

## 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	06/09/2018 10:50
Date Of Accident	05/09/2018 13:20
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD TURNING INTO ROBIN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA728L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SU CHIANG AARON
NRIC No	S8034484H
Email Address	AARON.TAN.SC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97458750
Alternative Phone No	OTHERS-97700057

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 28705093 QM
Cover Note Number	

### Driver

Name of Driver	CLAUDINE ELIZABETH PANG
NRIC No	S8032765Z
Date Of Birth	28/10/1980
Occupation	INDOOR
Date Of Driving Pass	06/08/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97700057
Fax Number	
Contact Number	OTHERS-97458750
Email Address	AARON.TAN.SC@GMAIL.COM

Address	15 ROBIN ROAD #03-01
Postcode	258196
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 KILLINEY ROAD , <b>POSTCODE:</b> 239572 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7359999 - <b>FAX NO:</b> 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180905/2097

#### 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	SX117X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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.

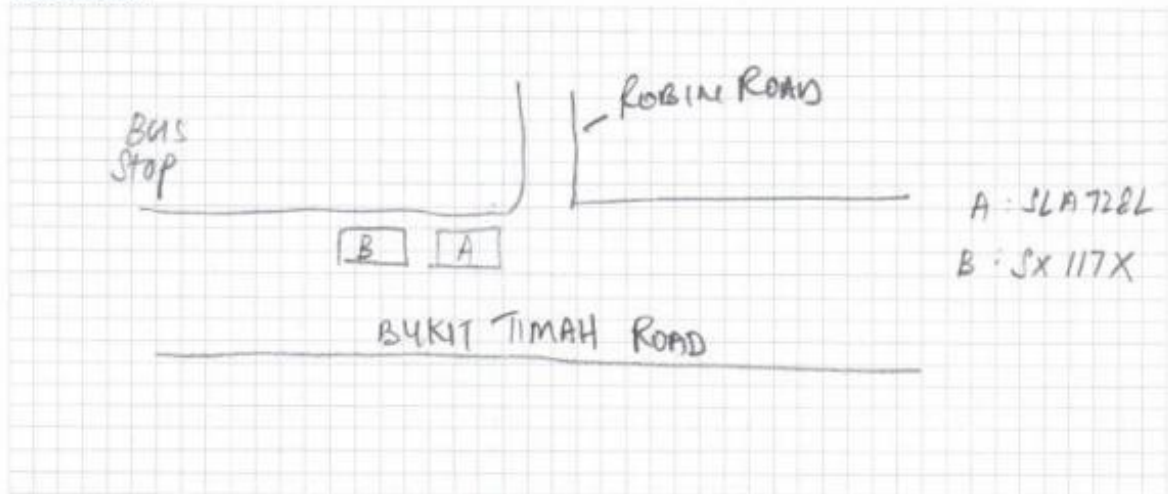
  
Policyholder's Signature  
Date & Time: 6 Sep 2018  
09:10

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 6 Sep 2018  
09:10

  
Reporting Centre Personnel's Signature  
Name: ROSLI WAHAB  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S REFER TO POLICE REPORT  
T/20180905/2097

## DECLARATION

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

*[Signature]*  
Policyholder's Signature

Date & Time: 6 Sep 2018  
09:10

GPAS/RC SketchPlatform v1.5

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 6 Sep 2018  
09:10

*[Signature]* 06/09/2018  
Reporting Centre Personnel's Signature

Name: Rishi Narayan  
NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180905/2097

1 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20180905/2097

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2018 15:12	Vide Report No.:	Station Diary No.: 82
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Informant's Particulars			
Name of Informant: CLAUDINE ELIZABETH PANG		Address: 15 ROBIN ROAD #03-01 SINGAPORE 258196	
ID Type / ID No.: NRIC NO / S8032765Z		Contact No.:	Mobile: 97700057
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 37	Date of Birth: 28/10/1980	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DOCTOR		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/09/2018 13:20	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
Along Bukit Timah Road turning into Robin Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA728L	Car			Grey	Slightly Damaged	2
SX117X				White		0

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

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POLICE FORCE**



T/20180905/2097

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

2 of 3  
Report No. T/20180905/2097

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CLAUDINE ELIZABETH PANG		ID No. S8032765Z
Related Vehicle	SLA728L (Car)		Contact No. 97700057
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
<b>Driver</b>			
Name	Unknown		ID No. NIL
Related Vehicle	SX117X		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 05/09/2018 at around 1:20pm I was travelling along Bukit Timah Road, while turning into Robin Road a vehicle (SX117X) from the back hit onto the rear side of my vehicle (SLA728L). A slight scratch (Below the car plate) can be seen. Immediately I get out of my vehicle to talk to the driver. I asked the driver for particular, however he ignored me and drove off. I waited for the driver at the incident location for 10 minutes to wait for him, however to no avail.

I am not sure I have back camera in my vehicle, I have to check with my husband. I wish to state that no one was injured during the accident. My 2 children were sitting at back passenger seat.

The driver look like he is around 40 to 50 years old.

I am lodging this traffic police report for investigation and insurance claim purposes.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180905/2097

3 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20180905/2097

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 JORDON NG BENG SIONG

Signature Of Interpreter:

Not applicable



SN 172

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

05/09/2018 15:12

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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