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 18/04/2023 16:26 (SGT) Reported by **Actual Driver** Date of Accident 17/04/2023 18:30 (SGT) Exact Location of Accident Simei Rd, Singapore Additional Location Information **BUS STOP TOWARDS TAMPINES** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number SNC7314S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YAP SIEW LENG NRIC No SXXXX303G Email Address marcusseah sailing@hotmail.com Mobile Phone No (Phone) +65-96672476 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 3 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 1496

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300683706 QMY

DRIVER

Name of Driver SEAH YONG JIE MARCUS NRIC No SXXXX825C Date Of Birth 09/08/1994 Occupation Indoor

Date Of Driving Pass 30/06/2014 Driving experience 8 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96672476 Alt. Phone Number Email Address marcusseah_sailing@hotmail.com Address **BLK 154 SIMEI STREET 1 #10-57** Address complement Postcode 520154 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Collision - Head to Rear 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 PLEASE REFER TO SKETCH AND POLICE REPORT T/20230417/7082 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 Number SKC8486H Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMAD BIN MOHAMED TAHIR
Contact Number	(Phone) +65-91911967
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.
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- The report will be forw arded 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)

Lunderstand, 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" (but he have restaw 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.

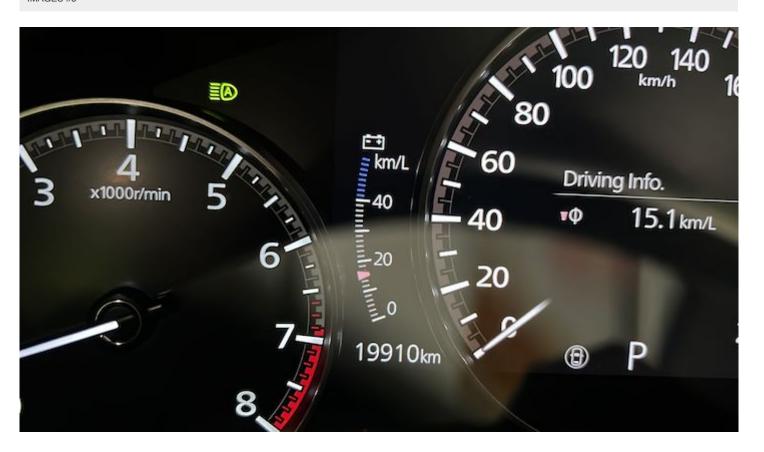
1363 1814123	AL	1814123 1353	aux 18/04/2023
Policyholder's Signature / Date & Time	Driver's Signature (If drive & Time	er is not the policyholder) / Date	-Witnessed by Reporting Centre Personnel
Sketch Plan		1111	8
SIMIET PD	BALA -		TAMPINEZ TAMPIN

Describe Circumstances of the Accident

stationary and my brake was engaged. I heave sound and saw that a valide hard contain	oted with
End When end = 1	
I got claus to see what happened The vel- behind rear-ended my car. His barnet w contact with my rear humper. I took photos suggest that I drive toward a little to assess	v'ele
Contact with how rear Brown T to	sas in direct
Sucreped that I drive toward a little to assess	the dayson
better	the bentege
I drove forward a little bit. I came down & took	ware dustos
I exchanged contacts with the oliver and	took a disto
of his discres licence	
I get back justo my cav and duae off.	
Before I always off, the alviver told me that	he was tired
and olid not engage brake paperly. He also told was keen for proude settlement	d he that he
was keen for private settlement	
After T arthough T texted the man dies	Jan I. I
After I got home, I texted the man driver acknowledged that he would be responsible f	ario ne
Police Report 7/2013/0417/2012	
	/
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N	
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eration sclare the foregoing perticulars are true in every respect.	

























Date of Expiry:

Report No. T/20230417/7082

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

Occupation:

General practitioner/physician

REPORT	OF A TRAFFI	C ACCIDENT		
Date/Time Report Made: 17/04/2023 18:52		Vide Report No.:	Station Diary No.:	
Informa	int's Partic	ulars		
	f Informant: 'ONG JIE M		Address: 154 SIMEI STREET 1 #1	0-57 SINGAPORE 520154
ID Type / ID No.; NRIC NO / S9429825C		Contact No.: Home/Office:	Mobile: 96672476	
Nationality: SINGAPORE CITIZEN		Email: MARCUSSEAH_SAILIN	12. (a-montant) 11. (2015 11.4)	
Sex: Age: Date of Birth; Male 28 09/08/1994		Type of Informant: Driver		
Race: Chinese		Language: English	estable a series	

Driving Licence Information:

Class:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2023 18:	Type of Location Straight Road
Location: SIMEI ROAD				
Weather: Cloudy		Road Surface: Dry		
			king	Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKC8486H	Car			Black	No Damage	0
SNC7314S	Car	C-102		er fis-literate		0

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



T/20230417/7082

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

2 of 3 Report No. T/20230417/7062

CONTINUATION OF REPORT

Driver				
Name	MOHAMAD BIN MOHAMED		ID No.	S2193391J
Related Vehicle	SKC8486H (Car)		Contact No	91911967
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date		NIL	
No. of Days granted Medical Leave NIL Degree of			NIL	
Driver	A Sugar Service Servic	All of the second		
Name	SEAH YONG JIE MARCUS		ID No.	S9429825C
Related Vehicle	SNC7314S (Car)		Contact No	96672476
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class; NIL Date of Expiry: NIL
Date	NIL Date		NIL	
No. of Days grant	Degree of			

Brief Details.

This accident took place at 6:30pm 17 April 2023, at the area at the bus stop on Simei road towards Tampines (https://goo.gl/maps/zzvT4u7DvhxKVYz48).

The traffic light was red and my car (SNC4314S) was stationary, waiting for traffic light to turn green. I heard a bump and saw from my rear camera that I was rear ended by a vehicle (SKC 8486H). I got out from my vehicle to assess the damage. The driver from SKC 8486H did as well. He asked me to drive forward to assess the damage. I drove forward and we took photos and exchanged contact number, I drove off shortly after. I reached my house carpark at 635pm.

Name: Mohamad Bin Mohamed

NRICL S2193391J

Vehicle plate number: SKC 8486H





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230417/7082

CONTINUATION OF REPORT

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: 17/04/2023 18:52
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168