

## 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	25/02/2019 19:55
Date Of Accident	23/02/2019 17:30
Exact Location Of Accident	ALONG PIE TOWARDS SIMS AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1087C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	PECK.MELISSA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97723331
Alternative Phone No	OFFICE-97723331

### Vehicle Particulars

Manufacturer	BMW
Model	520I
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29100055 MCY
Cover Note Number	

### Driver

Name of Driver	MELISSA PECK
NRIC No	S9027139C
Date Of Birth	04/08/1990
Occupation	INDOOR
Date Of Driving Pass	27/04/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97723331
Fax Number	
Contact Number	OTHERS-97723331
Email Address	PECK.MELISSA@GMAIL.COM

Address	BLK 669C JURONG WEST STREET 64 #07-70
Postcode	643669
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 (including own vehicle) involved in the accident	2
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: : FATHER GENDER: : MALE
Passenger 2	NAME: : MOTHER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SMC999Z
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	92979099
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MELISSA PECK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKU1087C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### 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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25/2/19.

3:55 pm

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

# Accident Sketch Plan

## SKETCH PLAN

PIE TOWARDS SMC AVE NINE



A) SKV1087C

B) SMC999Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~FROM~~ DRIVING ON PIE TOWARDS SMC AVE, OUTER LANE  
HAD STOP A SEC, BMW BRAKE BUT MERL COULD NOT  
BRAKE IN TIME HENCE HITTING THE BACK OF THE BMW  
HAPPEN ON 23rd FEB, 1730HRS.

## 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: 25/2/19  
8:57

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

<b>National University Polyclinics</b> <b>Pioneer Polyclinic</b> 26 Jurong West Street 61 Singapore 648201	
<b>National University Polyclinics</b> A member of the NUHS	<b>Pioneer Polyclinic</b> 26 Jurong West Street 61 Singapore 648201
<b>MEDICAL CERTIFICATE</b>	<b>ORIGINAL</b>
<b>PIO19013506</b>	
<b>Name :</b> MELISSA PECK	<b>NRIC :</b> S9027139C
Type of Medical Leave granted : <b>OUTPATIENT SICK LEAVE</b> The above name is unfit for duty for a period of 1 day(s) from 25/02/2019 to 25/02/2019 inclusive. The certificate is not valid for absence from court attendance. The above named attended Examination/Treatment from 10:32 AM to --	
Remarks :	
For enquiries, please call 63553000	
25/02/2019	Dr. TAN HSIEN YUNG DAVID (10588J)
Date	Issued By
	Location
	Signature

RECEIPT

National University Polyclinics  
GST Reg No: 200910555Z  
Reg No: 53358682L

TAX INVOICE

Name: MELISSA PECK  
NRIC: S9027139C  
Reference No: PIO\_SPK\_005-190225105431

BILL 1 (New)  
Bill No: 2A19038995  
Visit Date: 25/02/2019 10:32  
Clinic: Pioneer Polyclinic

	Nett Payable After Govt Subsidy
CONSULTATION	
Consultation	\$ 13.20
PRESCRIPTION	
Diclofenac Sod 75Mg Sr Tab	\$ 2.40
Famotidine 20Mg Tab	\$ 1.00
Kefentech Plasters 7S/8S	\$ 2.20
Amount Payable Before Tax	\$ 18.80
7% GST	\$ 1.32
Amount Payable After Tax	\$ 20.12
GST Subsidy	-\$ 1.32
Total Amount Payable	\$ 18.80
Payment By	
NETS	\$ 18.80

Government subsidy already included in  
the bill is \$ 35.90

Total Payment By  
NETS \$ 18.80

Terminal Id: 88515505  
Approval Code: 309776  
Date/Time: 25/02/2019 10:55:00AM

\* Indicates this medical service is  
medisave claimable  
~ 3rd party claimable  
- Eligible for CHAS subsidy  
+ Eligible for MAF/MAF Plus subsidy  
@ Eligible for PG Subsidy

For bill enquiries, please call 6355 3000.

This is an official receipt.



ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9027139C



Name

MELISSA PECK

Race

CHINESE

Date of Birth

04-08-1990

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9027139C

NAME

MELISSA PECK

Issue Date: 04 Aug 1990

Valid Date: 27 Apr 2016

002561825A

3734620



NRIC No: S9027139C



Date of Issue

12-08-2005

Address

APT BLK 650C JURONG WEST STREET 64  
#07-70  
SINGAPORE 643659

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

27 Apr 2016

NP 428A



License No: S9027139C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





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