

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	12/01/2018 12:46
Date Of Accident	10/01/2018 07:00
Exact Location Of Accident	NEAR TO 11 SURIN LANE ALONG THE SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ6464G
Insured/Policyholder	
Name Of Registered Owner	ANG SIEW LENG
NRIC No	S8243648J
Email Address	LYNNANG.ASL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96988446
Alternative Phone No	OTHERS-96988446

Vehicle Particulars

Manufacturer	BMW
Model	120I
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	B 8009554 SMP
Cover Note Number	

Driver

Name of Driver	ANG SIEW LENG
NRIC No	S8243648J
Date Of Birth	24/12/1982
Occupation	INDOOR
Date Of Driving Pass	29/07/2002
Driving Experience	15 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96988446
Fax Number	
Contact Number	OTHERS-96988446
Email Address	LYNNANG.ASL@GMAIL.COM

Address	11 SURIN LANE
Postcode	535556
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2879999 - FAX NO: 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180110/2172

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	GBB4498L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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:

- (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: 12 JAN 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

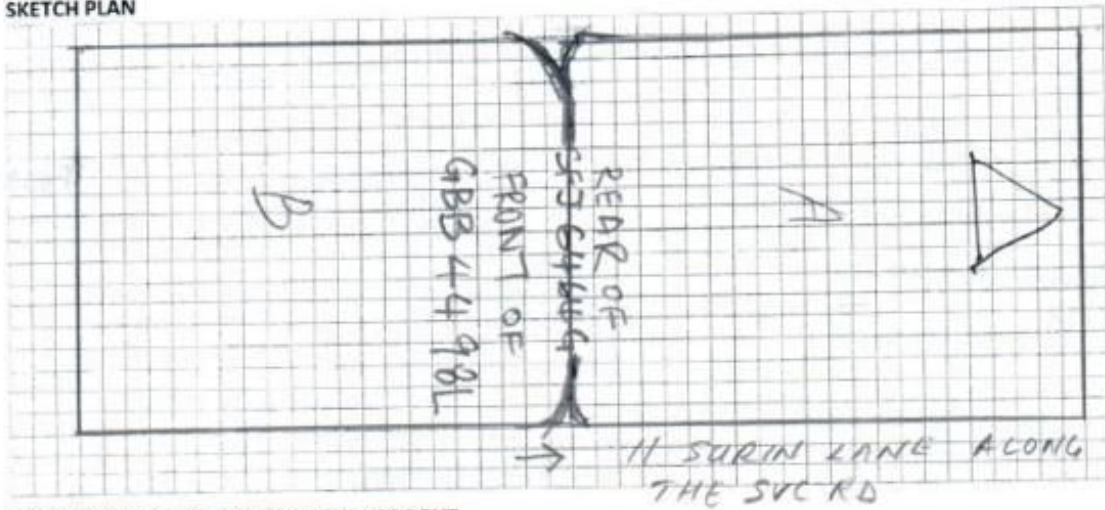
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180110/2172

A - SFJ 6464 G

B - GBB 4498 L

DECLARATION

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

Policyholder's Signature

Date & Time: 12 JAN 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GRABTC SketchPlanForm_V2

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180110/2172

2 of 3

Report No. T/20180110/2172

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

CONTINUATION OF REPORT

Vehicle Owner			
Name	ANG SIEW LENG LYNN	ID No.	S8243648J
Related Vehicle	SFJ6464G	Contact No.	96988446
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09.01.2018 at around 1855hrs, I had parked my vehicle SFJ6464G outside 11 Surin Lane and it was physically intact. On 10.01.2018 at 0725hrs, I discovered there was a slight dent and scratches on my rear bumper. Further more, there was a white mini van's front bumper was already touching my rear bumper with the plate no GBB4498L. I then immediately view the house CCTV and discovered it was the same white mini van which had hit my rear bumper. I am not sure who was the owner and I am lodging the report as I believe it is a hit and run case. I wish to state that I have the whole footage of the incident and photographic evidence.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180110/2172

1 of 3

Report No. T/20180110/2172

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2018 20:35	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: ANG SIEW LENG LYNN			Address: 11 SURIN LANE SINGAPORE 535556	
ID Type / ID No.: NRIC NO / S8243648J			Contact No.: Home/Office: Mobile: 96988446	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 35	Date of Birth: 24/12/1982	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: money broker			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/01/2018 07:00	Type of Location: Straight Road
Location: Along Road 1 SURIN LANE				
Near to 11 Surin Lane along the service road				
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
GBB4498L						0
SFJ6464G						0

Details of Person Involved

Details of Pedestrian Involved:	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180110/2172

2 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20180110/2172

CONTINUATION OF REPORT

Vehicle Owner			
Name	ANG SIEW LENG LYNN	ID No.	S8243648J
Related Vehicle	SFJ6464G	Contact No.	96988446
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180110/2172

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

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Report No. T/20180110/2172

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:

F /

Sgt 2 MUHAMMAD ASYRAF BIN ARIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/01/2018 20:35

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

SI

Authentication Stamp
NP168



Signature:

Singapore Police Force