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 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

| aforesaid. | on to the distincting of the report at the control and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 19/02/2019 18:31 |
| Date Of Accident | 18/02/2019 16:50 |
| Exact Location Of Accident | JUNC ADAM RD & DUNEARN RD |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SDV700A |
| Insured/Policyholder | |
| Name Of Registered Owner | CHOO BOON PENG |
| NRIC No | S1380884H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96336363 |
| Alternative Phone No | OFFICE-96336363 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 523I XL |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | B80075483SMP |
| Cover Note Number | |

| u | vei | |
|---|-----|--|

Name of Driver CHOO BOON PENG

NRIC No S1380884H

Date Of Birth 12/09/1959

Occupation INDOOR

Date Of Driving Pass 01/11/1982

Driving Experience 36 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96336363

Fax Number

Contact Number OFFICE-96336363

EMail Address NOEMAIL

30 WATTEN VIEW Address

Postcode 287153

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 **COLLISION - CHANGE/CROSS LANE**

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

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

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190219/7013

Attachment(s)

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

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF7658H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 21

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: : GENDER: :

DETAILS OF INJURED PERSON 1

Name CHOO BOON PENG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SDV700A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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)

Lunderstand, 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)
 - (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
- 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.
- 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 Stinature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pers mel's Signature

Name

NRIC/FIN No.:

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Accident Sketch Plan

| | VEhicle A: SDF 7658H 189 |
|---|--|
| | Pool -7 Adam Koad |
| | DESCRIBE CIRCUMSTANCES OF THE ACCIDENT |
| | T P P |
| | · · · · · · · · · · · · · · · · · · · |
| | Refer to Police Report. |
| | Total Portor |
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Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190219/7013

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 19/02/2019 16:42 | | | Vide Report No.: | Station Diary No.; | | |
|---|-------------|-------|---|-----------------------------|--|--|
| Informa | nt's Partic | ulars | | A TO A STREET OF THE STREET | | |
| Name of Informant: CHOO BOON PENG | | | Address: 30 WATTEN VIEW SINGAPORE 287153 | | | |
| ID Type / ID No.: NRIC NO / S1380884H | | | Contact No.: Home/Office: | Mobile: 96336363 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: choobp@singnet.com.sg | | | |
| Sex: Age: Date of Birth: Male 59 12/09/1959 | | | Type of Informant: Driver | | | |
| Race: Chinese | | | Language: English | Institution / School Name: | | |
| Occupation: Company Director | | | Driving Licence Information: Class: Date of Expiry: | | | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 18/02/2019 16:50 | Type of Location X-Junction |
|---|------------------|---|---|--------------------------------|
| Location: ADAM ROAD | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| 220000000000000000000000000000000000000 | | Dry | | |
| Clear Traffic Flow: One Way | | Traffic Control: Traffic Light - Wor | king | Traffic Volume: Light |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|--------|-------|-------|----------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SDV700A | Car | BMW | 523i | | Seriously Damaged | |
| SLF7658H | Car | TOYOTA | Prius | | Slightly Damaged | 2 |

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

Police Report





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190219/7013

CONTINUATION OF REPORT

| Driver | | COLUMN CO. | OVER THE REAL PROPERTY. | | A 18/19 | THE RESERVE TO SERVE THE PARTY OF THE PARTY |
|--------------------------------------|----------------|------------|-------------------------|------------------------------------|---------|---|
| Name | CHOO BOON PENG | | | ID No | | S1380884H |
| Related Vehicle | SDV700A (Car) | | | Conta | ct No. | 96336363 |
| Hospital/Clinic | GALILEE CLINIC | | | Class Drivin Licend Expin | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | 19/02/2019 | Date Disc | harge | 19/02 | /2019 | |
| No. of Days granted Medical Leave 04 | | | Degree of | f Injury | Slight | t |

Brief Details.

I am the owner and driver of vehicle number SDV700A, a Silver Grey BMW 523i. On 18 Feb 2019, about 4.50 pm, I was traveling along Dunearn Road (Lane 2, middle Lane) and made a right turn into Adam Road (Lane 4, extreme Left Lane), heading towards Farrer Road (under the Farrer Flyover).

As I turned right from Lane 2 of Dunearn Road into Adam Road, I kept to the extreme left lane (Lane 4) of Adam Road as guided by the dashed white line on the road. As I reached the junction of Adam Road and Dunearn Road, I felt a sudden and very strong collision on the right side of my car. The impact was severe and (since my car was then on Lane 4 of Adam Road) I could feel that the front (left) rim of my car immediately hit the road kerb to the left of my car as a result of the impact. I immediately could not steer the car straight as I believed that the strong collision impact had damaged the axle of my car, hence destabilizing its steering system as it briefly steered right into Lane 3 of Adam Road before I managed to steer and halt it back onto Lane 4 of Adam Road. I turned off my car's engine, applied the handbrake and switched on the hazard lights.

I then seek medical attention at Galilee Clinic and was given 4 days MC.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190219/7013

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

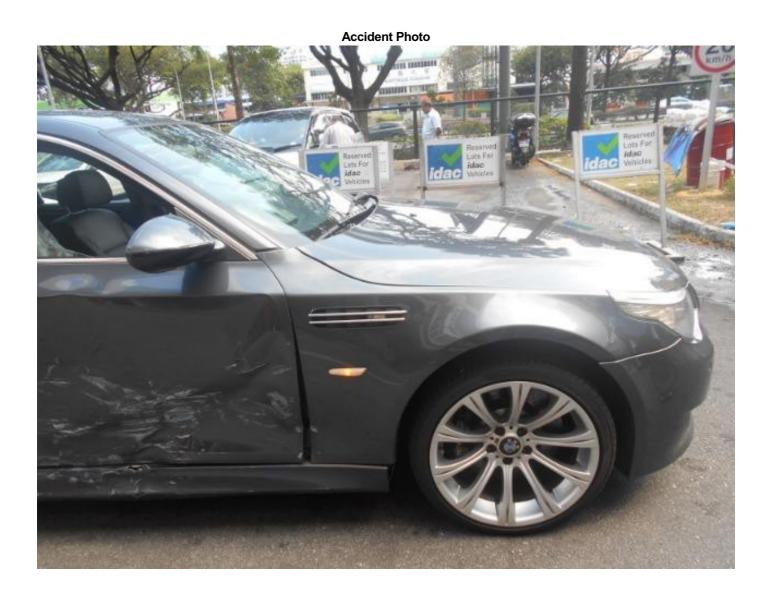
Authentication Stamp

NP168

| 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: 19/02/2019 16:42 |
| Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 | Classification Of Case: |

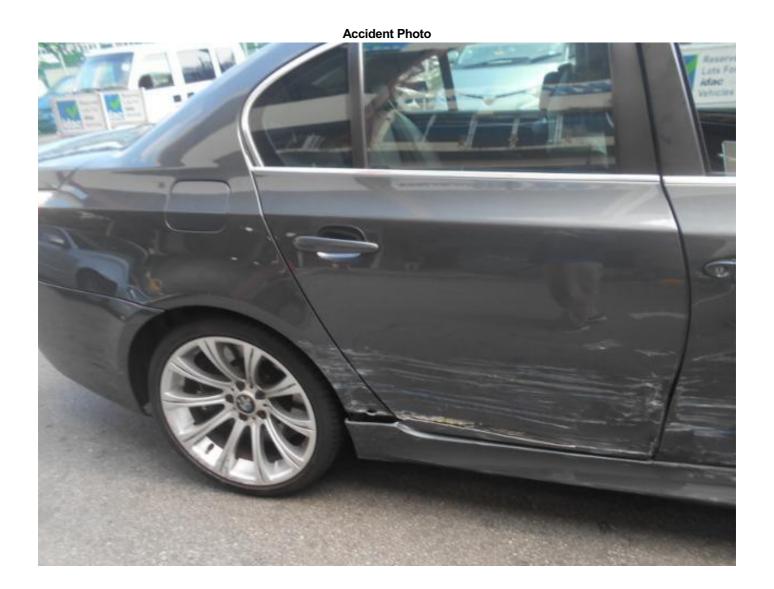


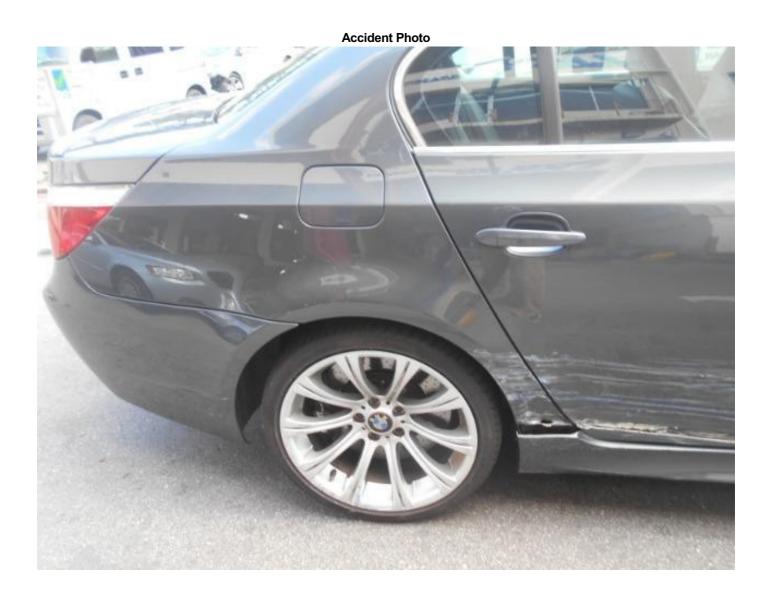


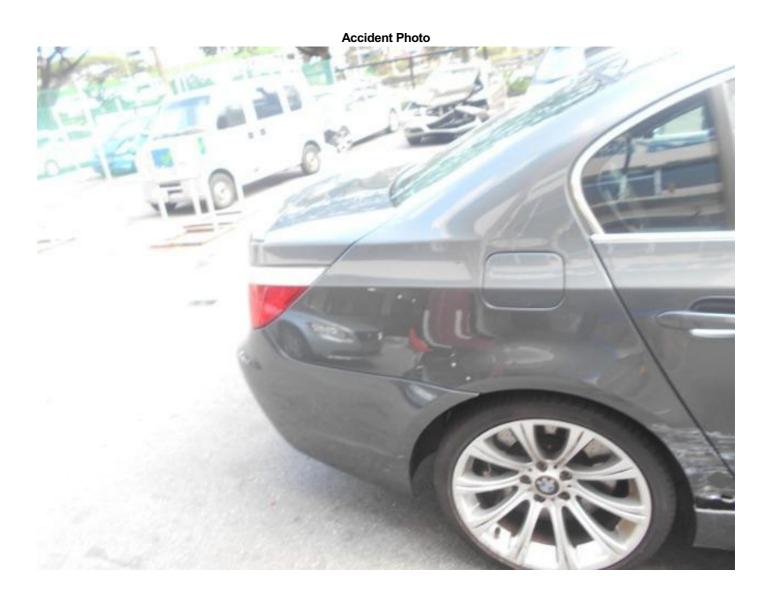




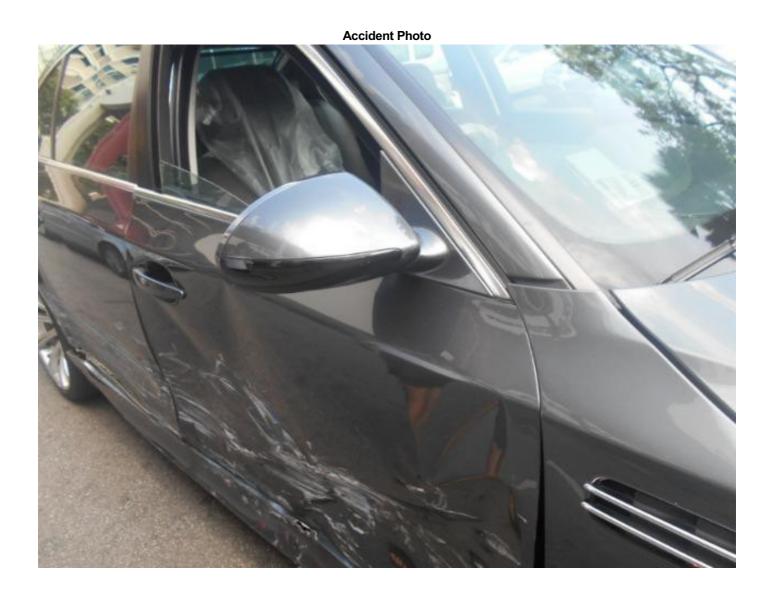


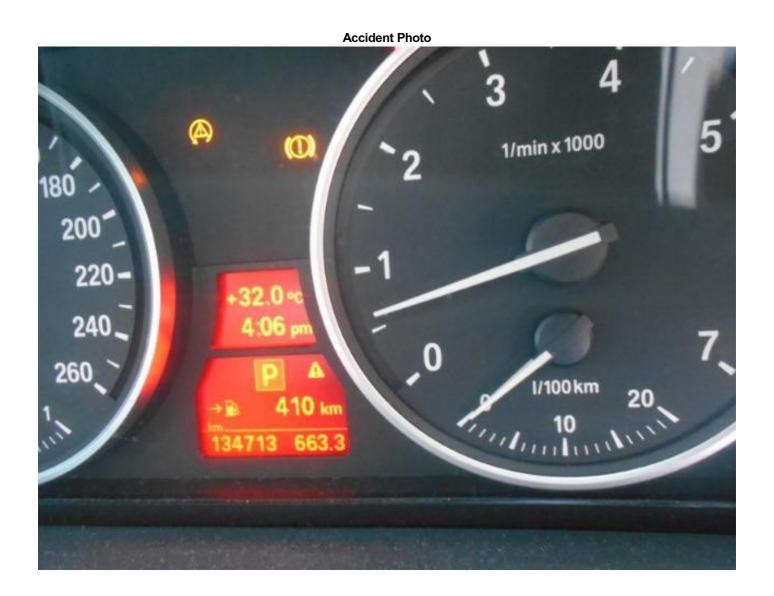














Addendum Sheet



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 URN: 544550000 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

| | | ADI | DENDUM | | | |
|-----|-------------------------|--------------------------------------|--|--|--|--|
| (A) | PARTICULARSOFPE | RSON MAKING THE AMEND | MENTS: | | | |
| | Original Report No | MNA119023458 | Vehide Registration No: SDV700A | | | |
| | Name(as shown in NRK) | CHOO BOON PENG | NRIC/FIN/Passport No : S1380884H | | | |
| | (*Vehicle Driver/Ve | hicle Owner) (*) Please dele | te as appropriate | | | |
| | Address | | Singapore() | | | |
| | Contact (Tel) | | Mobile No.: 9633 6363 | | | |
| | Email Address | | | | | |
| | Date of Accident | 18/02/2019 | Time of Accident: 16:50HR | | | |
| | Place of Accident : | JUNCTION OF ADAM ROAD & DUNEARN ROAD | | | | |
| | Insurance Company: | MSIG | | | | |
| | CHANGE TO CL | AIM OWN DAMAGE. | | | | |
| | | | | | | |
| | Policyholder / Driver's | s Signature | Reporting Centre Personnel's Signature | | | |
| | Date: | and the second second | Name: NRIC/FIN No.: | | | |

Date: