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 <u>truthful and accurate</u> 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

By the lodgement of this report to the insurers, you hereby cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	04/03/2019 16:19	
Date Of Accident	02/03/2019 14:00	
Exact Location Of Accident	80 RHU CROSS MARINA BAY GOLF COURSE D/RANGE	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA6766L	
Insured/Policyholder		
Name Of Registered Owner	STARHIGH ASIA PACIFIC (PTE LTD)	
Co Reg No	-	
Email Address	SITHU.PYO@STARHIGH.COM.SG	
Mobile Phone No	(LOCAL) +65-98277645	
Alternative Phone No	OFFICE-98277645	
Vehicle Particulars		
Manufacturer	BMW	
Model	M6	
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 NO

Policy Number A 28699848 MPC

Cover Note Number

Driver

Name of Driver SI THU PHYO @ZHUANG YANG MING

 NRIC No
 \$8271666A

 Date Of Birth
 05/03/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 20/12/2002

Driving Experience 16 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98277645

Fax Number

Contact Number OTHERS-98277645

EMail Address SITHU.PYO@STARHIGH.COM.SG

Address 16A SENNET ROAD

Postcode 466795

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

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? 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

NO

ambulance?

...

Was any other material or property damaged?

NO

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20190302/2148

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

- 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. 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)
 - (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
- 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 04/03/2019

14:10

Signature

STHE BUT er is not the policyholder)

Date & Time

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN UMKHOU NO COOR POOK DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel of Senature Alon. Policyholder's Signature river Synature Date & Time: Mariter is not the policyholder)

04/03/2019

14:10

Date & Time:

NRIC/FIN No.:

POLICE REPORT





1 of 2

Report No. G/20190302/2148

POLICE REPORT (NP299)

Police Station Of Origin Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

Date/Time Report Made 02/03/2019 21:44	Vide Report No.		Station Diary No.		
Name Of Informant	Address				
SI THU PHYO	16A SENNETT ROAD SINGAPORE 466795				
ID Type / ID No. NRIC NO / \$8271666A	Contact No. Home/Office		Mobile 98277645		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation	Sex	Age	Date of Birth	Race	
BUSINESSMAN	Male	36	05/03/1982	Chinese	
Institution/School Name	Language				
Date/Time Of Incident 02/03/2019 07:00 - 02/03/2019 14:00	Location Of Incident * 80 RHU CROSS MARINA BAY GOLF COURSE/D RANGE* SINGAPORE 437437				

Brief details.

On 02/03/2019 at about 0700hrs, I parked my car at Marine Bay Golf Course at the said carpark near to the Clubhouse.

Later at about 1400hrs, I came back to my car and noticed a huge scratch mark which I suspect is from a vehicle that tried to reverse into the lot on my right.

I then informed the security guard about this matter and asked if I could view the CCTV. The security

Signature Of Informant:
Att.
Date/Time: 02/03/2019 21:44
Classification Of Case:

Authentication Stamp

POLICE REPORT





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190302/2148

guard advised me to lodge an insurance claim. I then called my insurance company who then advise me to lodge a police report.

I am lodging this report for insurance claim. I have an in-car camera however it is faulty. My vehicle is one Blue BMW M6 bearing number plate SLA6766L. I have no suspect in mind.

Signature Of Officer Recording The Report:

G / Sgt 3 MUHAMMAD IDRIS BIN MOHD ISMAIL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt NUR ATIQAH BINTE ROSLEE
Contact No.: 62447200

Authentication Stamp



MYANMAR























