### 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 <u>truthful and accurate</u> 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/02/2018 10:25
Date Of Accident	03/02/2018 15:40
Exact Location Of Accident	BISHAN MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP2458K
Insured/Policyholder	
Name Of Registered Owner	CHOONG LAI HENG
NRIC No	S7473910E
Email Address	VIENCHOONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98556296
Alternative Phone No	OFFICE-92383876
Vehicle Particulars	
Manufacturer	BMW
Model	316I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	B27766185SMP
Cover Note Number	
Driver	
Name of Duiver	LEE THAM CLIN

Name of Driver

LEE THIAM SUN

NRIC No

S7466855J

Date Of Birth

Occupation

INDOOR

Date Of Driving Pass

26/06/2009

Driving Experience 8 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92383876

Fax Number

Contact Number

EMail Address THIAMSUN@HOTMAIL.COM

143 LOR 2 TOA PAYOH #11-184 Address

Postcode 310143

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

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** DRY Road Surface

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)

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

POLICE STATION NAME [OTHER] TOA PAYOH NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

FILE TOO BIG Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKX7265A Vehicle Registration Number

ΚIΑ Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

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### SKETCH PLAN

### **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

- (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

TCH PLAN	
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+   +   +   +	
<u> </u>	
CRIBE CIRCUMSTANCE	C OF THE ACCIDENT
	ticulars are true in every respect.
CLARATION e declare the foregoing part cyholder's Signature	ticulars are true in every respect.  Driver's Signature (If driver is not the policyholder)  Name:  Applic (INNA) to the policyholder)

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Report No. T/20180204/2034

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/02/2018 10:00		41

04/02/201	8 10:00		41		
Informan	t's Particu	ılars			
Name of I LEE THIA			Address: APT BLK 143 LORONG 2 TOA PAYOH #11-184 SINGA 310143		
ID Type / NRIC NO	ID No.: / S746685	5J	Contact No.: Home/Office:	Mobile: 92383876	
Nationality MALAYSI			Email:		
Sex: Male	Age: 43	Date of Birth: 29/12/1974	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation IT CONSU			Driving Licence Information: Class: 2B,3	Date of Expiry:	

General Inform	ation of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/02/2018 15:40		
Location: Along Road 1 BISHAN STRE	ET 13 St 13 (MULTI STORE	Y CARPARK)			
Weather: Clear	0.10 (	Road Surface: Dry	The state of the s	Road	d Speed Limit:
		Traffic Control: Not Controlled			ic Volume: raffic
Type of Collision Moving Vehicle	on: e Against - Parked Veh	icle			one conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKP2458K	Car	BMW	316	Blue	Slightly Damaged	0
SKX7265A	Car	KIA				0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP2458K	MSIG INSURANCE (SINGAPORE)	B27766185	26/08/2017	25/08/2018
	PTE. LTD.			





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Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 2 of 3 Report No. T/20180204/2034

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	No. of Pedestrians Injured: NIL Use of Ped			destrian Crossing: NA		
Vehicle Owner						And the state of t
Name	LEE THIAM SUN		ID No	•	S7466855J	
Related Vehicle	NIL			Contact No.		92383876
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disc	harge	NIL	
No. of Days gran			Degree of	Injury	NIL	

### Brief Details.

On 03/02/2018 at about 2pm - 3pm, I had parked my vehicle, SKP2458K, at the Multi Storey Carpark located at B/514 Bishan St 13, Level 3. By then, everything was intact. I then went over to the said MSCP to retrieve my vehicle and used it to run some errands at Woodlands area. Throughout the time, no accident took place.

By the time I come back at about 5.30pm, I parked my vehicle at my MSCP located at my residential address. I then discover the following damages done to my vehicle:

1) Scratches on the front right bumper / body , causing the paint to scrape off.

I wish to state that I have an In-built camera in my car and upon viewing the footages, I discover a vehicle, SKX7265A, had hit my car and ran off.

### Sketch Plan Pg. 5





Report No. T/20180204/2034

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Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

### 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:		
E / Staff Sgt NORHAZWANI BINTE MA'AZ	E W		
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2018 10:00		
Officer In Charge Of Case:	Classification Of Case:		
TP/HRT/			
SI KALESWARI PALAN Contact No.: 65476902 SINGAPORE POLICE FORGE	SW 1668		
Authentication Stamp NP168			
SIGNATUR	E		





















