

8482110002

QID : TP : Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Identification: Vch No: 111KALOWAN B/KK, INC(,)/Non-INC(,)

Owner / Driver: (

Policy No: () Period: () Cover Type: ()

Confirmed by : (

Daisy.

Times

Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 ()/\$2,000 ()

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of rep/sr.

() Total Loss Case : to e-mail Insurer **URGENTLY.**

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo [Repair Cost > \$3000]

Injury :

NA7100.852

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

211111

 $2/3$

1) ALT: Accident Reporting (\$30)	INC (\$10)	
3) DA: Damage Assessment (\$100)	\$40.45	
5) TP: Towing Fee	\$120	
4) PT: Follow-Through Survey	\$30	
3) PT: Follow-Through Survey (Re-survey)	\$30	
Voucher/Invoice/Receipt/NG Only (over 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idaho DA + SMRT Survey	\$160	
4) NTUC Additional Services		
ON:	\$3	
* NS: Courtesy Car / Tpl Allowance	\$10	
* NG: Repair Coordination	\$25	
* NI: Post Repair Inspection	\$3	
* NG: DV / Collect Wreck Coordination	\$25	
TP (NI) / TP (NG) / INC	\$0	
* NI: Idaho Mobile		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

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
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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 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	xiacyanb@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	

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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1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

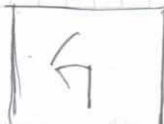
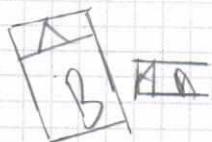
Witnessed by Reporting Centre Personnel

Sketch Plan

Thomson Road

A) SJA 68 G

B) UNKNOWN BIKE



Mount Pleasant Road

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210125/2117

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

11:59 am

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

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 25th 01 2021 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: Mt Pleasant Road LP 77 F

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA68G
 b) INSURANCE COMPANY: MSIA
 c) POLICY NUMBER: E12021/0125/0053 A 29144152 AT 2
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Vellfire
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Xiaoyan Baumann Geb B. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6887035 F CONTACT: 80224888
 c) ADDRESS: 7 Draycott Drive #20-01
S1 299421

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 25 / 05 / 1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01 Apr 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Police Station of origin

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email = xiaoyan b@hotmail.com
 VIDEO



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

1 of 3

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	
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				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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 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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH

Contact No.: 65476251

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/01/2021 20:44

Classification Of Case:

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

Toyota DriveElite 360
THE SCHEDULE

Policy Number	Period of Insurance	Place of Issue
A 29144152 AT2	18/05/2020 to 17/05/2021	SINGAPORE
Name and Address of Insured		Date of Issue
Xiaoyan Geb Bi Baumann 7 Draycott Drive #20-01 Singapore 259421		27/04/2020
		Account Number
		156499U
Premium	GST	Total Due
SGD967.92	SGD67.75	SGD1,035.67

RISK NUMBER 1
Toyota DriveElite 360
OCCUPATION

Manager

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SJA68G	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Vellfire 2.5 CVT S/R	INCL. COE/PARF	YES
ENGINE NUMBER	2ARH923026	OFF-PEAK CAR	NO
CHASSIS NUMBER	JTNGF3DH608010110	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2017	GOOD DRIVER'S	
CAPACITY	2494 C.C.	DISCOUNT	SGD50.94
SEATING CAPACITY	8 (INCL. DRIVER)	NCD PROTECTOR	COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD1,000
		ANNUAL PREMIUM	SGD967.92

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Xiaoyan Geb Bi Baumann

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE