SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/11/2017 11:43
Date Of Accident	19/11/2017 19:10
Exact Location Of Accident	MANDARIN ORCHARD LEVEL 2 MSCP-LOT NO.A17
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR4695E
Insured/Policyholder	
Name Of Registered Owner	CHOO QI YONG
NRIC No	S8225723C
Email Address	VSTAR82@YAHOO.COM
Mobile Phone No	(LOCAL) +65-87777875
Alternative Phone No	OTHERS-87777875
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L SMT
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED(ATTEND FUNCTION)
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

THIRD PARTY Type Of Coverage

Fleet Policy NO

Policy Number B 27819293 TMP

Cover Note Number

Driver

Name of Driver CHOO QI YONG NRIC No S8225723C Date Of Birth 12/08/1982 **OUTDOOR** Occupation Date Of Driving Pass 01/03/2001

Driving Experience 16 YEARS AND 8 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-87777875

Fax Number

Contact Number OTHERS-87777875

EMail Address VSTAR82@YAHOO.COM Address BLK 624A PUNGGOL CENTRAL

#16-300

Postcode 821624

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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.
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/20171120/2004

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

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

Phone Number Email Address

SKETCH PLAN

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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 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
- 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:

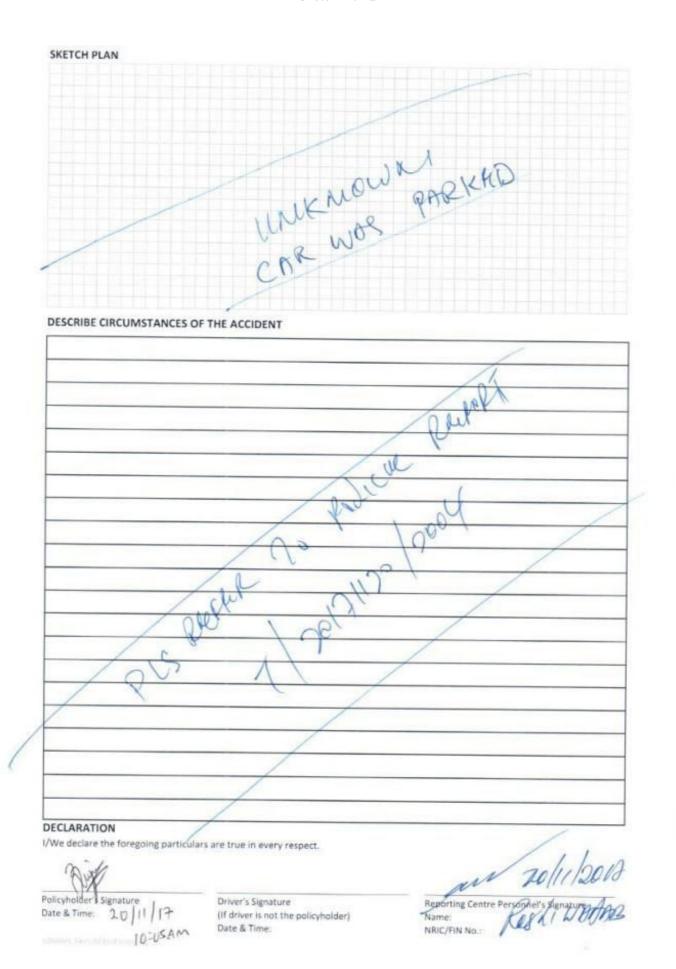
- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal 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)
 - (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:

10:05 AM

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

Reporting Centre Rersonnel's Signature
Name:
NRIC/FIN No.: Ref & WARAN







1 of 3

Report No. T/20171120/2004

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

REPORT OF A TRAFFIC ACCIDENT

REPORT OF A TRAFFIC ACCIDENT		Ctation Diani No :
Date/Time Report Made: 20/11/2017 00:59	Vide Report No.: E/20171119/0227	Station Diary No.:
EU/ 11/2011 00:00		

20/11/2017 00:59			E/201/1119/0221		
Informa	nt's Particu	lars			
Name of Informant: CHOO QI YONG			Address: APT BLK 624A PUNGGOL CENTRAL #16-300 SINGAPORE 821624		
ID Type / ID No.: NRIC NO / S8225723C		23C	Contact No.: Home/Office: Mobile: 87777875		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age:	Date of Birth: 12/08/1982	Type of Informant: Driver		
Race: Chinese Occupation: pilot			Language: Institution / School Nar		
			Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Accident:	Date/Time of Accident: 19/11/2017 19:10		
Location: Along Road 1 ORCHARD L Mandarin Ord Weather:		Road Surface:		Ros	ad Speed Limit:	
Clear Traffic Flow:		Traffic Control Not Controlled	Traffic Control:		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				one conveyed by bulance:		

Details of V	ehicle Invo	lved	- DOMESTICAL		I a re	No of December
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
	1700	10.000			Slightly	0
SJR4695E Car				Damaged		



T/20171120/2004

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

Report No. T/20171120/2004

CONTINUATION OF REPORT

Brief Details.

On the 19/11/2017 at about 1910hrs, I parked my vehicle bearing registration plate SJR4695E at Lot number at A17 of Mandarin Orchard Level 2 Multi-storey Carpark. Everything was fine and intact at that time.

On the same day at around 2245hrs, I returned to my vehicle and discovered that my license plate was on the floor near the car. There were also scratches on the front right side of my bumper.

Subsequently, traffic police attended to my incident and I was given a case card vide E/20171119/0227. I would like to mention there was no note left behind on my car. I do not have any suspect in mind.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20171120/2004

CONTINUATION OF REPORT

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NP168

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: F / Sgt 2 WANG SHILING, ELVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2017 00:59
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
SI ABDUL KAREEM BIN ABDUL HAGUE	150 050



















