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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/11/2019 10:34
Date Of Accident	09/11/2019 21:00
Exact Location Of Accident	THOMSON ROAD TOWARDS NOVENA
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SBN1515C
Insured/Policyholder	
Name Of Registered Owner	O'CONNOR PAULINE TERESA
NRIC No	S1200063D
Email Address	ALEXYEOSY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96379991
Alternative Phone No	OTHERS-88923995
Vehicle Particulars	
Manufacturer	LEXUS
Model	IS250
Exact Purpose for which vehicle was being used at time of accident	VISITING RELATIVE
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	A 29110339 QMX
Cover Note Number	

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Name of Driver ALEXANDER YEO SI YUAN

 NRIC No
 \$9227328H

 Date Of Birth
 01/08/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 14/08/2012

Driving Experience 7 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96379991

Fax Number

Contact Number OTHERS-88923995

EMail Address ALEXYEOSY@GMAIL.COM

35 MOUNT SINAI RISE Address

#11-01 276955

Postcode 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

COLLISION - HEAD TO REAR Type Of Accident

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

NO

NO

4

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : GRAND MOTHER

GENDER: : FEMALE

Passenger 2 NAME: : HELPER

> GENDER: : FEMALE

Passenger 3 NAME: : COUSIN

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20191110/7002

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

SKJ590E Vehicle Registration Number Vehicle Make/Model/Colour **BMW 523I** **Details Of Properties**

Vehicle Category PRIVATE CAR

Name of Driver MR. NG KEE HENG

NRIC/Passport Number S8138676E Contact Number 87783000

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME:

GENDER:

Accident Sketch Plan

SKETCH PLAN

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- 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)
 - (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

NRIC/FIN No.:

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 12/11/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/11/14

15:42

RED WEHT **Accident Sketch Plan** SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION We declare the foregoing particulars are true in every respect. Driver's Signature Policyholder's Signature Date & Time: 12/11 /14 (if driver is not the policyholder) Date & Time: (2/11/19

15:38

NRIC/FIN No.:

POLICE REPORT





1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000 Report No. D/20191110/7002

Date/Time Report Made	Vide Reg	Vide Report No.				
10/11/2019 00:33						
Name Of Informant ALEXANDER YEO SI YUAN	Address 35 MOUNT SINAI RISE #11-01 S			NGAPORE 276955		
ID Type / ID No. NRIC NO / S9227328H	Contact Home/O		Mobile: 88923995			
Nationality SINGAPORE CITIZEN	Email Ad	ddress sy@gmail.c		_		
Occupation Doctor awaiting SMC registration	Sex	Age 27	Date of Birth 01/08/1992	A CONTRACTOR OF THE PARTY OF TH		
Institution/School Name	Language English					
Date/Time Of Incident 09/11/2019 21:00 - 09/11/2019 21:15	Location 35 MOL	Of Incider	nt RISE #11-01 SINC	GAPORE 276955		
Brief details.						

To whom it may concern,

I would like to file a police report regarding a car accident that occurred on the evening of 09/11/19 around 2100 hrs along Thompson road after Far East Flora (approximately at the location of 565 Thompson road). I was stopped at a red light when I mistakenly took my foot off the brake, resulting in a minor collision involving the vehicle in front of me which was being driven by Mr. Ng Kee Heng (Lawrence Ng). The light was still red when the collision occurred.

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: 10/11/2019 00:33				
Officer In-Charge Of Case:	Classification Of Case:				

Authentication Stamp

POLICE REPORT



D/20191110/7002 2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20191110/7002

We both turned on our hazard lights and exited our vehicles to assess the damages and to ensure no one was hurt. Mr Ng had two young children in the car who were visibly unharmed and talking amongst themselves. They were not in shock or in any way hurt. They had no injuries and were not complaining of any pain. I had my paternal grandmother (Mdm Lim Siow San), her live-in helper, and my paternal first cousin (Mr. Sidne Yeo) in the car with me who were also unharmed. Mr. Ng and I were also unharmed.

Upon visual inspection, there is some minor warping of my license plate and some minor dents to the front bumper of my vehicle. On Mr Ng's car, there again appears to be some minor rear bumper indentations and scratches but no major dents and certainly nothing to suggest a high-impact collision.

Following the accident, Mr Ng claimed his car would not move off. My cousin (Sidne Yeo) entered his vehicle and noted that the gear was in neutral. He restarted his engine and was able to mobilise the vehicle in both drive and reverse gears normally. We exchanged details and drove off separately.

We will likely be sorting this out through insurance claims given the nature of the damage to Mr. Ng's bodywork, however I am making this police report as Mr. Ng has been in contact with me making claims that his car is suffering from various mechanical/technical faults, such as a faulty passenger restraint system and being unable to mobilise following the incident, which I believe to be incredibly unlikely due to the accident given the minor extent of the collision.

The car I was driving is a Lexus IS250 with the license plate number SBN1515C and is my mother J car (Teresa O'Connor). Mr Ng's license plate number is SJK590E and he drives a white BMW 5 series.

Signature Of Officer Recording The Report:	Signature Of Informant:				
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.				
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2019 00:33				
Officer In-Charge Of Case:	Classification Of Case:				
Authentication Stame					

POLICE REPORT





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20191110/7002

Mr. S	Sidne	Yeo	(NRIC	S9049	808H)	, who	was	in the	car	with	me,	is h	парру	to	be a	a w	ritness	to	the	even	S
abov	/e																				

Please see attached pictures.

Thank you very much.

Best regards, Alexander Yeo

Victim	The second secon					
Person Name	ALEXANDER YEO SI YUAN					
ID Type	NRIC NO	ID No	S9227328H			
Gender	Male	Age	27			
Race	Chinese	Language	English			
Occupation	Doctor awaiting SMC registration	Address Type				
Address	35 MOUNT SINAI RISE #11-01 SINGAPORE 276955	Mobile No	88923995			
Is Informant A Victim?	Yes					

Person Name ALEXANDER YEO SI YUAN	n Name ALEXANDER YEO SI YUAN (Informant)						
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: 10/11/2019 00:33						
Officer In-Charge Of Case:	Classification Of Case:						
Authorication Stamp							

