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.	is in the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/05/2019 14:04
Date Of Accident	28/05/2019 15:05
Exact Location Of Accident	HOUGANG AVENUE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ8777U
Insured/Policyholder	
Name Of Registered Owner	ER SIMON KIM HAW
NRIC No	S7076594B
Email Address	DCEHER@YAHOO.COM
Mobile Phone No	(LOCAL) +65-88628768
Alternative Phone No	OFFICE-88628768
Vehicle Particulars	
Manufacturer	RENAULT
Model	KADJAR
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	71643535QMY

Cover Note Number

Driver

 Name of Driver
 CHUA EE HOON

 NRIC No
 \$7345463H

 Date Of Birth
 11/12/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 24/11/1994

Driving Experience 24 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82223420

Fax Number Contact Number

EMail Address DCEHER@YAHOO.COM

Address 18 UPPER SERANGOON VIEW #09-14

Postcode 534202

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR

Road Surface DRY

Other Information

ambulance?

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

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

CANNOT BE UPLOADED

Was there any audio recorded?

d? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU3636S

Vehicle Make/Model/Colour

VOLVO XC40 / WHITE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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)

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:

29 MAY 2019

Reporting Centre Personnel's Signature

NAMES WING KIN JAMES admin.vac@vicom.com.sg

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ECLARATION	culars are true in every respect.
	culars are true in every respect.
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olicyholder's Signature	Driver's signature Reporting Centre Personnel's Signature
olicynoider's Signature late & Time:	(If driver is not the policyholder) Date & Time: 2 9 MAY 2019 Amnual Wind Wind KIN JAME: admin.vac@vicom.com
	Date & Time: 2.0 MAN OCAD NRIC/FIN No.:
	2 9 MAY 2019 admin.vac@vicom.com

Sketch Plan #3 Pg. 1





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

1 of 3 Report No. T/20190528/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time 28/05/2019		ide:	Vide Report No.:		Station Diary No.:
Informant'	s Particul	ars			
Name of In CHUA EE I			Address: 18 UPPER SERANGOON VIE	W #09-14 SIN	IGAPORE 534202
ID Type / II NRIC NO /	D No.: S7345463	ВН	Contact No.: Home/Office:	Mobile: 822	23420
Nationality: SINGAPOR		N	Email: dceher@yahoo.com		31
Sex: Female	Age: 45	Date of Birth: 11/12/1973	Type of Informant: Driver	***************************************	
Race: Chinese			Language: English	Institution / S	School Name:
Occupation: Financial/Investment adviser		adviser	Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/05/2019 15:05	Type of Location: X-Junction
Location: HOUGANG A Weather:	VENUE 8	Road Surface:		Road Speed Limit:
Clear Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Worki	ing	Traffic Volume:
	-			Anyone conveyed by

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJU3636S	Car	VOLVO	XC40	White		0
SLJ8777U	Car	RENAULT	Kadjar	Grey	Slightly Damaged	0

Details of Vi	ehicle Insurance			A P. A. C.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ8777U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	71643535 QMY	01/01/2019	31/12/2019

Sketch Plan #4 Pg. 1





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

2 of 3 Report No. T/20190528/7026

CONTINUATION OF REPORT

Details of Perso	and an atomic terms of the release consents					
Any Pedestrian In	rvolved: No					
No. of Pedestrians Injured: NIL Use of Pe			destrian Crossing: NA			
Driver					i de la compa	
Name	CHUA EE HOON			ID No		S7345463H
Related Vehicle	SLJ8777U (Car)			Conta	ct No.	82223420
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

I was at the traffic junction (Hougang Ave 8 and Hougang Ave 6). I was waiting at the lights to turn from Ave 6 to Ave 8. There were 3 cars waiting to turn in the opposite direction. When the lights turned amber, I saw that there were no oncoming cars and started to inch forward. The third car which was waiting to right (white Volvo SJU3636S) suddenly swerved out and drove straight. The car then did a sharp left turn into Hougang Ave 8 and side swiped my car. The driver did not stop and drove off while I stopped at the bus stop to check the damage. A video from my car camera is available.

Sketch Plan #5 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190528/7026

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.

Date/Time:
28/05/2019 22:45

Officer In Charge Of Case:
TP / TPIB / ESTHER CHONG
Contact No.: 65476368

Authentication Stamp NP168