

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 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 No
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	2
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)	1
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	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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.
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.


<p><i>26/9/2021</i> Policyholder's Signature / Date & Time <i>11.59am</i></p>	<p><i>26/9/2021</i> Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p><i>26/9/2021</i> Witnessed by Reporting Centre Personnel</p>
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Sketch Plan

Thomson Road

A) SJA 68G

B) UNKNOWN MAKE



SHOULDER PAVEMENT ROAD

Describe Circumstances of the Accident

REFER TO POLICE REPORT TH0210125/2117

Declaration

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

28/1 - 26th/01/2021
 Policyholder's Signature / Date & Time
 11:59 am

Driver's Signature (if driver is not the policyholder) / Date & Time

26/01/2021
 Witnessed by Reporting Centre Personnel



























POLICE FORCE



T/20210125/2117

1 of 3

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

Report No. T/20210125/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2021 20:44	Vide Report No.: E/20210125/0053	Station Diary No.: 94
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Informant's Particulars

Name of Informant: BAUMANN GEB BI XIAOYAN			Address: 7 DRAYCOTT DRIVE #20-01 SINGAPORE 259421	
ID Type / ID No.: NRIC NO / S6887035F			Contact No.: Home/Office:	Mobile: 85224888
Nationality: GERMAN			Email:	
Sex: Female	Age: 52	Date of Birth: 25/05/1968	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ADMINISTRATOR MANAGER			Driving Licence Information: Class: 3A	Date of Expiry: 23/04/2024

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/01/2021 11:30	Type of Location: Straight Road
Location: MOUNT PLEASANT ROAD	Lamp Post Number: 77F	Road Surface: Dry	Road Speed Limit:	
Weather: Clear	Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA68G	Car				Slightly Damaged	0

Details of Person Involved

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

SINGAPORE
POLICE FORCE

T/20210125/2117

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

2 of 3
Report No. T/20210125/2117

CONTINUATION OF REPORT

Driver			
Name	BAUMANN GEB BI XIAOYAN	ID No.	S6887035F
Related Vehicle	SJA68G (Car)	Contact No.	85224888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: 23/04/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/01/2021 at about 11.30am, I had drove my car SJA68G 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 waited at the location. The ambulance later arrived and brought the motorcyclist to Tan Tock 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 so 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.



POLICE FORCE

T/20210125/2117

3 of 3

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

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: E/ SI CHAN CHEE SENG	Signature Of Informant: 781/
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2021 20:44
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOOR HIDAYAH BINTE ABDULLAH Contact No.: 65476251 Authentication Stamp NP168	Classification Of Case:

