

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 liability.
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	31/12/2018 12:50
Date Of Accident	28/12/2018 09:35
Exact Location Of Accident	OPEN SPACE CARPARK NEAR TO REDHILL LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6635U
Insured/Policyholder	
Name Of Registered Owner	LIM YONG SENG VINCENT
NRIC No	S7405734I
Email Address	NONKINAJU@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96705193
Alternative Phone No	OTHERS-97976135

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SHARAN-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	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 28852784 AVW
Cover Note Number	

Driver

Name of Driver	JULIET HO SHIH HWAN (HE SHIYUN)
NRIC No	S7626425B
Date Of Birth	25/08/1976
Occupation	INDOOR
Date Of Driving Pass	27/06/1995
Driving Experience	23 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96705193
Fax Number	
Contact Number	OTHERS-97976135
Email Address	NONKINAJU@HOTMAIL.COM

Address	BLK 20 QUEEN'S CLOSE #09-129
Postcode	140020
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 (including own vehicle) involved in the accident	1
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)	3
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181228/2058

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	MR TAY

NRIC/Passport Number
Contact Number 62731929
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MR TAY (PEDESTRIAN)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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7. 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:
 - (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)

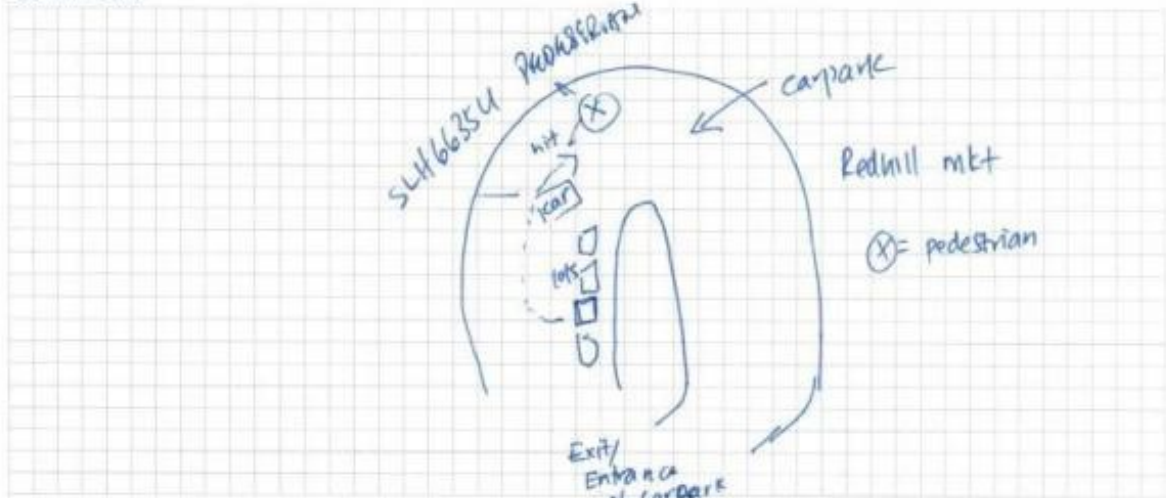
Date & Time: 31/12/18 (9.28am)

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REF 7/2018/228/2058

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 31/12/2018
Reporting Centre Personnel's Signature
Name: Rishi Khatwa
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181228/2058

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20181228/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2018 13:00		Vide Report No.:		Station Diary No.: 58	
Informant's Particulars					
Name of Informant: JULIET HO SHIH HWAN			Address: APT BLK 20 QUEEN'S CLOSE #09-129 SINGAPORE 140020		
ID Type / ID No.: NRIC NO / S7626425B			Contact No.: Home/Office: Mobile: 97976135		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 25/08/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 28/12/2018 09:35	Type of Location: Car Park
Location: Along Road 1 REDHILL LANE Open Space Carpark, near to Redhill Lane				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH6635U	Car	VOLKSWAGO	SHARAN 2.0	Blue	No Damage	2

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available

POLICE REPORT



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T/20181228/2058

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Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20181228/2058

CONTINUATION OF REPORT

Driver			
Name	JULIET HO SHIH HWAN		ID No. S7626425B
Related Vehicle	SLH6635U (Car)		Contact No. 97976135
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	MR TAY		ID No. NIL
Related Vehicle	NIL		Contact No. 62731929
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

Brief Details.

On 28/12/2018 at about 0935 hrs, I was at the open space carpark near to Redhill Market. I just got on my vehicle SLH6635U together with my two children. I then started to move off slowly from my carpark lot and headed for the exit.

As I was reaching a bend, I steered to the right when suddenly I realized that there was a Chinese elderly man on the left side of the road. I tried to avoid colliding with the said man and came to a stop. I then got out of my vehicle and made a check on the said man who then showed me his left wrist saying that there is a slight bruise and his left shoulder is aching. There was no impact or sound heard. The said man did not fall to the ground. I believed that the left side of my vehicle could have brushed against the man's left arm. We then exchanged name and contact number. The said man told me that he will be going to the polyclinic to make a check on his injuries and I told him to keep me updated. Subsequently, I left the place.

Upon reaching home, I contacted the said man who informed that his left wrist seems to be swelling up and that he might be going to the polyclinic. I do have an in-car camera and rear camera however I am unsure if it captured the incident. No Traffic Police or Ambulance at scene. No government property damaged.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181228/2058

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181228/2058

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 HIDAYAT BIN SELAMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

28/12/2018 13:00

Classification Of Case:

Authentication Stamp

NP168

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7626425B



Name
JULIET HO SHIH HWAN
(HE SHIYUN)
何詩韻

Race
CHINESE

Date of birth
25-08-1976

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7626425B
Name
JULIET HO SHIH HWAN
(HE SHIYUN)

Birth Date: 25 Aug 1976
Issue Date: 10 Dec 2014

002374419A

4772457



NRIC No: S7626425B



Date of issue
01-09-2011

APT BLK 20 QUEEN'S CLOSE #09-129
SINGAPORE 140020

NRIC No: S7626425B Date: 02/04/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

