# **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 Submission 26/01/2021 14:25 (SGT) Date of Accident 25/01/2021 11:30 (SGT) Exact Location of Accident Mount Pleasant Rd, Singapore Additional Location Information TOWARDS THOMSON ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJA68G

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner BAUMANN GEB BI XIAOYAN NRIC No. SXXXX035F Email Address xiaoyanb@hotmail.com Mobile Phone No (Phone) +65-85224888 Alternative Phone No +65-85224888

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Vellfire Variant 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? Yes Vehicle Category Private car

#### INSURANCE COMPANY

Name of Insurance Company **MSIG** Type of Coverage Comprehensive Fleet Policy Policy Number A 29144152 AT2 Cover Note Number

#### DRIVER

Name of Driver **BAUMANN GEB BI XIAOYAN** NRIC No SXXXX035F Date Of Birth 25/05/1968 Occupation Indoor

Date Of Driving Pass 01/04/2014 Driving experience 6 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-85224888 Alt. Phone Number +65-85224888 Email Address xiaoyanb@hotmail.com Address 7 DRAYCOTT DRIVE #20-01 Address complement Postcode 259421 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Orchard Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007359999 Alt. Police Station Phone No (Fax) +65-67331934 Police Station Address 51 Killiney Road Singapore 239572 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210125/2117 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** Vehicle Registration Number **UNKNOWN** Vehicle Manufacturer Vehicle Model

Motorcycle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	 	_
Address complement		_
Postcode		_
Insurance Company Name	 	_
Nature Of Damage		_
Details of property damaged in accident	 	_
No. Of Passenger (Including Driver)		_

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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  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.

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  6. The report will be frow arded by the insurers of the QAR Reports Management Control established by the Ceneral Insurance Association of Singapore (QAI) for archiving and that copies of this report will for a fee be made aviable directed by interested parties.

  7. By the bidgement of this report to the insurance, you hereby consent to the archiving of this report at the centre and to copies of the report being made aviables directed.

  8. Consent under the Personal Data Protection Act (PDPA) uninderstand, actioney being, agree and consent that:

  (a) Hy insurer , my w offshop and the Ceneral Insurance Association of Singapore ("GIAT") may/are permitted to collect, use, disclose analysis of the such Personal Information provided by the opposition of the protection Active of the Active o

Policyholder's Signature (1 driver is not the policyholder) / Date
Time

11.59

\*\*A Time\*\*

\*\*Time\*\*

\*\*Time\*\*

\*\*A Time\*\*

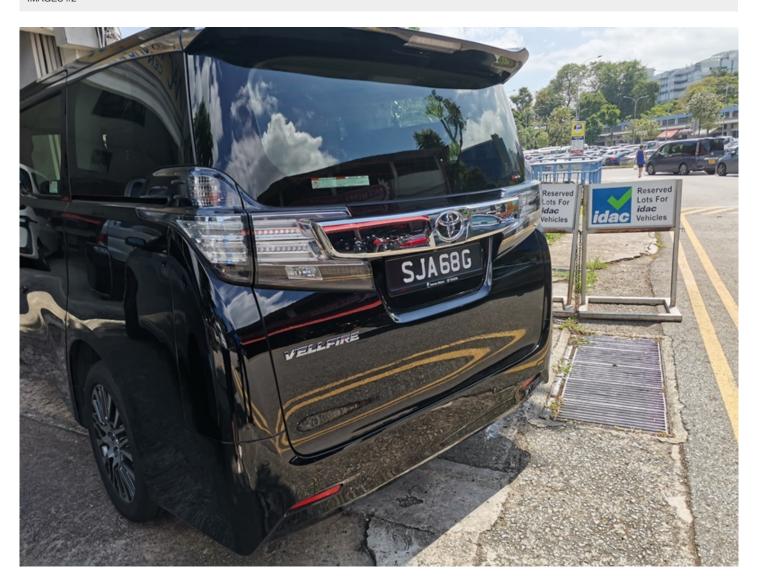
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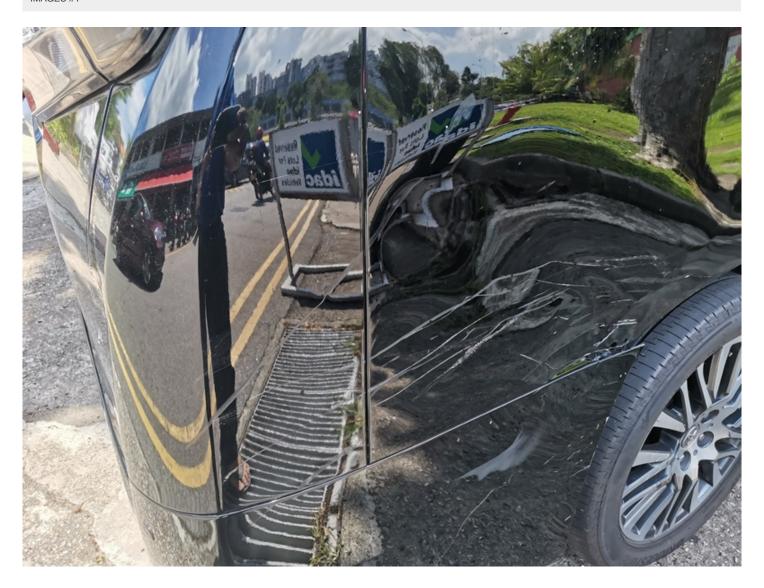
MOUNT PLAAFONT ROAD

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26 Hz/rholder's Signatur	01/202	-				1111	26/m/2021
holder's Signatur	e / Date &	Driver's S	Signature (If drive	r is not the policyl	nolder) / Date	Witnessed by	y Reporting Centre
11:590		& Time				Personnel	

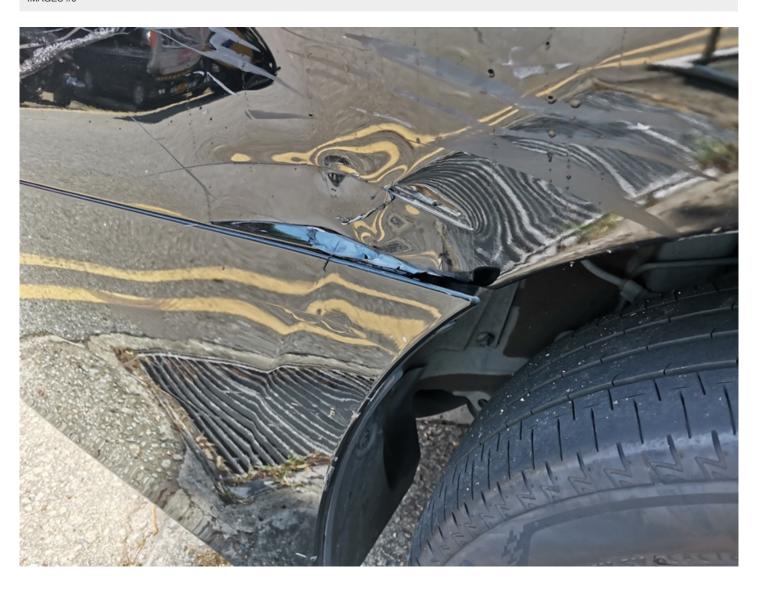


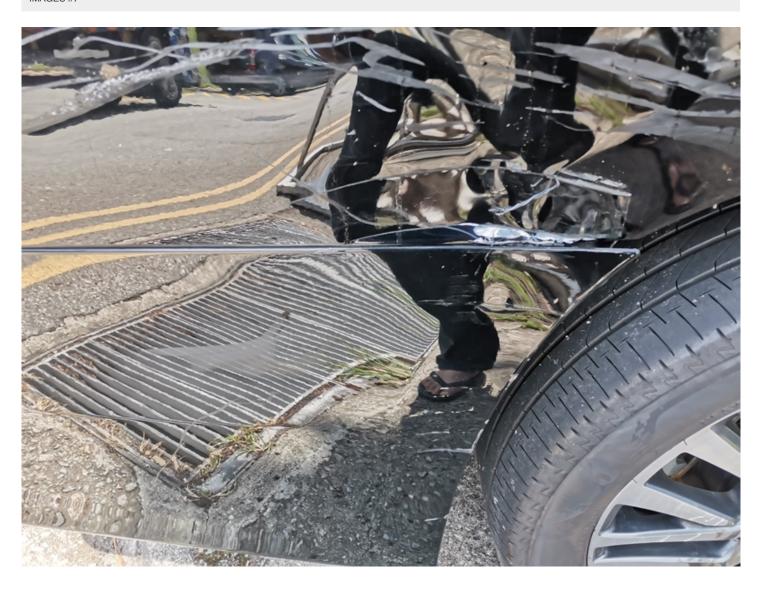
























## T/20210125/2117

1 of 3 Report No. T/20210125/2117

Date/Time 25/01/202	Report M 1 20:44	lade:	Vide Report No.: E/20210125/0053	Station Diary No. 94		
Informan	t's Particu	lars				
Name of Informant:			Address:			
BAUMANN GEB BI XIAOYAN			7 DRAYCOTT DRIVE #20-01 SINGAPORE 259421			
ID Type / ID No.:			Contact No.:			
NRIC NO / S6887035F			Home/Office: Mobile: 85224888			
Nationality GERMAN			Email:			
Sex:	Age:	Date of Birth:	Type of Informant:			
Female	52	25/05/1968	Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:		MANAGER	Driving Licence Information	n:		
ADMINISTRATOR MANAGER			Class: 3A	Date of Expiry: 23/04/2024		

Type of Accident:	of Conveyed By Ambulance Drive: Accident:		Date/Time of Accident: 25/01/2021 11:3	Type of Location Straight Road
Location:				
MOUNT PLE	ASANT ROAD			
Lamp Post N	umber: 77F	Road Surface:		Road Speed Limit:
Weather: Clear		Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis	sion: ving Vehicles - Head To Re			Anyone conveyed by ambulance:

	ehicle Invo	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	IVIARE	IVIOGGI	00101	Slightly	0

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



Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

Report No. T/20210125/2117

CONTINUATION OF REPORT

Driver				2010121	W 11 EE	
Name	BAUMANN GEB BI )	KIAOYAN		ID No	t.	S6887035F
Related Vehicle	SJA68G (Car)			Conta	ct No.	85224888
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3A Date of Expiry: 23/04/2024
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	Degree of	Injury	NIL		

Brief Details.

On 25/01/2021 at about 11.30am, I had drove my car SJA88G out from Singapore Polo Club and was about to turn into Mt Pleasant Rd. I had made a check on my left side and when I noticed there was no car coming in. I did a slight turn to my left towards Thomson Rd and made a U-Turn along Mt Pleasant Rd towards PIE direction. However when I was making the U-Turn. I then heard a collision sound coming from the rear right of my car. I then stopped my car immediately and got out of my car to make a check. I then noticed one motorcycle and the motorcyclist already lying on the ground at the rear right of my car. Two male passerby then came forward to help the rider to the side of the road. I was shocked about the accident and wated at the location. The ambiliance later arrived and brought the motorcyclist to Tan Toxok. Seng Hospital. Traffic police eventually arrived at the location and advised me to lodge a traffic accident report on the same day and handed me a case card. The traffic investigator is Mr Afiq and his contact number is 65476171.

I would like to state that I did not felt pain or injured due to the accident. Damage to my car is dent inwards on my rear right bumper. I also wish to state that after accident I was told by someone to shift my car from the original position os as not to block the traffic flow and I shifted my car to the side of the road about 1 meter away. I am not able to recall who had told me to shift the car from the original position.



3 of 3 Report No. T/20210125/2117

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 the	is report. If you don't have
the certificate with you now, please fax a copy to 65474885 stating the report in	umber as reference.

Signature Of Officer Recording The Report: E / SI CHAN CHEE SENG	_
Signature Of Interpreter: Not applicable	

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sqt NOOR HIDAYAH BINTE
ABDULLAH
Contact No.: 65476251
Authentication Stamp
Nytes

Date/Time: 25/01/2021 20:44

Classification Of Case: