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 Actual 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.

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 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 30/11/2022 16:35 (SGT) Reported by Driver Date of Accident 29/11/2022 11:30 (SGT) Exact Location of Accident Yishun Ave 1, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

2000

Vehicle Registration Number SMV9143S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **KELLY TAY KAI LING** NRIC No SXXXX853C Email Address gillan31@hotmail.com Mobile Phone No (Phone) +65-91855334 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model CX-30 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300710141 QMX

DRIVER

CC

Name of Driver YEO GILLAN NRIC No SXXXX003F Date Of Birth 29/10/1980 Occupation Indoor

Date Of Driving Pass 05/03/2001 Driving experience 21 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91855334 Alt. Phone Number Email Address gillan31@hotmail.com Address 123 COMPASSVALE BOW #16-25 Address complement Postcode 544819 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Side Swipe 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN AND POLICE REPORT, REF NO: T/20221129/7040 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNE6551U Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
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

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 & Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

CITY AUTO PTE LTD
Bik & Sim Ming Road
#01-58/60/62 Sim Ming Road
#01-58/60/62 Sim Ming Road
#01-58/60/62 Sim Ming Road
Tel: 6453 1235 Fax. 6453 7944
(Claims Section)
Witnessed by Reporting Centre
Personnel

A - SMV 91435

Describe Circumstances of the Accident

On 29/11/2022 at 11.30 a.m., I was driving along Yishun Ave 1
and turning towards Yishun St 41. The vehicle (SNE 65514) was in front
of me going in the same direction. I saw that the opposite lane
was I have used in the House the discourse
clear and there was no incoming traffic. However, the driver was
showing no intention to move. I horned him but he was not responsive
so I decided to filter into the intended lane from behind As, I
was about to complete my turn, the vehicle accelerated very
quickly and encroached into my lane. His car Cright, near the
wheel) came into contact with my front bumper. Both our
which came into conjuct with my from panyer . point our
vehicles stopped and the driver got out to take pictures.
As I walked out, I could smell that the driver reeked of
alcohol. After taking pictures of the damages, we proceeded
to park by the side. The driver (SNE 65514) parked behind
me and was on the phone. I waited for him to alight to
exchange details but he drove off suddenly.

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

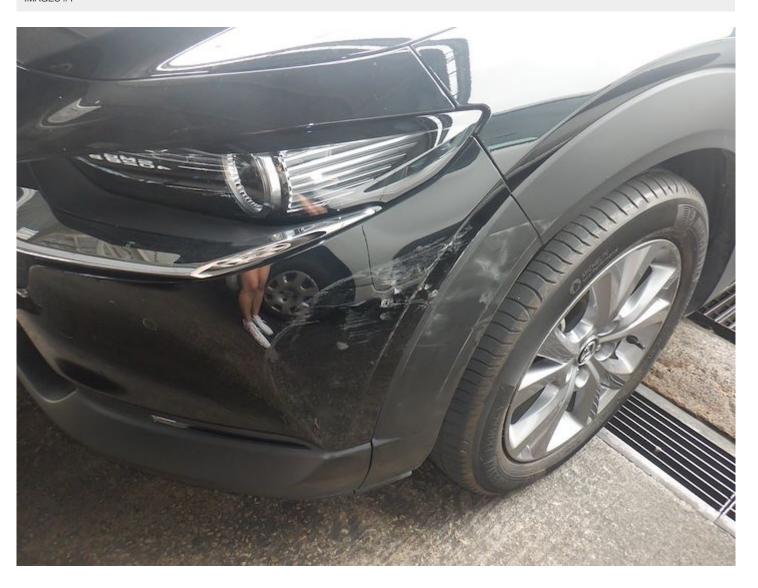
CITY AUTO PTE LTD
BIk 8 Sin Ming Road
#01-58/60/42 Sin Ming Ind Est
Singappe 575643
Tel: 6453 4236 Fax: 6453 7944
Witnessed by Reporting Centre

Personnel





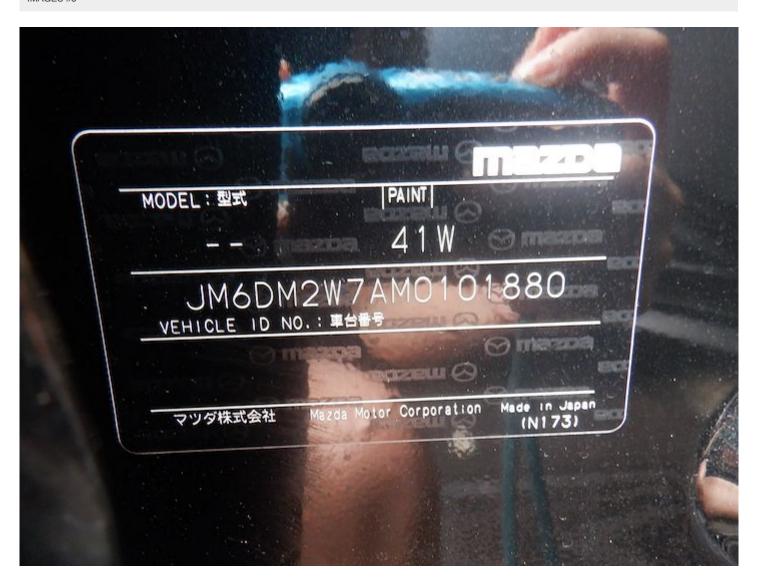
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20221129/7040

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 122 15:45	/lade:	Vide Report No.: Station Diary		
Informa	nt's Partic	ulars			
Name of YEO GII	Informant: LAN		Address: 123 COMPASSVALE BO	OW #16-25 SINGAPORE 544819	
	/ ID No.: D / S80340	03F	Contact No.: Home/Office:	Mobile: 91855334	
National SINGAP	ity: ORE CITIZ	ΈN	Email: gillan31@hotmail.com		
Sex: Male	Age: 42	Date of Birth: 29/10/1980	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupat	ion:		Driving Licence Informat Class:	ion: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/11/2022 11:30	Type of Location T-Junction
Location: YISHUN AVE	NUE 1	David Southern		
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear		Dry		Road Speed Limit: 50 Km/h
			rking	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMV9143S	Car	MAZDA	CX-30	Black	Slightly Damaged	0
SNE6551U	Car					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20221129/7040

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV9143S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	10577718	29/10/2022	28/10/2023

Details of Perso	n Involved	RESEARCH CO.		PAUROLE	
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL	10 70 -05	Use of Pe	edestrian Cro	ossing: NA
Driver				SOURCE	HARLES THE STREET
Name	YEO GILLAN			ID No.	S8034003F
Related Vehicle	SNE6551U (Car)			Contact N	o. 91855334
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NII	
No. of Days gran	ted Medical Leave	NIL	Degree o	f NII	

Brief Details.

The incident happened at the junction of Yishun Ave 1 turning into Yishun St 41. The vehicle (SNE6551U) was turning when the driver encroached into my lane and collide with my front. At that time, the driver was accelerating at a very fast speed. After the collision, the driver got down his vehicle and started to take pictures. After that, we both parked our vehicles by the road. The driver went into his car and was seen talking on the phone. The next moment, he drove off without talking to me. We did not managed to exchange any particulars.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221129/7040

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Date/Time: 29/11/2022 15:45
Classification Of Case: