### 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.	
	ACCIDENT STATEMENT
Date Of Report	23/01/2019 17:02
Date Of Accident	14/01/2019 19:45
Exact Location Of Accident	BLK 799 YISHUN RING ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	S2970CD
Insured/Policyholder	
Name Of Registered Owner	EMBASSY OF THE REPUBLIC OF INDONESIA
Co Reg No	S67DP0029F
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67377422
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD MR CVT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A27797952MCY
Cover Note Number	
Driver	
Name of Driver	AHMAD SHAFIQ BIN TALIB

NRIC No S8628639D Date Of Birth 01/10/1986 Occupation **OUTDOOR Date Of Driving Pass** 14/03/2013

**Driving Experience** 5 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91093749

Fax Number

Contact Number OFFICE-91093749

**EMail Address NOEMAIL** 

**BLK 139 YISHUN RING ROAD** Address

#05-108

Postcode 760139

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

TEL NO: 1800-8522999 - FAX NO: 68522239 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20190114/2171.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

UNKNOWN Vehicle Registration Number

Vehicle Make/Model/Colour

**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

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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 Signatus (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No

## **Accident Sketch Plan**

ETCH PLAN				
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	(8)			
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
Refer to police	report - 1/20190114/217	12		
The state of the s				
CLARATION Ve declare the foregoing part	ticulars are true in every respect.			1
	~			m
licyholder's Signature	Driver's signature			ersonnel's Signature
ite & Time:	(If driver is not the policyholo Date & Time:		Name: NRIC/FIN No.:	

Date & Time:





Police Station Of Origin:

Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

T/20190114/2171

1 of 3

Report No. T/20190114/2171

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2019 23:15		/lade:	Vide Report No.:	Station Diary No.: 122	
Informa	nt's Partic	ulars			
	Informant: SHAFIQ B		Address: APT BLK 139 YISHUN R 760139	ING ROAD #05-108 SINGAPORE	
	/ ID No.: D / S86286	39D	Contact No.: Home/Office: Mobile: 91093749		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 32	Date of Birth: 01/10/1986	Type of Informant:		
Race: Malay			Language:	Institution / School Name:	
Occupat Driver	ion:		Driving Licence Information Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/01/2019 21:45	Type of Location Car Park	
Weather:		Road Surface:	1	Road Speed Limit:	
Clear		Dry			
	ow: Traffic Control:			Traffic Volume:	
Traffic Flow:				Committee of the Commit	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
S2970CD	Car	ТОУОТА	ALPHARD	Black	Slightly Damaged	0



T/20190114/2171

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 2 of 3 Report No. T/20190114/2171

CONTINUATION OF REPORT

### Brief Details.

On the 14/01/2019 at about 7:45pm, I parked my vehicle S2970CD at Lot number 2 at the carpark of Blk 799 Yishun Ring Road. At about 9:45pm, when I came back to drive the car off, I discovered that the right side bumper of my vehicle was damaged and came out. The right side of the bumper is dented and scratch marks can be seen.

I am driving this vehicle for an Indonesian Diplomat. There is no in-built camera in my car. When I parked my vehicle there was a car on the left side(still there) and an empty handicap lot on the right side of my vehicle.





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

3 of 3 Report No. T/20190114/2171

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 Informant:
Date/Time: 14/01/2019 23:15
Classification Of Case:
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ature





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Report No. L/20190114/2137

# POLICE REPORT (NP299)

Police Station Of Origin Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

Date/Time Report Made 14/01/2019 23:24	Vide Report No. T/20190114/2171		Station Diary No 127	
Name Of Informant	Address			1.50
AHMAD SHAFIQ BIN TALIB	APT BLK 139 YISHUN RING ROAD #05-108 SINGAPORE 760139			
ID Type / ID No. NRIC NO / S8628639D	Contact No. Home/Office Mobile 91093749			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Driver	Male	32	01/10/1986	Malay
Institution/School Name	Language			
Date/Time Of Incident 14/01/2019 19:45 - 14/01/2019 21:45	Location Of Incident APT BLK 799 YISHUN RING ROAD KHATIB VALE SINGAPORE 760799			

Brief details.

On the 14/01/2019 at about 7:45pm, I parked my vehicle S2970CD at Lot number 2 at the carpark of Blk. 799 Yishun Ring Road. At about 9:45pm, when I came back to drive the car off, I discovered that the right side bumper of my vehicle was damaged and came out. The right side of the bumper is dented and scratch marks can be seen.

I am driving this vehicle for an Indonesian Diplomat. There is no in-built camera in my car. When I parked

Signature Of Officer Recording The Report:	Signature Of Informant:
L / Sr Staff Sgt MOHAMAD FAIZAL BIN SIKEN	
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2019 23:24
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp NG MEIQI, JOLENE Contact No.: 64660000	Classification Of Case:
Authentication Stamp	

Signature: Single Singl





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190114/2137

my vehicle there was a car on the left side(still there) and an empty handicap lot on the right side of my vehicle.

Signature Of Officer Recording The Report:

L / Sr Staff Sgt MOHAMAD FAIZAL BIN SIKEN

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp NG MEIQI, JOLENE Contact No.: 64660000

Authentication Stamp

Signature Of Informant:

Date/Time/ 14/01/2019 23:24

Classification Of Case:

Tantals 12-

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