Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 09/01/2020 09:19

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	08/01/2020 12:22
Date Of Accident	03/08/2019 12:30
Exact Location Of Accident	1 SIGLAP RD @ MANDARIN GARDENS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ769L
Insured/Policyholder	
Name Of Registered Owner	LEE LIN JENISE
NRIC No	SXXXX239F
Email Address	NEEZ91@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93661231
Alternative Phone No	OTHERS-93661231
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER
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	REPORTING ONLY
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 80468450 QMY
Cover Note Number	
Driver	
Name of Driver	LEE LIN JENISE
NRIC No	SXXXX239F
Date Of Birth	14/02/1972
Occupation	INDOOR
Date Of Driving Pass	02/04/1996
Driving Experience	23 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93661231
Fax Number	
Contact Number	OTHERS-93661231
EMail Address	NEEZ91@HOTMAIL.COM

Address	1 SIGLAP ROAD #06-05
Postcode	448906
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	YES
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	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?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:G/20190804/2130

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	BLANCHE ONG
NRIC/Passport Number	
Contact Number	97516892
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BLANCHE ONG
Approximate Age	
Injuries Sustain	CHEST PAIN(PEDESTRIAN)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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 withholding 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. 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.

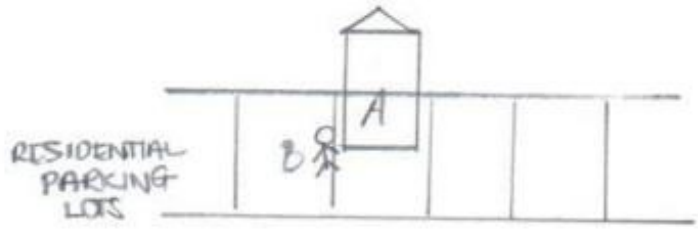
Policyholder's Signature Date & Time: 7/1/2020	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 08/01/20

Accident Sketch Plan

SKETCH PLAN

1 SIGLAP RD @
MANDARIN GARDENS

A - SLZ 769L
B - PEDESTRIAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : G20190804/2130

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 7/1/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time:

08/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE POLICE FORCE

G/20190804/2130

POLICE REPORT (NP299)

Report No. G/20190804/2130

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

Date/Time Report Made	Vide Report No.	Station Diary No.
04/08/2019 21:33	G/20190308/2129	23

Name Of Informant	Address
JENISE LEE LIN	1 SIGLAP ROAD #06-05 SINGAPORE 448906
ID Type / ID No. NRIC NO / S7206239F	Contact No. Home/Office Mobile 93661231
Nationality SINGAPORE CITIZEN	Email Address

Occupation	Sex	Age	Date of Birth	Race
Housewife	Female	47	14/02/1972	Chinese

Institution/School Name	Language
	English
Date/Time Of Incident 03/08/2019 12:30	Location Of Incident 1 SIGLAP ROAD MANDARIN GARDENS SINGAPORE 448906 Ground level open space carpark lot number 629

Brief details.

On 03/08/2019 at about 1230hrs I was driving my vehicle bearing the plate number SLZ769L (Toyota Harrier) inside my condo (Mandarin Garden) open space carpark. I was about to park my vehicle when I realized that there was a group of 4 people standing at the building. I came to a stop to allow the group to cross over to the carpark. After which I maneuvered my vehicle into the parking lot. As I was reversing and I noticed the group was behind my vehicle via my rear view mirror. While I continued to reverse back slowly, suddenly I heard a loud bang and came to a complete stop.

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Sgt 2 MAK YIK MENG, EUGENE	
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2019 21:33
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Staff Sgt MOHAMAD RAFEEQ BIN HAJI MOHAMAD RASHID Contact No.: 62447200	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

G/20190804/2130

POLICE REPORT (NP299) **CONTINUATION OF REPORT** Report No. G/20190804/2130

I quickly alighted from my vehicle to make a check and noticed a female (Blanche Ong, h/p: 97516892) standing at my left rear vehicle. I went up to her to make sure that she was fine. I informed her to let me parked my vehicle first before we continued further. After I parked my vehicle, I walked her to my lobby. She informed me that she was feeling some discomfort in her chest area and there was no visible injuries on her. After which I suggested to bring her to the nearest GP to make a check. But she declined as she informed that she had an appointment to attend to at Newton by 1330hrs. She also mentioned that GP was useless as such I suggested to bring her to CGH instead. She did not accept the offer as she has appointment to attend to. We exchanged particulars with each other and she left. After she left I dropped her a WhatsApp message however she did not respond to it.

I tried to calm myself down after the incident. At about 1630hrs I proceed to Joo Chiat NPP and spoke to officer Glen Chang about the matter. The officer advised me that a report was not necessary because if the other party lodged a police report, I will be notified as well. I then left the police post.

