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 witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	17/01/2019 18:38
Date Of Accident	17/01/2019 13:55
Exact Location Of Accident	BLK 9B BOON TIONG MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT3200J
Insured/Policyholder	
Name Of Registered Owner	DIONNA LEE SU LING
NRIC No	S8844649F
Email Address	HELLO.MORNINGGLORY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91705164
Alternative Phone No	OTHERS-97589606
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180
Exact Purpose for which vehicle was being used at time of accident	CAR WAS 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 28938044 QMY
Cover Note Number	
Driver	

Name of Driver **GABRIEL SEAN ASHLEY**

NRIC No S8716937E Date Of Birth 18/06/1987 Occupation **INDOOR Date Of Driving Pass** 22/06/2007

Driving Experience 11 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91705164

Fax Number

Contact Number OTHERS-97589606

EMail Address HELLO.MORNINGGLORY@GMAIL.COM Address BLK 9B BOON TIONG ROAD

#38-509

Postcode 163009

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

3500

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?

Number of vehicles (including own vehicle)

involved in the accident

1

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO NO

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

Police Station Address

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT

COMPLEX BLOCK A, **POSTCODE:** 088762, **COUNTRY**: SINGAPORE

Police Station Contact **TEL NO**: 1800-2240000 - **FAX NO**: 62200877

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190118/7005

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

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:

- 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

5:56 pm

or complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Tir

Driver's Signature

(If driver & not the policyholder)

Date & Time: 174 JAN 2019

Reporting Centre Personnel's Signature

NRIC/FIN No.:

J-56pm

Accident Sketch Plan

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		CKR W	
	10	Ci.	
	"IXxION. OF	xxxxx	
1	yer d	00	
SCRIBE CIRCUMSTANCES OF TH	IF ACCIDENT		
WE CAME INTO THE		GR ADON TIONS EDA	D MULTI STOREY
CARPARK IN LOT 173			-
SOME ONE HIT & RUN.			
DECLARATION			<i>f</i>
DECLARATION (We declare the foregoing particulars	are true in every respect.		18/10/19018

5:80rm

POLICE REPORT





1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20190118/7005

Date/Time Report Made 18/01/2019 10:37	Vide Report No.			Station Diary No.	
Name Of Informant	Address				
DIONNA LEE SU LING	32 INGGU ROAD SINGAPORE 757369		69		
ID Type / ID No. NRIC NO / S8844649F	Contact No. Home/Office: Mobile: 91705164				
Nationality SINGAPORE CITIZEN	Email Address hello.morningglory@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Photographer	Female	30	13/11/1988	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 16/01/2019 21:30 - 17/01/2019 14:00	Location Of Incident 11A BOON TIONG ROAD #3A TIONG BAHRU VIEW SINGAPORE 161011				

Brief details.

REF: Hit & Run Incident at Storey 3A, Boon Tiong Road Blk 11A MSCP (Multi Storey Car Park), Car Lot 177

My car was parked on the 16th Jan 2019 at 9:30pm at Boon Tiong Road Blk 11A MSCP on Level 3A, car lot 177.

When I returned on the 17th Jan 2019 at 1:55pm, I realised there was a note on my windscreen, the note

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 18/01/2019 10:37
Classification Of Case:

Authentication Stamp

POLICE REPORT





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190118/7005

says "Your bumper is damage. The car who hit it just drive off. I have already made police report" (Please refer to attached upload with the photo reference). My husband which was together with me at the incident, then went to the front of the car to check on the damages. We see that there are damages on our front right headlights and multiple marks and scratches on the right front bumper (Please refer to attached upload photos of the damages).

Unknown			
Unknown			
	Sr. w	W214	
DIONNA LEE SU LING			
NRIC NO	ID No		S8844649F
Female	210011		30
Chinese			English
Photographer			
The state of the s			91705164
Yes			
Gabriel Sean Ashley			
NRIC NO	ID No		S8716937E
Male	Age		30
Eurasian	Language		English
cer Recording The Report:		The idea report h	re Of Informant: ntity of the person making this as been authenticated by ss. No signature is required.
Signature Of Interpreter: Not applicable		Date/Time: 18/01/2019 10:37	
Officer In-Charge Of Case:		Classification Of Case:	
	Unknown DIONNA LEE SU LING NRIC NO Female Chinese Photographer 32 INGGU ROAD SINGAPORE 757369 Yes Gabriel Sean Ashley NRIC NO Male Eurasian cer Recording The Report:	Unknown DIONNA LEE SU LING NRIC NO ID No Female Age Chinese Languag Photographer Address 32 INGGU ROAD SINGAPORE 757369 Yes Gabriel Sean Ashley NRIC NO ID No Male Age Eurasian Languag Cer Recording The Report:	Unknown DIONNA LEE SU LING NRIC NO ID No Female Age Chinese Language Photographer Address Type 32 INGGU ROAD SINGAPORE Mobile No 757369 Yes Gabriel Sean Ashley NRIC NO ID No Male Age Eurasian Language Der Recording The Report: Signatur The ider report he sing Paster (18/01/2)

POLICE REPORT





3 of 3

POLICE REPORT (NP299)

