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| OD : TP (Reporting Only)   | I-Photo Upload  |  | 1  |   |  |
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| TP Insurer:  | Assessment/Surv   |  | O  |   |  |
| NAME OF THE PERSON NAME OF TAXABLE PARTY.  | Ass't Report by I   | 'nx/Hnngi  | Owner/Wksn   | Fax:  | )  |
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| Confirmed by 1 (   |   |  | 0%; P: 21-79%.   | P: 80-100%]   |  |
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| Contact No:  |   | Percialmin   | Through Survey (Read   | (10 Jan 2000)   |  |
| The state of the s |   | 6) TR : Re-in:   | A + SMRT Survey  | · · · . 3160  |  |
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| and the same to Chargon  |   | OD:  | ory Cor / Tpt Allowance  | 33<br>510   |  |
| QC Checked by (Engr-In-Charge):  |   | • NG: Raps   | ir Co-ordination   | 123   |  |
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| 1. 2/3:  |   | Involce date   | u.   |   |  |

## 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.

| <ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>  | ent to the archiving of this report at the centre and to copies of the report being made available |
|---|--|
| 145 COMPONENT SERVICE | ACCIDENT STATEMENT   |
| Date Of Report  | 19/12/2019 10:44   |
| Date Of Accident  | 07/12/2019 17:30   |
| Exact Location Of Accident  | GEYLANG RD TURNING TWDS PAYA LEBAR RD  |
| Country/State of Loss   | SINGAPORE  |
| Available to the same and a second second second  | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number   | SFY221B  |
| Insured/Policyholder  |  |
| Name Of Registered Owner  | LEE YING YING ANNETTE  |
| NRIC No   | S7132271H  |
| Email Address   | ANNETTE.LEE@SG.VERIZON.COM   |
| Mobile Phone No   | (LOCAL) +65-94313254   |
| Alternative Phone No  | HOME-94313254  |
| Vehicle Particulars   |  |
| Manufacturer  | BMW  |
| Model   | 5231   |
| Exact Purpose for which vehicle was being used at time of accident  | PRIVATE USE  |
| A   |  |

Are you claiming under your own insurance policy

for repair to your vehicle

If No, Please state action to be taken REPORTING ONLY PRIVATE CAR Vehicle Category

Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number

10122515 Cover Note Number

Driver

LEE YING YING ANNETTE Name of Driver

NRIC No S7132271H 15/09/1971 Date Of Birth Occupation INDOOR 28/05/1993 Date Of Driving Pass

**Driving Experience** 26 YEARS AND 6 MONTHS

Gender

(LOCAL) +65-94313254 Mobile Number

Fax Number

Contact Number HOME-94313254

ANNETTE.LEE@SG.VERIZON.COM EMail Address

Address 134 CARPMAEL ROAD

Postcode 429880

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

3577

Insurance Company of Driver's Own Vehicle

.

## General Information of the Accident

Type Of Accident SIDE SWIPE
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

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES

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

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191208/2095

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SBS3932S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

 Name of Driver
 LIM LIEN HENG

 NRIC/Passport Number
 G7080222N

 Contact Number
 86559737

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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")
- 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's Signature

m 19/12/19

Name:

NRIC/FIN No.:

SKETCH PLANSER

A - SFY221E

B TVORPIC Light

B TVORPIC Light

B TVORPIC Light

B TVORPIC Light

A - SFY221E

B TVORPIC Light

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| P/s refer to the police report: 7/20191208/2095 |
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## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



T/20191208/2095

1 of 3

Report No. T/20191208/2095

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

|        |      |   | TOAFFIC | ACCIDENT |
|--------|------|---|---------|----------|
| REPORT | OF I | Α | TRAFFIC | ACCIDENT |

| REPORT OF               | A TRAFFIC                                     | ACCIDENT                  | Land Description                         | Station Diary No.:          |  |  |
|-------------------------|---|---------------------------|--|-----------------------------|--|--|
| Date/Time<br>08/12/2019 | Report M<br>21:17                             | ade:                      | Vide Report No.:                         | 17                          |  |  |
| Informant               | s Particu                                     | lars                      |  |                             |  |  |
| Name of Ir              | formant:                                      |                           | Address:<br>134 CARPMAEL ROAD SING.      | APORE 429880                |  |  |
| ID Type / I<br>NRIC NO  | D No.:  |                           | Contact No.: Mobile: 94313254            |                             |  |  |
| Nationality<br>SINGAPO  | <i>r</i> :                                    |                           | Email:                                   |                             |  |  |
| Sex:<br>Female          | Age: 48                                       | Date of Birth: 15/09/1971 | Type of Informant:<br>Vehicle Owner      | La via via a / Cabaal Name: |  |  |
| Race:                   | 140   |                           | Language:<br>English                     | Institution / School Name:  |  |  |
| Occupation              | Chinese Occupation: Retail/Shop sales manager |                           | Driving Licence Information:<br>Class: 3 | Date of Expiry:             |  |  |

| Seneral Infor<br>Type of<br>Accident:                | Non-Injury<br>Others             | Drink Date/Time of Accident: No 07/12/2019 17 |  | Type of Location<br>Bend |
|--|----------------------------------|---|--|--------------------------|
| Location: Along Road GEYLANG F turning towa Weather: | 1<br>ROAD<br>rds Paya lebar road | Road Surface:                                 |  | Road Speed Limit:        |
| Clear<br>Traffic Flow:                               |                                  | Dry Traffic Control:                          |  | Traffic Volume:          |
| One Way  |                                  |   |  | Anyone conveyed by       |
| 0110   | ision:                           |   |  | ambulance:               |

| Details of V | ehicle involved |      | 1     | Color | Condition | No of Passenge |
|--------------|-----------------|------|-------|-------|-----------|----------------|
| Vehicle No.  | Type            | Make | Model | Color | Slightly  | 0              |
| SBS3932S     | Bus/Coach/Mi    |      |       |       | Damaged   | 22703          |
|              | nibus           |      |       |       | Slightly  | 0              |
| SFY221B      | Car             |      |       |       | Damaged   |                |

| Details of Person Involved      |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     | O ingri NA                     |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

2 of 3 Report No. T/20191208/2095

## CONTINUATION OF REPORT

| Driver           | W0.02                          | 11         |   |                                     |                                   |                                 |
|------------------|--------------------------------|------------|---|-------------------------------------|-----------------------------------|---------------------------------|
| Name             | Lim Lien Heng                  |            |   | ID No                               |                                   | G7080222N                       |
| Related Vehicle  | SBS3932S (Bus/Coa              | ach/Minibu | s)  | Conta                               | ct No.                            | 86559737                        |
| Hospital/Clinic  | NIL                            |            | Class of<br>Driving<br>Licence &<br>Expiry Date |                                     | Class: NIL<br>Date of Expiry: NIL |                                 |
| Date Treatment   | NIL Date Di                    |            |   | harge                               | NIL                               |                                 |
| No. of Days gran | anted Medical Leave NIL Degree |            |   | of Injury NIL                       |                                   |                                 |
| Vehicle Owner    |                                | ***        |   | of It was a see                     |                                   |                                 |
| Name             | ANNETTE LEE YING YING          |            | ID No   |                                     | S7132271H                         |                                 |
| Related Vehicle  | SFY221B (Car)                  |            | Contact No.                                     |                                     | 94313254                          |                                 |
| Hospital/Clinic  | NIL                            |            |   | Class<br>Drivin<br>Licent<br>Expiry | g                                 | Class: 3<br>Date of Expiry: NIL |
| Date Treatment   | NIL                            |            | Date Disc                                       |                                     | NIL                               |                                 |
| No. of Days gran | ted Medical Leave              | NIL        | Degree of                                       |                                     | NIL                               |                                 |

## Brief Details.

On 7/12/2019 at around 1730hrs I was driving along geylang road turning towards Paya lebar road. There was a SBS bus at my left side, we will both turning towards our right. As the bus didn't make a wider turn, it resulted in me side scratched the rear right side of the bus even when I am keeping at my own lane.





3 of 3 Report No. T/20191208/2095

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

#### BARBURA WAR THE THE TOTAL AND THE TOTAL AND

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 Recording T<br>G /<br>Sgt 3 TAN JUN JIE | he Report:             | Signature Of Informant:     |     |
|--|------------------------|-----------------------------|-----|
| Signature Of Interpreter:<br>Not applicable                  |                        | Date/Time: 08/12/2019 21:17 |     |
| Officer In Charge Of Case:<br>TP / GIA /                     |                        | Classification Of Case:     |     |
| Staff Sgt WONG SIEU LUI<br>Contact No.: 65476151             | SINGAPORE POLICE FORCE |                             |     |
| Authentication Stamp<br>NP168                                | Fil SIG                | NATURE                      | *** |



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 7888 Fax: (65) 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

# MOTOR INSURANCE COVER NOTE

## Cover Note No. 10122515

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

## SCHEDULE

Agent No.

: 212165

Name of Insured

: LEE YING YING ANNETTE

Make and Description of Vehicle : B.M.W. / 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV

Vehicle Registration No.

: SFY221B

Year of Manufacture

: 2011

Engine No.

: 10907828N52B25AF

Chassis No.

: WBAFP32090C867395

Capacity

: 2,497 Cubic Capacity

Cover Type

: Comprehensive

Sum Insured (SGD)

: Market Value

Period of Insurance

: 21/10/2019 to 20/10/2020

Excess (SGD)

: 1,250

**Finance Company** 

: UOB LTD

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the Company's Authorised Representative MSIG Insurance (Singapore) Pte. Ltd.

Authorised Insurers

Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

Katherine Yeo Senior Vice President, Brokers

Date of Issue: 11/10/2019

This Cover Note is valid for 30 days from the date of issue.

XSIBNAP2019101117070786