On 04/08/2019 at about 1353hrs I received a call from Inspector Leong from Bedok Police division and was told to meet him there for statement in regards to yesterday incident as Blanche had contacted the police on the evening of 03/08/2019. After the statement I spoke to my insurance agent and was advised to lodge a police report. This police report is for record purpose.

Signature Of Officer Recording The Report: G / Sgt 2 MAK YIK MENG, EUGENE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2019 21:33
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Staff Sgt MOHAMAD RAFEEQ BIN HAJI MOHAMAD RASHID Contact No.: 62447200	Classification Of Case:

Authentication Stamp

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

SINGAPORE POLICE FORCE

G/20190804/2130

POLICE REPORT (NP299)

Report No. G/20190804/2130

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

Date/Time Report Made	Vide Report No	Station Diary No.
04/08/2019 21:33	G/20190308/2129	23

Name Of Informant	Address			
JENISE LEE LIN	1 SIGLAP ROAD #06-05 SINGAPORE 448906			
ID Type / ID No.	Contact No.			
NRIC NO / S7206239F	Home/Office	Mobile		
		93661231		
Nationality	Email Address			
SINGAPORE CITIZEN				
Occupation	Sex	Age	Date of Birth	Race
Housewife	Female	47	14/02/1972	Chinese
Institution/School Name	Language			
	English			
Date/Time Of Incident	Location Of Incident			
03/08/2019 12:30	1 SIGLAP ROAD MANDARIN GARDENS SINGAPORE 448906 Ground level open space carpark lot number 629			

Brief details.

On 03/08/2019 at about 1230hrs I was driving my vehicle bearing the plate number SLZ769L (Toycta Harrier) inside my condo (Mandarin Garden) open space carpark. I was about to park my vehicle when I realized that there was a group of 4 people standing at the building. I came to a stop to allow the group to cross over to the carpark. After which I maneuvered my vehicle into the parking lot. As I was reversing and I noticed the group was behind my vehicle via my rear view mirror. While I continued to reverse back slowly, suddenly I heard a loud bang and came to a complete stop.

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G / Sgt 2 MAK YIK MENG, EUGENE	
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SINGAPORE POLICE FORCE

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No: G/20190804/2130

I quickly alighted from my vehicle to make a check and noticed a female [Blanche Ong, h/p: 97518892] standing at my left rear vehicle. I went up to her to make sure that she was fine. I informed her to let me parked my vehicle first before we continued further. After I parked my vehicle, I walked her to my lobby. She informed me that she was feeling some discomfort in her chest area and there was no visible injuries on her. After which I suggested to bring her to the nearest GP to make a check. But she declined as she informed that she had an appointment to attend to at Newton by 1330hrs. She also mentioned that GP was useless as such I suggested to bring her to CGH instead. She did not accept the offer as she has appointment to attend to. We exchanged particulars with each other and she left. After she left I dropped her a WhatsApp message however she did not respond to it.

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Signature Of Interpreter: Not applicable	Date/Time: 04/08/2019 21:33
Officer In-Charge Of Case G / Bedok Police Divisional Investigation Branch / Staff Sgt MOHAMAD RAFEEQ BIN HAJI MOHAMAD RASHID Contact No.: 62447200	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

SAFEGUARDING EVERY DAY

Report No : G/20190803/2129

RECIPIENT'S COPY

STERN WARNING

1. Investigations against you, Jenise Lee Lin, NRIC: S7206239F, into the following offence(s):

ALLEGED OFFENCE(S)				
S/No	**Offence**	**Legislation**	**Date & time committed**	**Place**
1	Negligent Causing Hurt	Section 337(b), Penal Code (Chapter 224)	3 August 2019 at 12.30pm	1 Siglap Road Singapore 448906

have been completed.

2. After careful consideration of the facts of the case, and with the concurrence of the Attorney-General's Chambers, you are warned to refrain from any criminal conduct. If you commit any offence in future, the same leniency may not be shown towards you.

17 SEP 2019

INSP MOHD HIDAYAT
OC GENERAL INVESTIGATION SQUAD 8
BEDOK DIVISION

DATE

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA1200033JJ Vehicle Registration No: SLZ769L

Name(as shown in NRIC) : LEE LIN JENISE NRIC/FIN/Passport No : SXXXX239F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 1 SIGLAP ROAD #06-05 Singapore(448906)

Contact (Tel) : Mobile No. : 93661231

Email Address :

Date of Accident : 03/08/20 Time of Accident : 12:30

Place of Accident : 1 SIGLAP ROAD @ MANDARIN GARDENS

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND GENDER OF THE DRIVER

Policyholder / Driver's Signature
Date:

09/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: