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	14/05/2019 16:48
Date Of Accident	14/05/2019 13:30
Exact Location Of Accident	BLK 97 BEDOK NORTH AVE 4 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT9777K
Insured/Policyholder	
Name Of Registered Owner	TAN CHEO LENG LYNN
NRIC No	S1543390F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92988109
Alternative Phone No	OFFICE-92988109
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29032423QMY
Cover Note Number	
Driver	
Name of Driver	TAN CHEO LENG
NIDIO NI-	045400005

NRIC No S1543390F Date Of Birth 07/09/1962 Occupation **OUTDOOR Date Of Driving Pass** 17/05/1982 **Driving Experience** 36 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-92988109

Fax Number

OFFICE-92988109 Contact Number

EMail Address NOEMAIL

BLK 97 BEDOK NORTH AVENUE 4 Address

#04-1511

Postcode 460097

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

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? 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?

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? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190514/2096.

Attachment(s)

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

Was there any audio recorded?

NO

Name **AUSTIN** Phone Number 81829137

Email Address

Details of Witness 1

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX8053B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 28

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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)

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 invoive 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		
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ECLARATION	rticulars are true in every respect.	
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olicyholder's <mark>\$</mark> ignature ate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

1 of 3 Report No. T/20190514/2096

REPORT	OF A TR	RAFFIC	ACCIDENT
		and the same of th	

Date/Time Report Made: 14/05/2019 14:45		Made:	Vide Report No.:	Station Diary No.		
Informan	t's Partic	ulars				
	Informant:		Address: APT BLK 97 BEDOK NORTH	1 AVENUE 4 #04-1511		
ID Type / ID No.: NRIC NO / S1543390F		90F	SINGAPORE 460097 Contact No.: Home/Office:	Mahila consocial		
Nationality: SINGAPORE CITIZEN		EN	Email:	Mobile: 92988109		
Sex: Female	Age: 56	Date of Birth: 07/09/1962	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: PROPERTY AGENT		т	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/05/2019 13:30	Type of Location Car Park	
	TH AVENUE 4	edok North Avenue 4, Road Surface: Dry	car park lot 78.	Road Speed Limit:	
Traffic Flow: Traffic Control: Two Way Not Controlled				Traffic Volume: No Traffic	
Type of Collis	ion: e Against - Parked Ve			Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	0	N. S. A.
SLT9777K	Car	MEDOEDER		-	Condition	No of Passenger
		MERCEDES BENZ	C 180 BLUEEFFICI ENCY	Silver	Slightly Damaged	0
SLX8053B	Car	MERCEDES BENZ	E200 AVG (R18 LED)	Black	No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	oso or redestrian crossing, NA

Police Report



T/20190514/2096

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

2 of 3 Report No. T/20190514/2096

CONTINUATION OF REPORT

Driver			CONTRACTOR (4)		1 - 1 - 1	
Name	TAN CHEO LENG			ID No		S1543390F
Related Vehicle	SLT9777K (Car)			Conta	ect No.	92988109
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details

On the 13/05/2019 at about 1545hrs, I parked my car bearing registration number SLT9777K at the open car park of Block 97 Bedok North Avenue 4 at Lot number 78. All was in order. On the 14/05/2019 at about 1345hrs, I received a call from one male Chinese namely Austin, contact number: 81829137 informed me that my car was being hit and the driver of the said vehicle had left the location without giving any particulars. The driver, a male Chinese, reversed his car and reared onto the front of my car. The driver came out from the vehicle and was took over by a female Chinese which then left the place.

Subsequently,I came down to the parking lot to look at the damages. I discovered that the front portion of my car had scratches and the front grill of my car was dented. I was approached by road works worker who was working at the said location and took pictures of the vehicle that collided onto my vehicle. The vehicle's registration number of the vehicle is SCX8053B. I wish to state that I do not have any dispute with anyone and this is the first time such things happened to me. There is no government property damaged.

Police Report





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Report No. T/20190514/2096

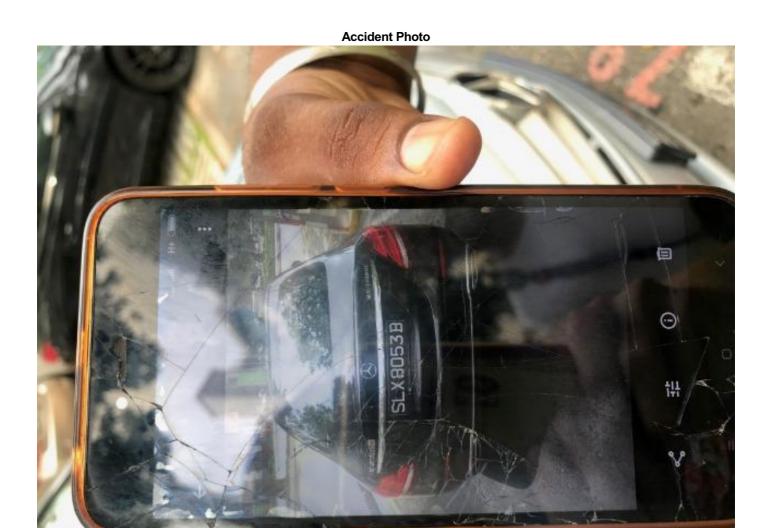
CONTINUATION OF REPORT

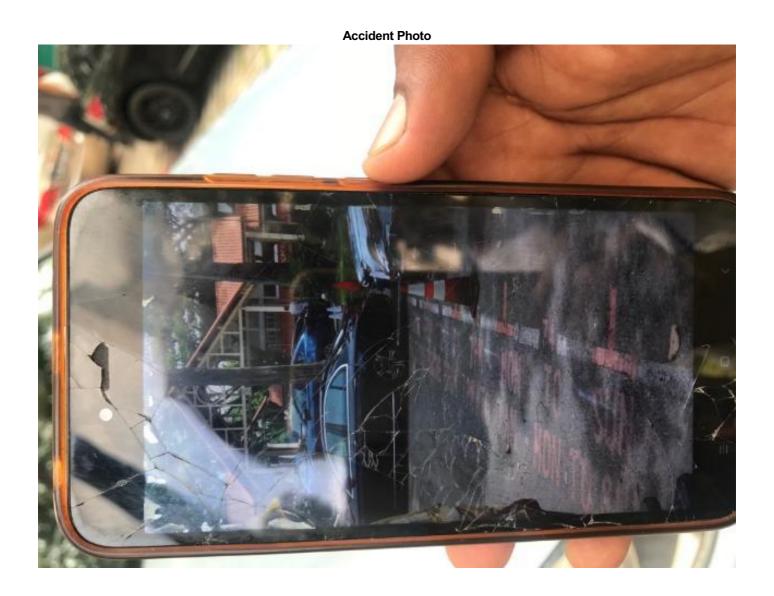
Sketch Plan

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 / Sgt 2 SHAHRIN AZHAR BIN JUMADI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2019 14:45
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE	Classification Of Case:
Contact No.: 65476079	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\













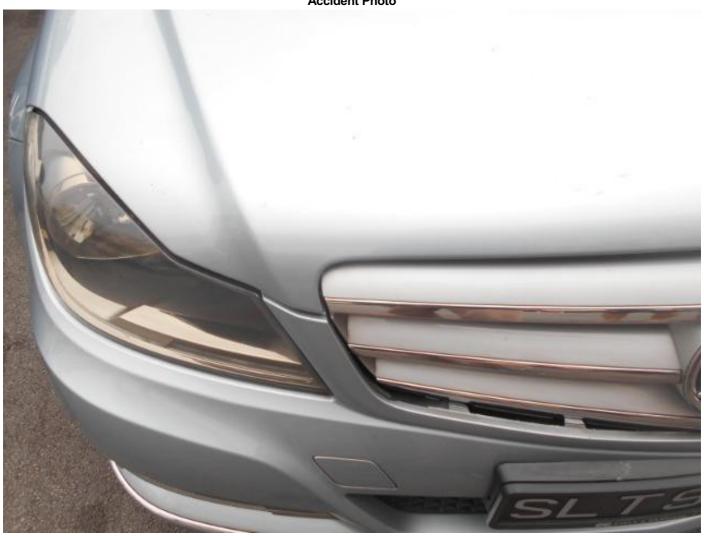












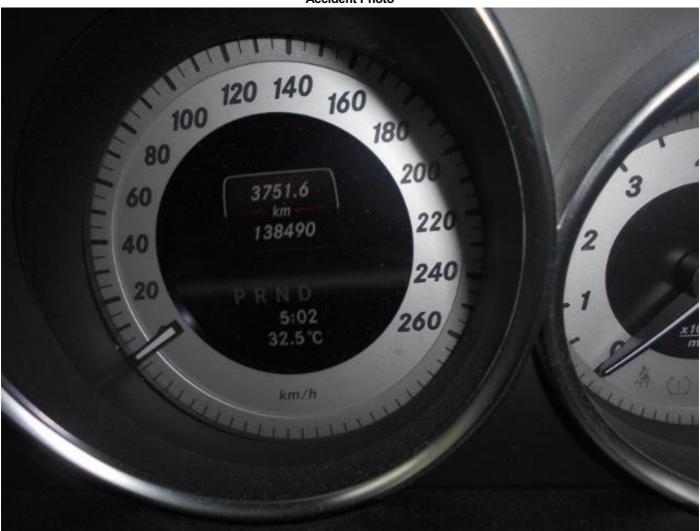














Addendum Sheet



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: 566550020G / G5T Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA119062788 Vehicle Registration No: SLT9777K Name(as shownin NRIC): TAN CHEO LENG LYNN NRIC/FIN/Passport No : S1543390F (*Wehiele Briver / Vehicle Owner) (*) Please delete as appropriate BLK 97 BEDOK NORTH AVENUE 4 #04-1511 Address Singapore (460097) Contact (Tel) _____Mobile No.: 92988109 Email Address Date of Accident : 14/05/2019 Time of Accident: 13:30 Place of Accident : BLK 97 BEDOK NORTH AVE 4 CARPARK Insurance Company: MSIG Insurance (Singapore) Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend policy number Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No.: Date: