Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 14/05/2019 14:35

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 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.

ACCIDENT STATEMENT	
Date Of Report	14/05/2019 13:38
Date Of Accident	11/05/2019 11:45
Exact Location Of Accident	ORRAWADDY ROAD TOWARDS THOMPSON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDE2992A
Insured/Policyholder	
Name Of Registered Owner	AMY ELAINE LYN - HWA STEBBINGS
NRIC No	S2189367F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98432538
Alternative Phone No	OFFICE-98432538
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 CLBMT 90 TSI D7F
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 CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 8043 9870 AVW
Cover Note Number	
Driver	
Name of Driver	CHAN AMANDA SIOBHAN YU MIN
NRIC No	S9503364D
Date Of Birth	28/01/1995
Occupation	INDOOR
Date Of Driving Pass	29/12/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96692929
Fax Number	
Contact Number	
EMail Address	CHANAMAND@GMAIL.COM

Address	33 JALAN UNGGAS
Postcode	298930
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

refer to sketch plan

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	SHC5650E
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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
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.

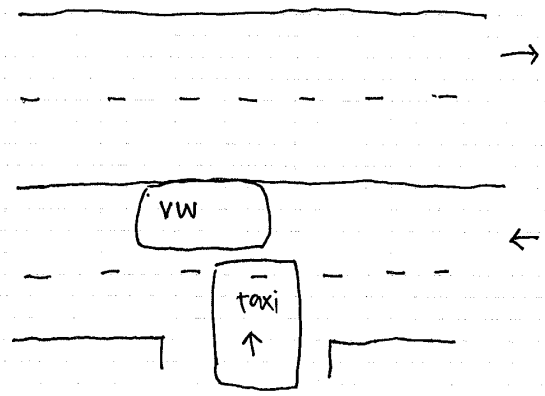
   (e) the information so collected under (d) above may be shared / disclosed:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Irrawaddy Rd towards Thompson Rd, just past the junction of Sinaran Dr. There was a queue to go to Thompson Rd so my car was stationary. A red taxi (SHC 5650E) drove out of the pick up point of Novena Square 2 wanting to turn right on Irrawaddy Rd towards Mt Elizabeth Novena Hospital and hit the left side of my car near the back. It was around 11.45am. I turned on my hazard lights and drove forward to do a u-turn so that I wouldn't hold up traffic. I turned into the back car park entrance of Mt Elizabeth Novena Hospital and parked the car (opposite Novena Square 2) The taxi drove off towards the main lobby of Mt Elizabeth Novena Hospital. He did not stop and no information was exchanged. This was on 11th May 2019.

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: 14/5/19 1.37pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20190511/7008

Report No. T/20190511/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/05/2019 12:51		

Informant's Particulars

Name of Informant: CHAN AMANDA SIOBHAN YU MIN			Address: 33 JALAN UNGGAS SINGAPORE 298930	
ID Type / ID No.: NRIC NO / S9503364D			Contact No.: Home/Office: Mobile: 96692929	
Nationality: SINGAPORE CITIZEN			Email: chanamand@gmail.com	
Sex: Female	Age: 24	Date of Birth: 28/01/1995	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/05/2019 11:45	Type of Location: straight road with junction of car park exit
Location: Irrawaddy Road				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDE2992A	Car		VW golf	Silver	Slightly Damaged	0
SHC5650E	Car		Taxi	Red		0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20190511/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190511/7008

CONTINUATION OF REPORT

Driver			
Name	CHAN AMANDA SIOBHAN YU MIN	ID No.	S9503364D
Related Vehicle	SDE2992A (Car)	Contact No.	96692929
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.

I was driving along Irrawaddy Rd towards Thompson Rd, just passed the junction of Sinaran Dr. There was a queue to go to Thompson Rd so my car was stationary. A red taxi (SHC5650E) drove out of the pick up point/car park of Novena Square 2 wanting to turn right on Irrawaddy Rd towards Mt Elizabeth Novena Hospital and hit the left side of my car near the back. It was around 11.45am. I turned on my hazard lights and drove forward to do a u-turn so that I wouldn't hold up traffic. I turned into the back car park entrance of Mt Elizabeth Novena Hospital and parked the car (opposite the Novena Square 2 pick up point). The taxi drove off towards the main lobby of Mt Elizabeth Novena Hospital. He did not stop and no information was exchanged. The left side of my car near the back has white and black scratches now. Another driver stopped his car and picked up the taxi's licence plate. He showed it to me and placed it on the grey raised surface in the middle of the road on Irrawaddy Rd. I went to pick it up and brought it back to my car. I currently have the taxi's licence plate. When I got home, I called the police (65470000) and left a voicemail at 12.09pm. I was called back and instructed to submit a report using this service.

SINGAPORE POLICE FORCE

T/20190511/7008

Report No. T/20190511/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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: 11/05/2019 12:51
Officer In Charge Of Case: TP / TPIB / ESTHER CHONG Contact No.: 65476368	Classification Of Case:

Authentication Stamp

NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Driving License