

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 ability.
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 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 Report	17/11/2017 19:05
Date Of Accident	16/11/2017 19:30
Exact Location Of Accident	WATERFRONT BASEMENT 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC1133G
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	-
Email Address	TAN.JUNMING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92221133
Alternative Phone No	OFFICE-92221133

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCP/17-002252-00
Cover Note Number	

Driver

Name of Driver	TAN JUNMING(CHEN JUNMING)
NRIC No	S8128229C
Date Of Birth	22/09/1981
Occupation	INDOOR
Date Of Driving Pass	01/02/2000
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92221133
Fax Number	
Contact Number	OTHERS-92221133
Email Address	TAN.JUNMING@YAHOO.COM.SG

Address	120 PUNGGOL WALK #05-42
Postcode	828770
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASING CAR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171116/2187

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3594M
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
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Phone Number
Email Address

Sketch Plan

SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/11/17
11.45a.m

Reporting Centre Personnel's Signature
Name: Reddy W. B. B. B.
NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN

REFER TO VIDEO FOOTAGE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF. TO POLICE REPORT
7/20/17/16/2017

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: 17/11/17
11:45am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

QSR/ACC/001/001/001/001/001

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171116/2187

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20171116/2187

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2017 23:08		Vide Report No.:		Station Diary No.: 61
Informant's Particulars				
Name of Informant: TAN JUNMING		Address: 120 PUNGGOL WALK #05-42 SINGAPORE 828770		
ID Type / ID No.: NRIC NO / S8128229C		Contact No.: Home/Office: Mobile: 92221133		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 36	Date of Birth: 22/09/1981	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/11/2017 19:25	Type of Location: Carpark
Location: Along Road 1 PUNGGOL CENTRAL			
Waterway Point, B1 carpark			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFC1133G	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	White	Slightly Damaged	0
SLJ3594M	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Black	No Damage	1

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171113/2080

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20171113/2080

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAIFUL ARIFIN BIN MOHAMMAD AIDIL	ID No.	S9341197H
Related Vehicle	FP4040C (Motorcycle)	Contact No.	87500872
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/11/2017	Date Discharge	13/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 13/11/17 at about 0745hrs, I was riding along AYE towards Tuas, heading for work, at the 2nd lane when suddenly, a vehicle changed lane from 1st lane into my lane in front of me. I was unable to react, to swerve aside or to brake and I collided onto the left passenger side of the vehicle. I flown and lost consciousness.

The next moment, I woke up, I was in NUH. I was given outpatient treatment, 5 days MC. I suffered pain on my back. Swollen left leg. Abrasion on both my knuckles and lower chin.

I am unsure of the vehicle number, I do not know where my motorcycle is currently as well.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20171113/2080

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20171113/2080

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: D / Sr Staff Sgt LIM IVAN	Signature Of Informant: <i>ad</i>
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2017 14:04
Officer In Charge Of Case: TP / GIT / Staff Sgt WONG SIEU LUI Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M450017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNR417152658 Vehicle Registration No: SFC 1133G
Name (as shown in NRIC): TOM JUMMING (CITIZEN JUMMING) NRIC/FIN/Passport No: 88128229C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 92221133
Email Address: _____
Date of Accident: 16/11/2017 Time of Accident: 19:30
Place of Accident: WATERLOO 7 BOULEVARD 1 CORPUS
Insurance Company: MSL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ACCIDENT LOCATION AS ABOVE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kohli Winters
NRIC/FIN No.:
Date: 17/11/2017