

## 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 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. 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	09/10/2020 09:45
Date Of Accident	08/10/2020 07:15
Exact Location Of Accident	HAIG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN3102R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAI CHIU KENG EVE
NRIC No	SXXXX819B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93896649
Alternative Phone No	OFFICE-93896649

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 250
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	B300261713QMX
Cover Note Number	

### Driver

Name of Driver	LAI YEU SOK
NRIC No	SXXXX173G
Date Of Birth	14/02/1942
Occupation	INDOOR
Date Of Driving Pass	30/03/1972
Driving Experience	48 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96317785
Fax Number	
Contact Number	OFFICE-96317785
EEmail Address	NOEMAIL

Address	156 HAIG ROAD #08-02
Postcode	438793
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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?	NO
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.	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	<b>ROAD:</b> 267 ONAN ROAD , <b>POSTCODE:</b> 424773 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3459999 - <b>FAX NO:</b> 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201008/2045.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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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) 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.

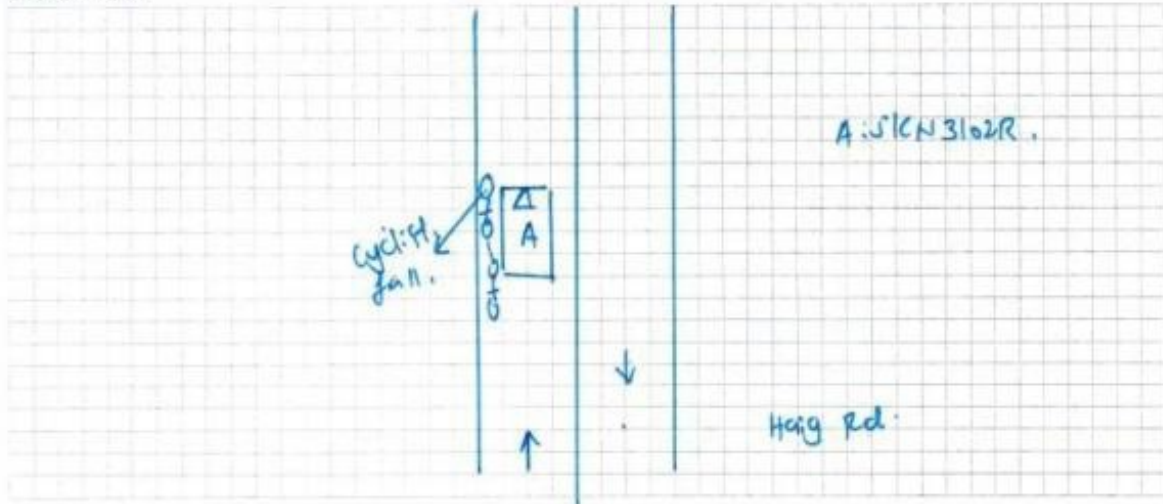
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20201008/4045.

## 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201008/2045

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

1 of 3  
Report No. T/20201008/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2020 12:40		Vide Report No.: G/20201008/0062		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: LAI YEU SOK			Address: 156 HAIG ROAD #08-02 SINGAPORE 438793		
ID Type / ID No.: NRIC NO / S2154173G			Contact No.: Home/Office: Mobile: 96317785		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 78	Date of Birth: 14/02/1942	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 08/10/2020 07:15	Type of Location: X-Junction
Location: HAIG ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving vehicle against cyclist			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN3102R	Car	MERCEDES BENZ	C 250	Black	No Damage	0



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Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

2 of 3

Report No. T/20201008/2045

### CONTINUATION OF REPORT

#### **Brief Details.**

On 08/10/2020 at about 07.10am, I was driving my vehicle bearing the plate number SKN3102R along Haig Road. I was heading towards Haig Road market from my house. It was raining at that point of time and the sky was dark. I drove pass the junction of Haig Road and Dunman Road after Tanjong Katong Secondary School. I was moving forward and suddenly felt an impact. I quickly came to a stop. I alighted from my vehicle and noticed a cyclist seated on the floor and the bicycle was lying on the floor. The cyclist claimed that I hit onto her.

After which a passer-by driver assisted to call for ambulance to make a check on the cyclist as I did not bring my phone along. I wish to inform that I did not see the cyclist and I am not sure if I am the one that hit onto her. I have an in car camera however, the SD card was spoilt.

The cyclist was wearing all black and she was being conveyed to hospital by an ambulance.

RECEIVED  
21 OCT 2020  
OFFICE IN CHARGE

Signature of Officer  
in Charge

DATE

Police Report



SINGAPORE  
POLICE FORCE



T/20201008/2045

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

3 of 3

Report No. T/20201008/2045

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 The Report:

G /

Sgt 2 MAK YIK MENG, EUGENE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/10/2020 12:40

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

