

## 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 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	08/03/2018 11:23
Date Of Accident	07/03/2018 09:00
Exact Location Of Accident	SEBBAWANG CAMP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP3452S
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### Insured/Policyholder

Name Of Registered Owner	CHUA HOE LEONG
NRIC No	S8012300J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97405395
Alternative Phone No	OFFICE-97405395

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S28961605SMA
Cover Note Number	

### Driver

Name of Driver	CHUA HOE LEONG
NRIC No	S8012300J
Date Of Birth	28/04/1980
Occupation	INDOOR
Date Of Driving Pass	13/03/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97405395
Fax Number	
Contact Number	OFFICE-97405395
EMail Address	NOEMAIL

Address	13 ANCHORVALE CRESCENT #16-07
Postcode	544650
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?	NO
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	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: F/20180307/2150.

#### Attachment(s)

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


SKETCH PLAN

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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.:



### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



F/20180307/2150

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**POLICE REPORT (NP299)**

Report No. F/20180307/2150

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Date/Time Report Made 07/03/2018 18:55	Vide Report No.	Station Diary No. 175		
Name Of Informant CHUA HOE LEONG	Address APT BLK 116B RIVERVALE DRIVE #10-26 SINGAPORE 542116			
ID Type / ID No. NRIC NO / S8012300J	Contact No. Home/Office	Mobile 97405395		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation TEACHER	Sex Male	Age 37	Date of Birth 28/04/1980	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 07/03/2018 09:00 - 07/03/2018 15:30	Location Of Incident SEBBAWANG CAMP			

**Brief details.**

On 07/03/2018 at about 0900hrs, I parked my vehicle bearing registration number SGP3452S at the open space car park of Sembawang Camp.

On the same day at about 1530hrs, I returned to my vehicle and I saw one estimated about 80cm in length and 30 cm in diameter thick tree branch fell onto my car front windscreen.

The top middle portion of the windscreen was damage. Crack lines were seen all over the wind screen.

Signature Of Officer Recording The Report: F / Staff Sgt TEY LI TING, FION	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/03/2018 18:55
Officer In-Charge Of Case: F / Sengkang N.P.C / Staff Sgt TEY LI TING, FION Contact No.: 63438999	Classification Of Case: <i>Insurance claims</i>

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20180307/2150

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180307/2150

The right hand side of the car frame was dented too.

There is no in built camera in my car. I am not injured.

This report is lodge for insurance claims.

Signature Of Officer Recording The Report:

F / Staff Sgt TEY LI TING, FION

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Sengkang N.P.C /  
Staff Sgt TEY LI TING, FION  
Contact No.: 63438999

Authentication Stamp

Signature Of Informant:

Date/Time:  
07/03/2018 18:55

Classification Of Case: