

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	20/03/2019 16:55
Date Of Accident	20/03/2019 12:20
Exact Location Of Accident	PASIR RIS ST 21 LOYANG POINT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME535T
Insured/Policyholder	
Name Of Registered Owner	AZMI BIN MOHAMAD YUSOFF
NRIC No	S6826601G
Email Address	AZMI.M.YUSOFF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97673475
Alternative Phone No	OTHERS-97673475

Vehicle Particulars

Manufacturer	AUDI
Model	-
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	A 80463989 QMX
Cover Note Number	

Driver

Name of Driver	AZMI BIN MOHAMAD YUSOFF
NRIC No	S6826601G
Date Of Birth	23/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97673475
Fax Number	
Contact Number	OTHERS-97673475
Email Address	AZMI.M.YUSOFF@GMAIL.COM

Address	BLK 672 CHOA CHU KANG CRESCENT #09-495
Postcode	680672
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	COLLIDED INTO PARKED VEHICLE
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	2
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TOT HE POLICE REPORT:T/20190320/2091

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFZ8299U
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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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) 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20190320/2091

DECLARATION

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

Policyholder's Signature
Date & Time:

Signature: [Signature]

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

Signature: [Signature]

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

Signature: [Signature] 20/03/19

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190320/2091

Police Station Of Origin:
Pasir Ris N.P.C.
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190320/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AZMI BIN MOHAMAD YUSOFF	ID No.	S6826601G
Related Vehicle	SME535T (Car)	Contact No.	97673475
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/03/2019 at about 1205hrs, I parked my car SME535T at level 3 of Loyang Point Car Park.

I then alighted from my vehicle and went for lunch.

At 1245hrs after I had my lunch, I then went back to my vehicle. While I was at my vehicle, one male Chinese passer by stop me and informed that earlier he saw someone drove the car registration plate number SFZ8299U hit on my front right portion of my vehicle.

I then take a look at my front portion of my vehicle, I discovered that there is some dented and scratches on my vehicle.

I wish to state that I have in Car Camera.

Accident Photo



Accident Photo



Accident Photo



Accident Photo

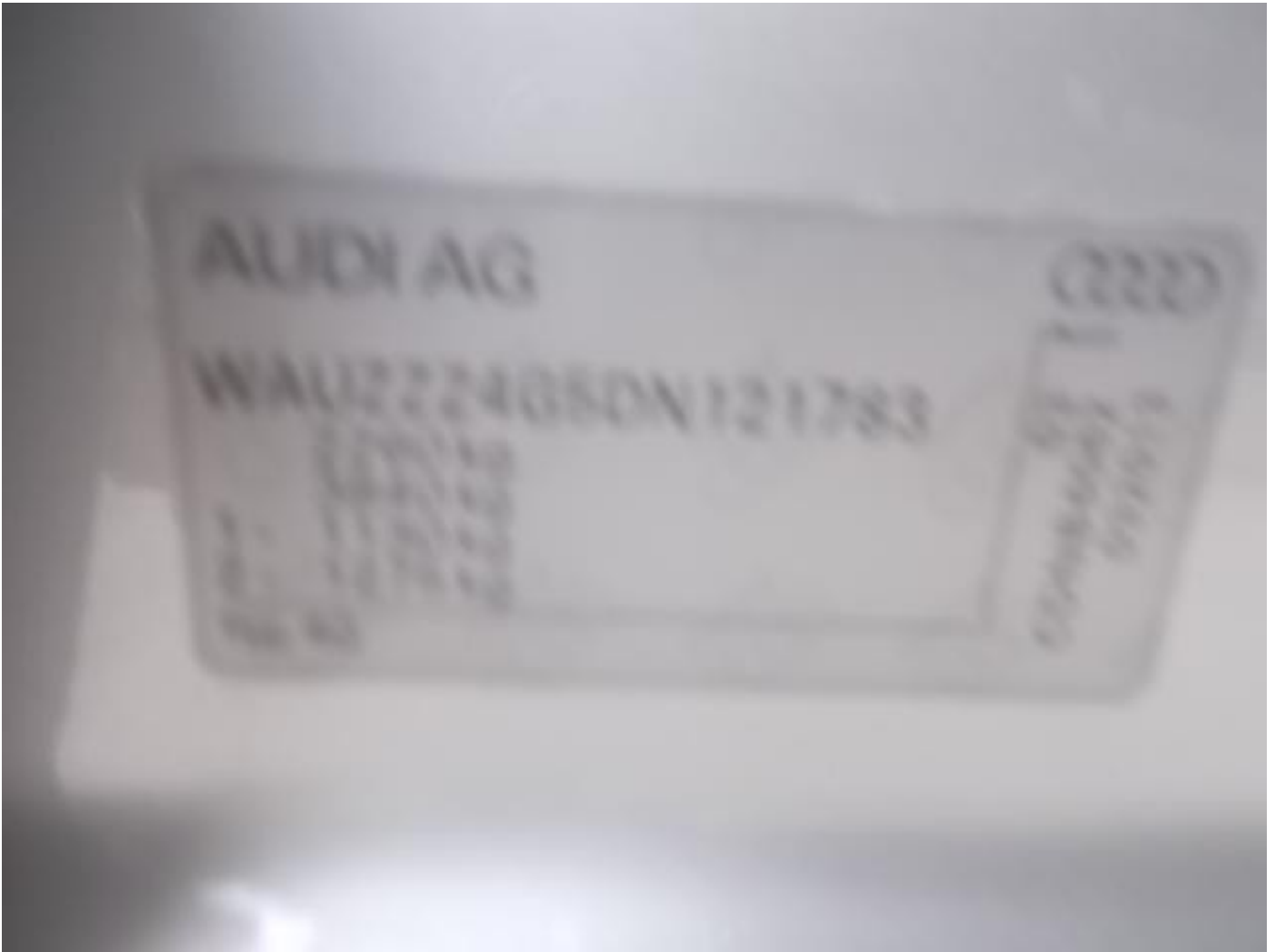


Accident Photo





Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190320/2091

Police Station Of Origin:
Pasir Ris N P C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852889

1 of 3
Report No. T/20190320/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2019 13:42		Video Report No.:		Station Diary No.: 37
Informant's Particulars				
Name of Informant: AZMI BIN MOHAMAD YUSOFF		Address: APT BLK 672 CHOA CHU KANG CRESCENT #09-495 SINGAPORE 680672		
ID Type / ID No.: NRIC NO / S6826801G		Contact No.: Home/Office: Mobile: 97873475		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 23/08/1968	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/03/2019 12:20	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 21 At the Car Park of Loyang Point				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFZ8299U	Car					0
SME535T	Car	AUDI			Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SME535T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A80483989QMX	08/11/2018	07/11/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190320/2091

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852589

2 of 3

Report No.: T/20190320/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AZMI BIN MOHAMAD YUSOFF	ID No.	S8828601G
Related Vehicle	SME535T (Car)	Contact No.	97673475
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/03/2019 at about 1205hrs, I parked my car SME535T at level 3 of Loyang Point Car Park.

I then alighted from my vehicle and went for lunch.

At 1245hrs after I had my lunch, I then went back to my vehicle. While I was at my vehicle, one male Chinese passer by stop me and informed that earlier he saw someone drove the car registration plate number SFZ8296U hit on my front right portion of my vehicle.

I then take a look at my front portion of my vehicle, I discovered that there is some dented and scratches on my vehicle.

I wish to state that I have in Car Camera.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



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3 of 3

Report No. T/20190320/2091

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 Officer Recording The Report:

G /

Staff Sgt IDRIS BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/03/2019 13.42

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP185



SINGAPORE
POLICE FORCE

Identification Card

