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.	
	ACCIDENT STATEMENT
Date Of Report	27/06/2019 17:39
Date Of Accident	26/06/2019 18:05
Exact Location Of Accident	ALONG PORTSDOWN AVE TOWARDS HOLLAND B/F QUEENSWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR6145B
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	JHELEE@EKMTC.COM
Mobile Phone No	(LOCAL) +65-96720073
Alternative Phone No	OFFICE-96720073
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.0
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	YES
Policy Number	B 29100055 MCY
Cover Note Number	
Driver	
Name of Driver	LEE JEONG HEE

Name of Driver

NRIC No

G3307067K

Date Of Birth

23/06/1976

Occupation

INDOOR

Date Of Driving Pass

22/03/2017

Driving Experience 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96720073

Fax Number

Contact Number OTHERS-96720073
EMail Address JHELEE@EKMTC.COM

13 LEEDON HEIGHTS Address

#21-46 D'LEEDON

Postcode 266224

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

SIDE SWIPE Type Of Accident 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

3

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 COMMONWEALTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX), POSTCODE: Police Station Address

140111, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4749999 - FAX NO: 64715297

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190627/2088

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

FBE9553L Vehicle Registration Number Vehicle Make/Model/Colour DAE LIM

Details Of Properties

Vehicle Category

MOTORCYCLE

ROBIN Name of Driver

NRIC/Passport Number

91524026 **Contact Number**

Address Postcode

Insurance Company Name

Page 2 of 19

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GK2822R

Vehicle Make/Model/Colour ISUZU TFR87JSR

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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:
 - 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:
 - 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 Name: Poo

NRIC/FIN No.:

Accident Sketch Plan

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DESCR	IBE CIRCUMSTAN	ICES OF TH	E ACCIDENT			
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DECLA	RATION					
I/We de	clare the foregoing p	particulars an	e true in every r	espect.		/ . 1
	121		-			/ / /

POLICE REPORT





Police Station Of Origin: Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111

Tel No: 1800-4749999

1 of 3 Report No. T/20190627/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2019 15:13			Vide Report No.:	Station Diary No.:		
Informa	nt's Partice	ulars	THE REAL PROPERTY.	The part of the same of the sa		
Name of Informant: LEE JEONGHEE			Address: 13 LEEDON HEIGHTS #21-46 D'LEEDON SINGAPORE 266224			
ID Type / ID No.: FIN NO / G3307067K			Contact No.: Home/Office: Mobile: 96720073			
Nationality: KOREAN, SOUTH			Email:			
Sex: Age: Date of Birth: Male 43 23/06/1976			Type of Informant: Driver			
Race: Others			Language: Institution / School Name			
Occupation: MANAGING DIRECTOR			Driving Licence Information: Class: 3	Date of Expiry: 21/03/2022		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/06/2019 18:10	Type of Location Straight Road	
PORTSDOW	Y	Holland, before junctio	n of Queensway	Road Speed Limit:	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Heavy	
Type of Collis Moving Vehic	4	Anyone conveyed by ambulance:			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GK2822R	Car .	ISUZU	TFR87JSR		Slightly Damaged	0
SKR6145B	Car	NISSAN	TEANA 2.0L	Blue	Slightly Damaged	0

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

POLICE REPORT





T/20190627/2088

2 of 3

Report No. T/20190627/2088

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

CONTINUATION OF REPORT

Driver	THE PARTY OF THE P	NO CONTRACTOR	A CONTRACTOR OF THE PARTY OF TH			No.
Name	LEE JEONGHEE	The state of the s	MINERAL PRINCIPAL PRINCIPA	ID No	0.	G3307067K
Related Vehicle	SKR6145B (Car)			Cont	act No.	96720073
Hospital/Clinic	NIL		Driving [Class: 3 Date of Expiry: 21/03/2022	
Date Treatment	NIL		Date Dis	scharge	NIL .	
	ted Medical Leave	NIL		Degree of Injury NIL		
Rider	国际的工作的工作	32 3350	A STATE OF THE PARTY OF THE PAR	Des Balling	SARSTON SE	COMPANY OF REPORT OF THE PARK
Name	ROBIN		The second secon	ID No		NIL
Related Vehicle	NIL .			Conta	ct No.	91524026
Hospital/Clinic	NIL .	*	7	Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	and the second s	Date Disc		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On the 26/6/2019, at about 6.05pm, I was driving along Portsdown Avenue towards Holland. Before the junction of Queensway, I was traveling on the middle lane. I notice that a motorcycle had made a stop on the right lane in front of me. The car on my right did not notice the motorcycle had stopped and collided onto the motorcycle. The motorcycle then lost balance and as I was driving pass, the motorcycle toppled and scratched on my vehicle. I then stopped my vehicle to make a check. I then noticed that there was a long and deep scratch from the driver door to the passenger door. I then checked on both the driver and rider, all was not injured. I then exchange details with the motorcycle rider and we left the scene. The vehicle I was driving is a rental vehicle from Hertz.

POLICE REPORT





T/20190627/2088

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

3 of 3 Report No. T/20190627/2088

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 Red D / Sgt 3 NG YONG XIN, A		Signature Of Informant:			
Signature Of Interpreter Not applicable		Date/Time: 27/06/2019 15:13			
Officer In Charge Of Cas TP / GIA / Staff Sgt WONG SIEU L		Classification Of Case:			
Contact No.: 65476151	FRO A SINGAPORE	A SN 50			
Authentication Stamp NP168	SIGNAT	A			





















