

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 liability.
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	04/12/2018 19:17
Date Of Accident	01/12/2018 04:30
Exact Location Of Accident	NEW MARKET RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE4723P
Insured/Policyholder	
Name Of Registered Owner	WEE SOON HENG
NRIC No	S7227475Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98514662
Alternative Phone No	OFFICE-98514662

Vehicle Particulars

Manufacturer	AUDI
Model	A4 2.0T FSI MU S-LINE CVT ABS D/AB HID
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A29079024TMP
Cover Note Number	

Driver

Name of Driver	WEE SOON HENG (HUANG SHUNXING)
NRIC No	S7227475Z
Date Of Birth	04/08/1972
Occupation	INDOOR
Date Of Driving Pass	17/07/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98514662
Fax Number	
Contact Number	OFFICE-98514662
Email Address	NOEMAIL

Address	53 LENGKONG EMPAT #03-06
Postcode	417657
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	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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20181204/2000.

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	UNKNOWN
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


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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.:

Accident Sketch Plan

SKETCH PLAN

A grid for sketching the accident scene. In the center, there is a vertical stack of three small squares. The top square contains a triangle pointing up, the middle square contains the letter 'B', and the bottom square contains a triangle pointing down. To the right of this stack, the text 'A: SKETCHED' is written. Below that, the text 'B: UNKNOWN' is written.

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 & Time:

6121212 AccidentPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Police Report



**SINGAPORE
POLICE FORCE**



G/20181204/2000

1 of 2

POLICE REPORT (NP299)

Report No. G/20181204/2000

Police Station Of Origin
Bedok South N.P.C.
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Date/Time Report Made 04/12/2018 00:21		Vide Report No. A/20181201/0063		Station Diary No. 1	
Name Of Informant WEE SOON HENG		Address 53 LENGKONG EMPAT #03-06 SINGAPORE 417657			
ID Type / ID No. NRIC NO / S7227475Z		Contact No. Home/Office		Mobile 98514662	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Company director		Sex Male	Age 46	Date of Birth 04/08/1972	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 01/12/2018 04:20		Location Of Incident 176 ORCHARD ROAD THE CENTREPOINT SINGAPORE 238843			

Brief details.

On 01/12/2018 at about 0420hrs, I was eating at Centrepoint Shopping Centre with a group of friends. One of my friend, Gabriel informed that he left his belongings inside my car and informed me that he wants to retrieve his belongings inside my vehicle. I then gave him my car keys to retrieve his belongings. My vehicle plate bearing no. SKE4723P was parked inside the carpark at level 5 inside CenterPoint Shopping Centre.

Subsequently, at about 0445hrs, I received a call from my other friend, GY and he informed that Gabriel

Signature Of Officer Recording The Report:

G / Sgt 3 SUI WENDY

Signature Of Informant:

Signature

Signature Of Interpreter:
Not applicable

Date/Time:
04/12/2018 00:21

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sgt 3 NG HONG SIM, JASON
Contact No.: 62440000

Classification Of Case:

Authentication Stamp

Signature

Police Report



SINGAPORE
POLICE FORCE



G/20181204/2000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181204/2000

had driven my car and got into a serious accident along New Market Rd. Police was attended to the scene vide incident no. A/20181201/0063. I was then told that my friend Gabriel was arrested by the police for drink driving.

I wish to state that I did not give any permission for my friend, Gabriel to drive my car. I was only told by him that he wanted to retrieve his belongings that was left inside my vehicle which I handed him my car keys. I had also warned him not to drive my car before passing him the car key and was assured by him that he will not drive my car.

I am lodging this report for my insurance to follow up.

Signature Of Officer Recording The Report:

G / Sgt 3 SUI WENDY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sgt 3 NG HONG SIM, JASON
Contact No.: 62440000

Authentication Stamp



Signature Of Informant:

Allen Wu

Date/Time:
04/12/2018 00:21

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

