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 06/03/2023 17:22 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/03/2023 09:50 (SGT) Exact Location of Accident Tampines Street 73, Singapore Additional Location Information Pinevale Condo Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX8151P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Boh Qi Jie Ryan Nathan NRIC No S9613722B Email Address ryanboh1996@gmail.com Mobile Phone No (Phone) +65-97630810 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Jazz 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

CC 1300

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300570965 QMX

DRIVER

Name of Driver Boh Qi Jie Ryan Nathan NRIC No S9613722B Date Of Birth 27/04/1996 Occupation Indoor

Date Of Driving Pass 31/07/2014 Driving experience 8 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97630810 Alt. Phone Number Email Address ryanboh1996@gmail.com Address 21 Jalan Menarong Address complement Postcode 577428 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 Hit and run / Vandalism / Damaged whilst parked 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 **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the sketch plan. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSLT2314JVehicle ManufacturerToyotaVehicle ModelC-hrVehicle Variant-



Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Wang Ying
NRIC No	S8784446C
Contact Number	(Phone) +65-82865888
Address	432A Sengkang West Way #23-501
Address complement	-
Postcode	791432
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.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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' 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.

Policyholder's Signature / Date & Time

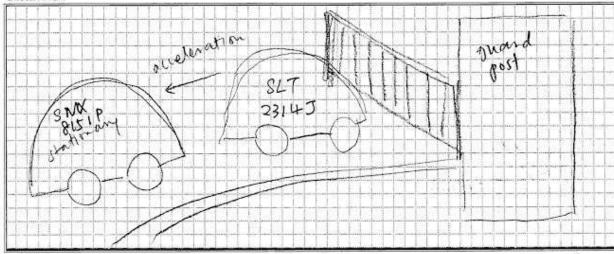
6/3/23

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

Lim Lai Foong

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident	
At 9:50 am, & March 2023, I was gring to private condo minim to pick up	8
my face. As pensend the garry, there was a yellow CHR Tryoto	a
Colot 2 214 T) is postal by the course of the	70
(SCI 23140) In rong of the taging to the Jeinty guard at the	55
(SCT2314J) in front of me, taking to the security guard at the gandry. Her car accelerated backwards into my stationar	y
vehicle and there was a large impact. I came out of the	′
vehicle and there was a carge impact. I came out of the	res
was dido aged from the vehicle. The breuse plate was	
date and & dance was a dest of the last of the	
damaged I there was a dest on the Good of the	/
vehicle, on top of other damages to the ear. The diver	
of the CHR is wang ying (58784446C) and she	
informed he that she assumed that she was India	rel
I not reverse when the proceeded to accelerate.	
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Declaration

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

6/3/23

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time (Name as in NRIC/ID card)

Lim Lai Foong

vJun2022





1 of 2

Report No. G/20230305/7041

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 05/03/2023 15:05	Vide Re	port No.		Station Diary No
Name Of Informant RYAN NATHAN BOH QI JIE	Address 21 JALAN MENARONG SINGAPORE 577428		E 577428	
ID Type / ID No. NRIC NO / S9613722B	Contact No. Home/Office: Mobile: 97630810			
Nationality SINGAPORE CITIZEN	Email Address RYANBOH1996@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Military Officer	Male	26	27/04/1996	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 05/03/2023 09:50 - 05/03/2023 09:55	Location Of Incident 2 TAMPINES STREET 73 PINEVALE SINGAPORE 528823			

Brief details.

Subjects Involved Suspect

The car infront of me did not know she was in reverse and accelerated into my car

Person Name	Wang Ying			
ID Type	NRIC NO	ID No	S8784446C	
Age	36	Race	Chinese	
Signature Of Off	icer Recording The Report:	Signa	ature Of Informant:	
Not applicable		repor	The identity of the person making this report has been authenticated by Singpass No signature is required.	
Signature Of Interpreter: Not applicable			Date/Time: 05/03/2023 15:05	
Officer In-Charge Of Case:		Class	Classification Of Case:	





2 of

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230305/7041

Language	Chinese	Occupation	NIL
Address	432A Sengkang West Way #23- 501 SINGAPORE 791432	Mobile No	82865888
Complexion	Fair	Build	Slim
Height About	167cm	Attire Last Worn	Blue cardigan
Hair Colour	Black	Hair Style	Long-Straight
Relation To Informant	NIL	and other at	
Victim			
Person Name	RYAN NATHAN BOH QI JIE		
ID Type	NRIC NO	ID No	S9613722B
icz i ypo	1.02.42.00 AV. 15		COCTOTEED
Gender	Male	Age	26
		Age Language	
Gender	Male		26

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2023 15:05
Officer In-Charge Of Case:	Classification Of Case: