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 witholding 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 **Vehicle Particulars**

Manufacturer **AUDI** A3 SEDAN Model

Exact Purpose for which vehicle was being used at

time of accident

CAR WAS PARKED

OFFICE-92221133

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken 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 **INDOOR** Occupation **Date Of Driving Pass** 01/02/2000

17 YEARS AND 9 MONTHS **Driving Experience**

Gender MALE

Mobile Number +65-92221133

Fax Number

Contact Number OTHERS-92221133

TAN.JUNMING@YAHOO.COM.SG **EMail Address**

120 PUNGGOL WALK Address

#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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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) NO soliciting/offering accident claims assistance.

0 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171116/2187

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ3594M TOYOTA CAMRY

Vehicle Make/Model/Colour

Name of Driver

Details Of Properties

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
 - 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:
 - 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: (7 | 11 | 17

11.45a.m

Beporting Centre Personnel's Signature

Name: NBIC/FIN No. Kesol

Accident Sketch Plan

KETCH PLAN		
		Tipen footpark
	100	11.0.
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
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CLARATION		
Ve declare the foregoing part	culars are true in every respect.	17/4/201
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 17 11 17	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

POLICE REPORT





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

Date/Time Report Made:		Made:	Vide Report No.:	
	16/11/2017 23:08			Station Diary No.
Informa	ant's Partic	ulars		61
TAN JU	of Informant INMING		Address:	5-42 SINGAPORE 828770
ID Type / ID No.: NRIC NO / S8128229C Nationality: SINGAPORE CITIZEN		29C	Contact No.: Home/Office:	
		EN.	Email:	Mobile: 92221133
Sex: Male	Age: 36	Date of Birth: 22/09/1981	Type of Informant:	
Race: Chinese Occupation: SELF EMPLOYED			Vehicle Owner Language: English	Institution / School Name:
			Driving Licence Information Class: 2B,3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location	
Location:		No	16/11/2017 19:25	Carpark	
PUNGGOL CI Waterway Poi Weather: Clear	ENTRAL nt. B1 carpark	Road Surface:		Road Speed Live	
Traffic Flow:		Dry Traffic Control:		Road Speed Limit:	
LIGHT CITION	One Way			Traffic Volume:	
One Way		INDI Controlled		hi - T - ce	
	on:	Not Controlled		No Traffic	

Vehicle No.	Туре	Make	Model	To.		
SFC1133G	Car			Color	Condition	No of Passenge
SLJ3594M	A CONTROLL	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	White	Slightly . Damaged	0
3LJ3594[V]	Car	ТОУОТА	CAMRY 2.0 AUTO ABS AIRBAG	Black	No Damage	1

POLICE REPORT





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

2 of 3 Report No. T/20171116/2187

CONTINUATION OF REPORT

Brief Details.

On 16/11/2017 at about 1900hrs, I parked my vehicle SFC1133G at Waterway Point B1 carpark and left.

On 16/11/2017 at about 1945hrs, I went back to my vehicle. I start the car engine and I heard a sound from the car camera sensor. As such I made a check on the recording and it shows that on 16/11/2017 at 1928hrs, one vehicle SLJ3594M from the rear had reversed and hit against my vehicle rear. One of the passenger from vehicle SLJ3594M went down to make a check and went back to inform the driver. The vehicle moved forward and parked his vehicle. I made a check on my vehicle and discovered that there were scratches found at the rear of my vehicle. There were no notes left on my vehicle. The vehicle SLJ3594M is still parked behind my vehicle as such I left a note with my contact number for him to call me.

The person did call me however he denied that his vehicle had hit onto my vehicle as his vehicle does not have any scratches. As first, I wanted to have a private settlement with him however he denied. I have the in-car build CCTV recordings with me.

POLICE REPORT





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

3 of 3 Report No. T/20171116/2187

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:	Signature Of Informant:
Sgt 2 IVIN ONG HONG CHUAN	() ·) ·
Signature Of Interpreter:	
Not applicable	Date/Time:
Social Street Control of the Control	16/11/2017 23:08
Officer In Charge Of Case:	Classification Of C
TP/HRT/	Classification Of Case:
SSI 2 SOH PENG GUAN	
Contact No.: 65476171	11/10
Authentication Stamp	-



























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: \$665500208 / GST Reg. No.: M400017738

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

	ADDENDUM					
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS;					
	Original Report No : MNR417162658 Vehicle Registration No: SFC 1133 G					
	Name (as shown in NRIC): 10M TUNIMUMY (CUTAN Framilia) NRIC/FIN/Passport No: 88/28)29C					
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate					
	Address :Singapore(
	Contact (Tel) :					
	Email Address :					
	Date of Accident : 16/11/2017					
	Place of Accident: WATHREAGAT BOSEMEAN? 1 CARMONIC					
	Insurance Company: MILA					
	made de Company ,					
(B)	ADDITIONALINFORMATION AMENDMENTS:					
	ACCIONNI LOGATION AS ABOUT					
	an					
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FINNol: Date: 11 120 2					
	1111/2017					

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singépore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: \$665500206 / d\$T Reg. No.: M400017735

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 : MNA4171506589 Vehicle Registration No: SFC 1133G					
	Name (as shown in NRIC): TOM JUN MING (CHEM JUNMING) NRIC/FIN/Passport NO: 88128029 C					
	Vehicle Driver/ Vehicle Owner) () Please delete as appropriate					
	Address :Singapore()					
	Contact (Tel) :					
	Email Address :					
	Date of Accident : 16 11 2013 Time of Accident: 19:30					
	Place of Accident : WATERFROMT BOSEMENT I CARPARK					
	WACA Care					
	Insurance Company: WORCY					
	an					
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:					