#### 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	30/07/2018 11:25
Date Of Accident	29/07/2018 19:20
Exact Location Of Accident	ALONG LORONG MAMBONG
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF7685R
Insured/Policyholder	
Name Of Registered Owner	DEPAK KUMAR SHOREY S/O PRIMDAS
NRIC No	S6909338H
Email Address	DEPAKKUMAR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97962220
Alternative Phone No	OTHERS-97962220
Vehicle Particulars	
Manufacturer	BMW
Model	5201
Exact Purpose for which vehicle was being used at time of accident	CAR WAR PARKED
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 27313372 SMP
Cover Note Number	
Driver	

Name of Driver DEPAK KUMAR SHOREY S/O PRIMDAS

NRIC No S6909338H

Date Of Birth 28/02/1969

Occupation INDOOR

Date Of Driving Pass 13/06/1992

Driving Experience 26 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97962220

Fax Number

Contact Number OTHERS-97962220

EMail Address DEPAKKUMAR@HOTMAIL.COM

219 PAVILLION CIRCLE Address

Postcode 658234

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

2

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)

NO 1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE** 

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20180729/2102

Attachment(s)

Remarks/ Reasons:

YES Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

WAITING FOR POLICE TO INVESTIGATE

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJV6954J

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS (SILVER)

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

- (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)
  - (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.
- 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.

yholder's Signature

ate & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

## **Accident Sketch Plan**

ETCH PLAN	
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ECLARATION	1
We declare the foregoing particulars are true in every respect.	/
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and an	306011280
olicyholder's Signature Driver's Signature Reporting Cen	tre Bersonnel's Signature
at & Time: 80 0 up (5 (If driver is not the policyholder) Name: NRIC/FIN No.: NRIC/FIN No.:	KOOLI WENDE

## **POLICE REPORT**





Police Station Of Origin: Bukit Timah N.P.C

1 Duke's Road SINGAPORE 268914

Tel No: 1800-4629999

1 of 3 Report No. T/20180729/2102

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2018 21:04		/lade:	Vide Report No.: D/20180729/0112	Station Diary No.: 109	
Informa	nt's Partic	ulars			
Name of	Informant: KUMAR SH		Address: 219 PAVILION CIRCLE SING	GAPORE 658234	
ID Type / ID No.: NRIC NO / S6909338H			Contact No.: Home/Office:	Mobile: 97962220	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age:	Date of Birth: 26/02/1969	Type of Informant:		
Race: Indian			Language:	Institution / School Name:	
Occupation: SINGAPORE ARMED FORCES		ED FORCES	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/07/2018 19:20	Type of Location Straight Road	
Location: Along Road 1 LORONG MA Weather: Clear		Road Surface: Dry		Road Speed Limit.	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic	
		Framic Control:			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKF7685R	Car				Slightly	0
					Damaged	· ·

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

#### POLICE REPORT



T/20180729/2102

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

2 of 3 Report No. T/20180729/2102

## CONTINUATION OF REPORT

Driver		His land	HE THE		
Name	DEPAK KUMAR SHOREY S/O PRIMDAS		ID No. SE		S6909338H
Related Vehicle	SKF7685R (Car)				
To Tollion	SKF7665K (Car)		Contact No.		97962220
Hospital/Clinic	NIL				
	NIL		Class Driving Licent	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Det- Di	Expiry Date		
No. of Days granted Medical Leave NIL		Date Disc	Date Discharge NIL Degree of Injury NIL		
		Degree of			

## Brief Details.

On 29/07/2018 at about 1920hrs, I parked my vehicle (SKF7685R) in front of OCBC bank, along Jalan Mambong. Subsequently, I noticed another Toyota Silver vehicle reversing on the small road on my right and felt an impact on my vehicle's right rear. However, the other said vehicle just drove off without alighting. My vehicle have slight damages to its right rear bumper.

I do not have an in-car camera however I know there are CCTVs around the area.

I am unable to remember the exact car plate number (SJV6954).

I am lodging this report vide D/20180729/0112 under IO Meera (C/N: 654706236).

## POLICE REPORT





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999 3 of 3 Report No. T/20180729/2102

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: E / Sgt 2 VERNETTA HOONG JING WEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time 29/07/2018 21:04
Officer In Charge Of Case: TP / GIT / Sgt 2 LIM HONG LEE Contact No.: 65476438	Classification Of Case:
Authentication Stamp NP168	TATURE .





























