

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	24/01/2019 16:29
Date Of Accident	23/01/2019 15:00
Exact Location Of Accident	BLK 7 KALLANG PLACE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3073E
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91056128
Alternative Phone No	OFFICE-66341808

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	B 29100055 MCY
Cover Note Number	

Driver

Name of Driver	HASEGAWA YOSHIKI
NRIC No	G3241993W
Date Of Birth	18/02/1976
Occupation	INDOOR
Date Of Driving Pass	19/04/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91056128
Fax Number	
Contact Number	OFFICE-66341808
Email Address	NOEMAIL

Address	BLK 7 LORONG HOW SUN #15-39
Postcode	536564
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190124/2024

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	FRANKIE
NRIC/Passport Number	
Contact Number	82884738
Address	GUTHRIE FMC PTE LTD
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

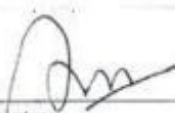
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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

Box 7 LAUNDRY PLACE OPEN CARPARK

A - SKP
3073E

7 KALLANG PLACE
CARPARK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT ATTACHED: A/20190124/2024

DECLARATION

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



Policyholder's Signature
Date & Time:

GIARMC Sketch/Plan/Section_V3

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

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**



A/20190124/2024

1 of 2

POLICE REPORT (NP299)

Report No. A/20190124/2024

Police Station Of Origin
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Date/Time Report Made 24/01/2019 10:58	Vide Report No.	Station Diary No. 53
Name Of Informant HASEGAWA YOSHIKI	Address APT BLK 7 LORONG HOW SUN #15-39 BARTLEY RESIDENCES SINGAPORE 536564	
ID Type / ID No. FIN NO / G3241993W	Contact No. Home/Office Mobile 91056128	
Nationality JAPANESE	Email Address	
Occupation VICE PRESIDENT	Sex Male	Age 42
Institution/School Name	Date of Birth 18/02/1976	Race Others
Date/Time Of Incident 23/01/2019 12:00 - 23/01/2019 15:00	Location Of Incident 7 KALLANG PLACE UNNAMED SINGAPORE 339153 Open space carpark	

Brief details.

On 23/01/19 at about 1200hrs, I parked my rental vehicle 'SKP3073E' at the open space carpark at 7 Kallang Place.

On the same day at about 1500hrs, I went back to my vehicle and discovered a fallen tree hit onto my vehicle front causing my vehicle left front headlight broken, some scratches and small dent at the vehicle hoods. No one was injured.

Signature Of Officer Recording The Report: A / Sgt 2 CAI JINQUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2019 10:58
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp LEE JUN LONG Contact No.: 65575028	Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



A/20190124/2024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190124/2024

I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

A / Sgt 2 CAI JINQUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp LEE JUN LONG
Contact No.: 65575028

Signature Of Informant:

Date/Time:
24/01/2019 10:58

Classification Of Case:

Authentication Stamp



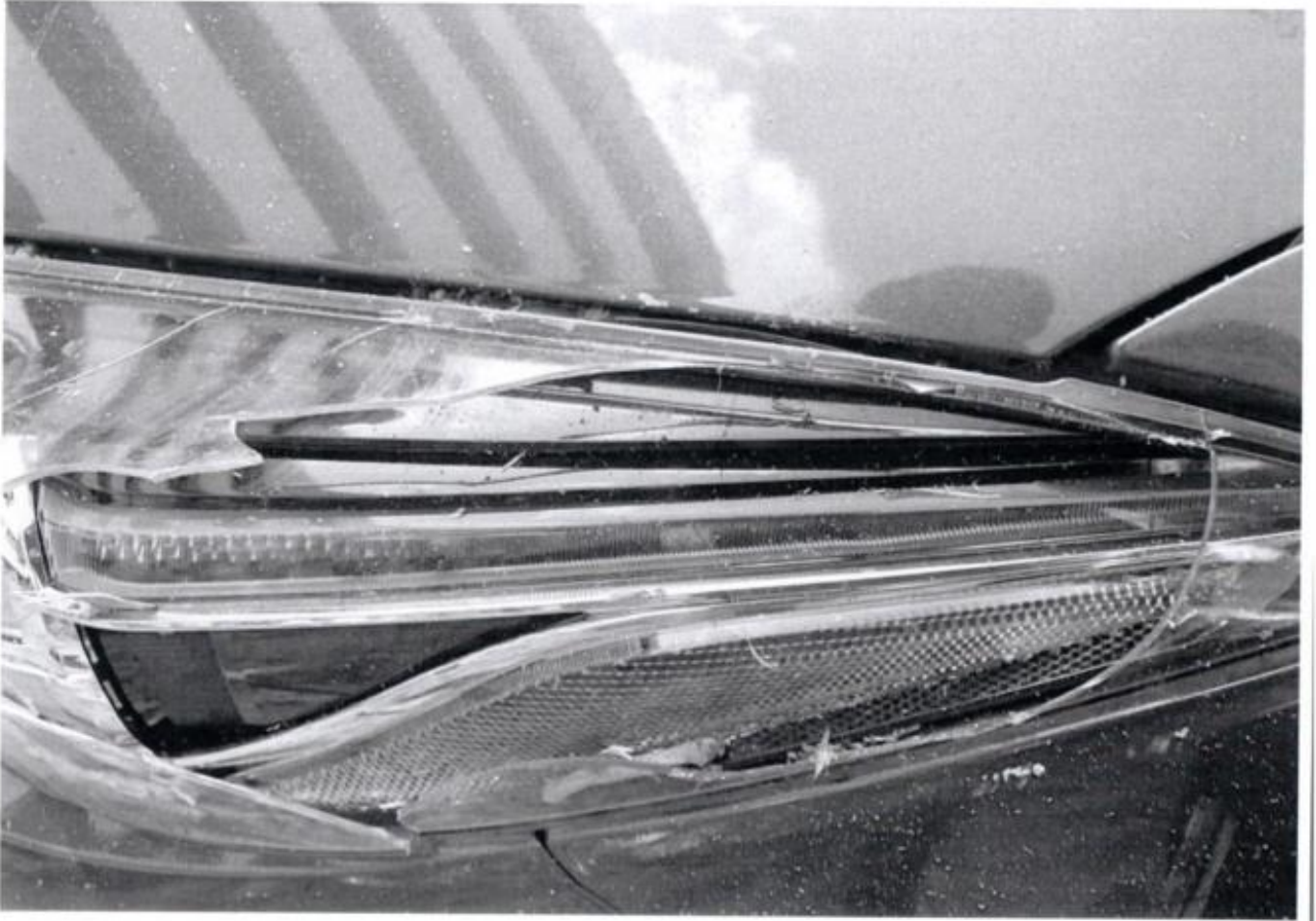
ACCIDENT SCENE



ACCIDENT SCENE



ACCIDENT SCENE



ACCIDENT SCENE



ID

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 21A)
Republic of Singapore

LEOYAN
YUAN UNIVERSAL PTE. LTD.

Name
HASEGAWA YOSHIAKI
Occupation
SALES ENGINEER

ICN
03241983W

Date of Application
30-12-2015
Date of Issue
18-03-2016
Date of Expiry
16-03-2019

 **L6587636**

VISIT PASS
Immigration Regulations

Name
HASEGAWA YOSHIAKI



Date of Birth
18-02-1976

Sex
M

Nationality
JAPANESE

ICN
03241983W

Date of Issue
18-03-2016

Date of Expiry
16-03-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



ID

PUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G 3241993 W**

Name: **HASEGAWA YOSHIKI**

Birth Date: **18 Feb 1976**

Issue Date: **19 Apr 2016**

Valid Till: **18/04/2021**

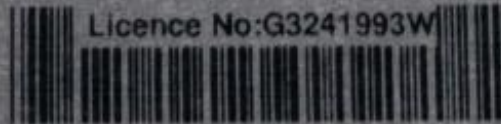
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consideration. Thank you.

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
ss 2B	Motorcycles =< 200 cc	19 Apr 2016
ss 2A	Motorcycles between 201 cc and 400 cc	19 Apr 2016
ss 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	19 Apr 2016



42BA

Accident Photo



Accident Photo



Accident Photo





2019-1-24 15:52

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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, 09:00 - 17:00
UEN: S665306200 / GST Reg. No.: M400017731

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAIBV19011764-01 Vehicle Registration No: SKP3073E
Name (as shown in NRIC) : SINE DARBY SERVICES NRIC/FIN/Passport No : 197501065W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 305 ALEXANDRA ROAD #03-01 Singapore (159442)
Contact (Tel) : 64473388 Mobile No.: 85337214
Email Address : operations@hertz.simedarby.com.sg
Date of Accident : 23/01/2019 Time of Accident : 1500HRS
Place of Accident : BLK 7 KALLANG PLACE OPEN CARPARK
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To change from 3rd party claim to own damage claim

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Rosh
NRIC/FIN No.: 1984
Date: 28/01/2019

Addendum Sheet



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, 09:00 - 17:00
UEN: S665306200 / GST Reg. No.: M400017731

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MABV19011764-01 Vehicle Registration No: SKP3073E
Name (as shown in NRIC) : SINE DARBY SERVICES NRIC/FIN/Passport No : 197501065W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 305 ALEXANDRA ROAD #03-01 Singapore (15942)
Contact (Tel) : 64473388 Mobile No.: 85337214
Email Address : operations@hertz.simedarby.com.sg
Date of Accident : 23/01/2019 Time of Accident : 1500HRS
Place of Accident : BLK 7 KALLANG PLACE OPEN CARPARK
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

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Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Rosh
NRIC/FIN No.: 1984
Date: 28/01/2019