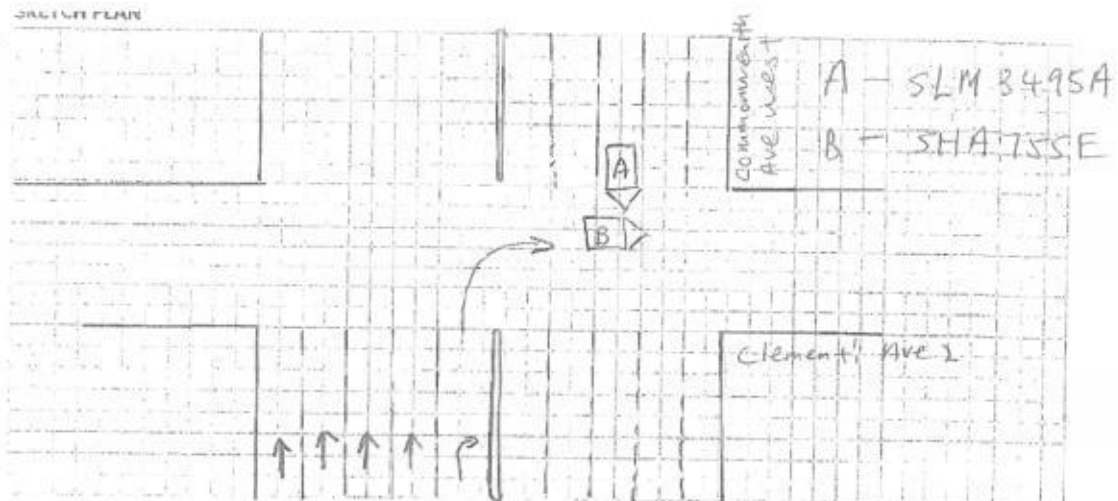
Policyholder's Signature
Date & Time: 10/9

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/9

IDAC KAKI BUKIT (VAC)

Reporting Centre: 23 KAKI BUKIT AVE 4
Name: [Signature]
Singapore 415933
Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20180910/2102

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 10/9

CHANG SENG HUI (P) 05

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/9

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Singapore 415933

Reporting Centre (Reporting's Signature)

Tel: 67416697

Name: Fax: 67492305

NRIC/ID No.: Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180910/2102

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

1 of 3
Report No. T/20180910/2102

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made: 10/09/2018 15:53 | | Vide Report No.: D/20180910/0056 | | Station Diary No.: 117 | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE ENG CHEE | | | Address: 6 WOODGROVE DRIVE #03-15 SINGAPORE 738209 | | |
| ID Type / ID No.: NRIC NO / S7211188E | | | Contact No.: Home/Office: Mobile: 90697248 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 46 | Date of Birth: 03/04/1972 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Accountant | | | Driving Licence Information: Class: 2B,2A,3 Date of Expiry: | | |

| | | | | |
|---|------------------------------|---|--|---------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 10/09/2018 12:10 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 COMMONWEALTH AVENUE WEST CLEMENTI AVENUE 2 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| 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 |
| SHA755E | Car | HYUNDAI | I40 | Yellow | Slightly Damaged | 2 |
| SLM3495A | Car | MAZDA | Mazda 5 | Grey | Seriously Damaged | 1 |

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180910/2102

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/20180910/2102

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|------------------|---|
| Driver | | | |
| Name | NG CHIN SENG | | ID No. NIL |
| Related Vehicle | SHA755E (Car) | | Contact No. 94559093 |
| 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 ENG CHEE | | ID No. S7211188E |
| Related Vehicle | SLM3495A (Car) | | Contact No. 90697248 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the 10/09/2018 at about 1210hrs, I was at the junction of Commonwealth Ave West and Clementi Ave 2 driving towards Buona Vista. The traffic light was still green and I drove my vehicle straight when suddenly a taxi with the registration plate number, SHA755E turned right into my direction. I applied on my vehicle's brake but I could not stop my vehicle in time causing both my vehicle, SLM3495A and the taxi, SHA755E to collide. I got out of the vehicle to check on my passenger and also the passenger of the taxi.

Subsequently, Ambulance came to scene and convey 3 person (my passenger and 2 taxi passenger's) to NUH for further medical examination. Traffic Police came to scene later and informed me to lodge an Accident Report on the matter. He then informed me that the In-charge case is IO Intan and she can be contacted at 65476256.

I wished to add that my vehicle has an inbuilt car camera and my memory card for the CCTV was provided for the Traffic Police follow-up action.



**SINGAPORE
POLICE FORCE**



T/20180910/2102

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

3 of 3

Report No. T/20180910/2102

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 3 JASMI BIN JUMA'AT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Signature Of Informant:

Date/Time:

10/09/2018 15:53

Classification Of Case:



SN 37

SIGNATURE