Authentication Stamp















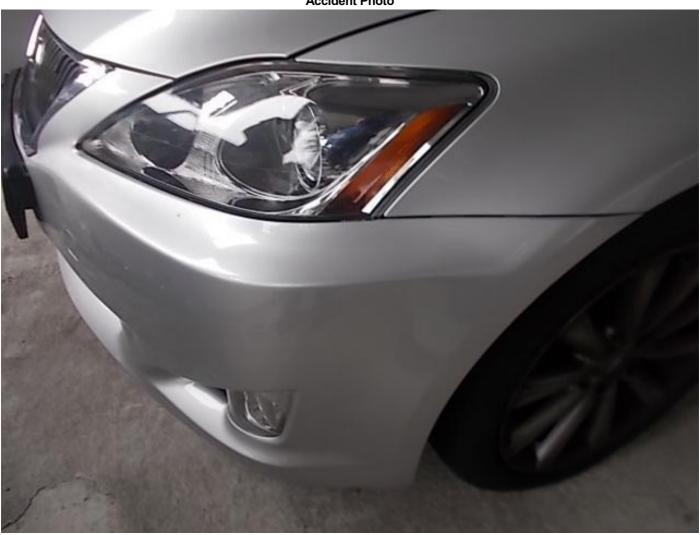




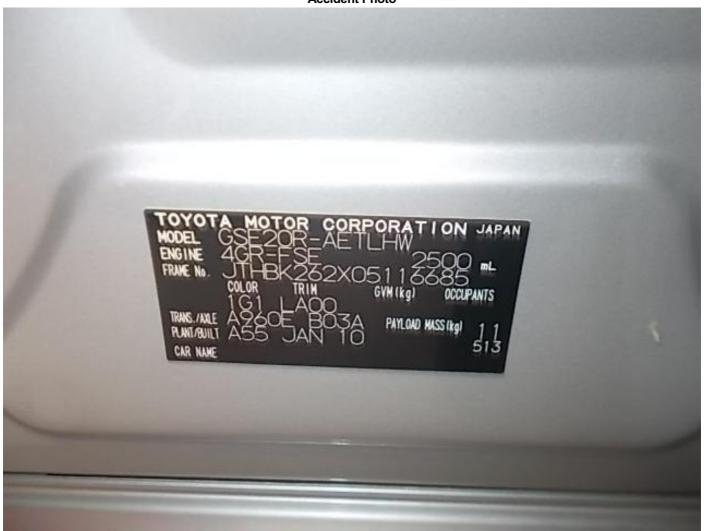


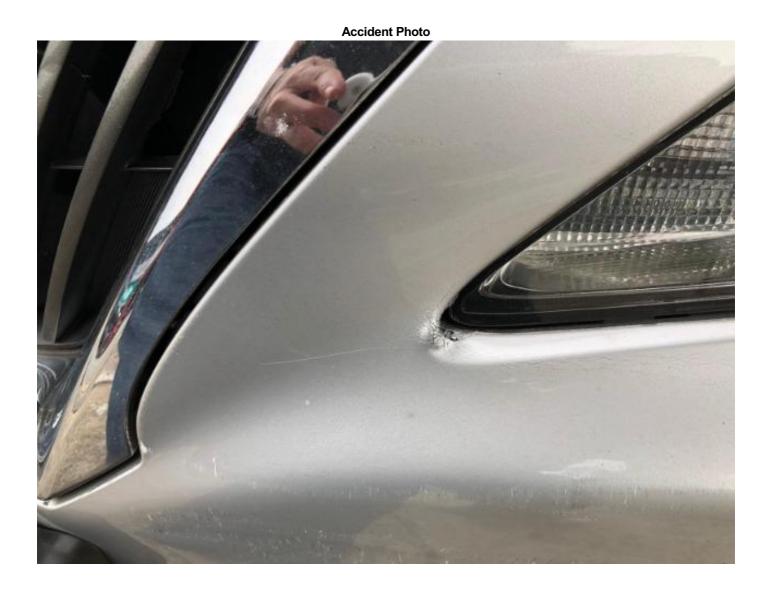




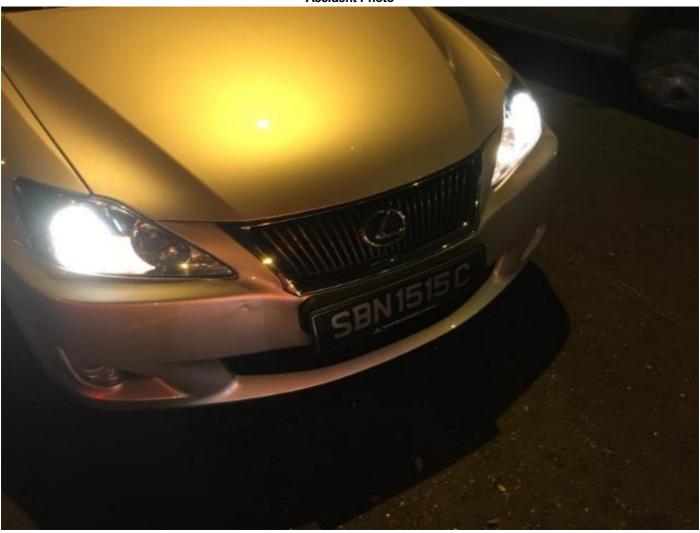






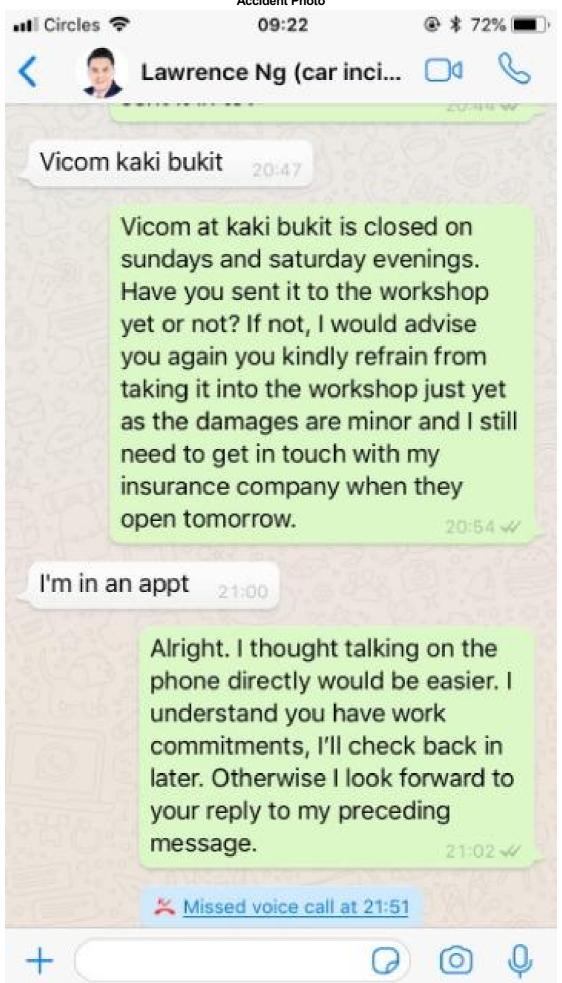






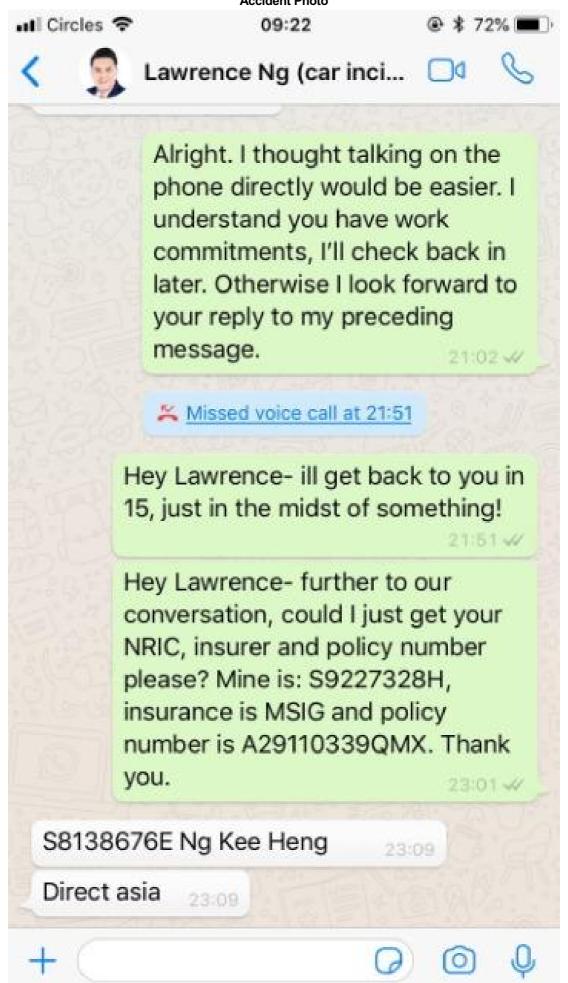


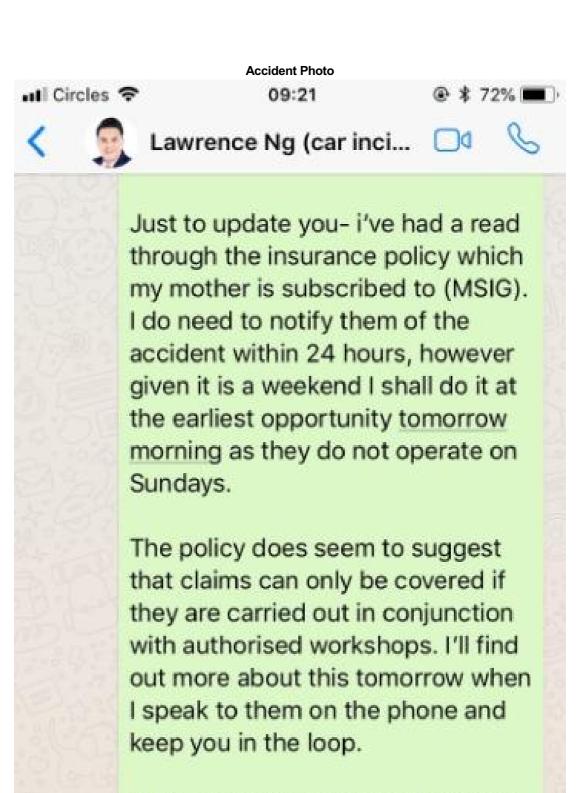












In the mean time, I hope I have not caused you too much inconvenience.

Best regards, Alex















09:21







Lawrence Ng (car inci...





Thx u Alex, I had my vehicle send to the workshop. So far my kiddos are fine. However I do experience pain in my neck and back. Had when for a checkup at hospital. They gave me 3 days MC. Hope that your family members are fine too.

Hi Lawrence,

I do find it strange that you sent your car to a workshop despite me advising you last night to not send it in just yet. Could you please let me know which workshop you have sent it in to?

Vicom kaki bukit

20:47

Vicom at kaki bukit is closed on sundays and saturday evenings. Have you sent it to the workshop yet or not? If not, I would advise you again you kindly refrain fron. taking it into the workshop just yet









