

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	22/04/2019 17:27
Date Of Accident	19/04/2019 08:30
Exact Location Of Accident	BLK 440 AMK AVE 10 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2844T
Insured/Policyholder	
Name Of Registered Owner	D&H MULTIBUILD PTE LTD
Co Reg No	201320913G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96533633
Alternative Phone No	OFFICE-96533633

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 DX M
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28841455MKC
Cover Note Number	

Driver

Name of Driver	LAI KIN LOONG
NRIC No	S7488387G
Date Of Birth	28/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81271782
Fax Number	
Contact Number	OFFICE-81271782
EEmail Address	NOEMAIL

Address	BLK 440 ANG MO KIO AVENUE 10 #06-1301
Postcode	560440
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190419/2053.

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 Witness 1

Name	JIMMY NG
Phone Number	96962842
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT45Z
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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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:

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

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

Accident Sketch Plan

SKETCH PLAN

Handwritten sketch plan on a grid background. The sketch shows a road layout with a vertical road on the left and a horizontal road intersecting it. A vehicle labeled 'A' is positioned at the intersection, and a vehicle labeled 'B' is positioned further along the horizontal road. A diagonal line labeled 'Road' is drawn across the intersection. To the right of the sketch, the following text is written:

A: GIBBSUMT
B: RT452

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten description of the accident circumstances:

pedal to police report - 17/01/2019/2019.

DECLARATION

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

Policyholder's Signature
Date & Time:

QIA/MAC/2019/01/2019

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**



T/20190419/2053

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20190419/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2019 15:49		Vide Report No.: F/20190419/0058	Station Diary No.: 101
Informant's Particulars			
Name of Informant: LAI KIN LOONG		Address: APT BLK 440 ANG MO KIO AVENUE 10 #06-1301 SINGAPORE 560440	
ID Type / ID No.: NRIC NO / S7488387G		Contact No.: Home/Office: Mobile: 81271782	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 44	Date of Birth: 28/04/1974	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: PLUMBER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/04/2019 10:00	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO AVENUE 10 BLK 440 ANG MO KIO AVENUE 10 C/P				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBE2844T	Van				Seriously Damaged	0
SLT45Z	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190419/2053

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190419/2053

CONTINUATION OF REPORT

Vehicle Owner			
Name	LAI KIN LOONG	ID No.	S7488387G
Related Vehicle	GBE2844T (Van)	Contact No.	81271782
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/04/2019 at about 0830hrs, I was informed by a witness that a car, SLT45Z, had reversed onto my company vent, GBE2844T, and caused a dent at passenger side of my van. However, upon checking of my van, there was no note left. I then called for Police and was attended by TP and given report number; F/20190419/0058. I wish to state that this is the first time this happened and there was no camera inside my van which captured the incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190419/2053

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20190419/2053

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:

F /

Sgt 3 MASHIDAYAT BIN MASZENI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NORAMEERA BINTE MOHAMED
HUSSEIN

Contact No: 65476236

Authentication Stamp

NP168

Signature Of Informant:

Loony

Date/Time:

19/04/2019 15:49

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