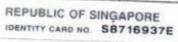
CONTINUATION OF REPORT

Report No. A/20190118/7005

Occupation	Photographer	Address	9B Boon Tiong Road #38-509 SINGAPORE 163009
Home/Office No	97589606	Mobile No	97589606
Relation To Informant	Husband		
Person Name	DIONNA LEE SU LING	(Informant)	

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2019 10:37
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Page 7 of 25



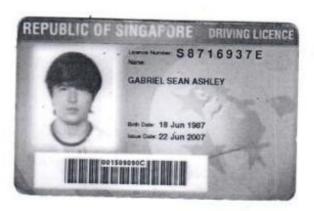


9

GABRIEL SEAN ASHLEY

9

Hace EURASIAN Date of pirth 18-08-1987 Country/Place of pirth SINGAPORE



5927729



Date of leave 02-05-2018

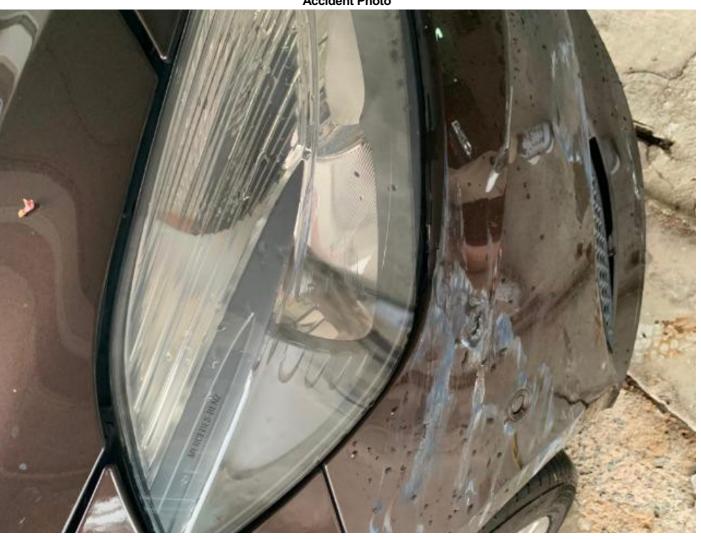
APT BLK 98 BOON TIONG ROAD #38-509 SINGAPORE 163009 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars=< 2000kg with =<7 passengers, exclusive 22 Jun 2007 of the driver; and offee motor vehicles =< 2500kg

NP 428A



















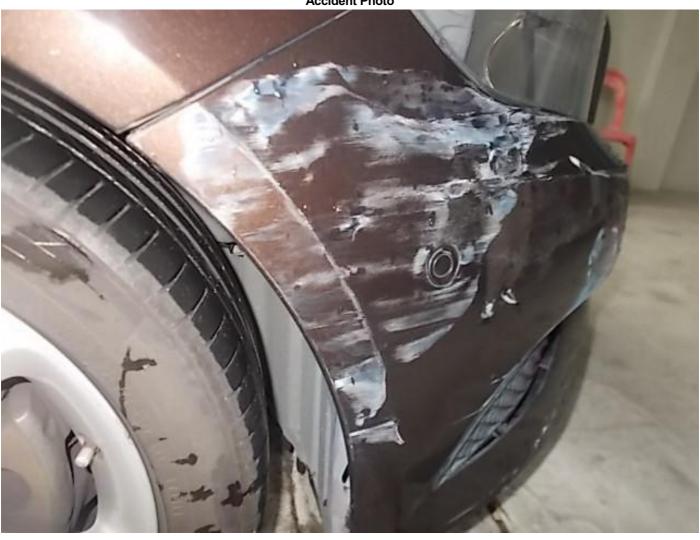


Driving License



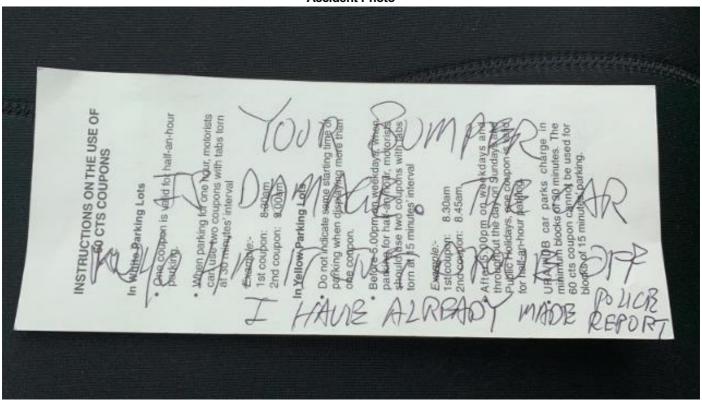












Addendum Sheet



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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay \$18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 05:00 – 17:00
UEN: 3665300200 / 037 Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: MA419008168 Original Report No : ^ Vehicle Registration No: NRIC/FIN/Passport No : (*Vehicle Drivery Vehicle Owner) (*) Please delete as appropriate Singapore(Address Contact (Tel) Emall Address 101 20V Time of Accident : Date of Accident BIK 9B BOON THOUGH Place of Accident MSLG Insurance Company: (B) ADDITIONALINFORMATION (AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: DIONAN LEF SU LING INSURKO MAME TO Reporting Centre Personnel's Signature NRIC/FINNO. Robbi lund Policyholder / Driver's Signature Date:

Date: