

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	27/05/2019 11:20
Date Of Accident	29/04/2019 09:30
Exact Location Of Accident	MCSP LEVEL 2 NEAR BLOCK 450A SENGKANG WEST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7068J
Insured/Policyholder	
Name Of Registered Owner	THE LAUNDRY BOUTIQUE
Co Reg No	B52993120J
Email Address	JASMINE.JUAN@TLB.COM.SG
Mobile Phone No	(LOCAL) +65-92470737
Alternative Phone No	OFFICE-68610455

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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 28893265 MKC
Cover Note Number	

Driver

Name of Driver	ANG CHEE MING
NRIC No	S1323492B
Date Of Birth	17/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92470737
Fax Number	
Contact Number	OFFICE-68610455
Email Address	JASMINE.JUAN@TLB.COM.SG

Address	BLK 450A SENGKANG WEST WAY #26-331
Postcode	791450
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 ambulance?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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 T/20190521/2028

Attachment(s)

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

Common Statement

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.

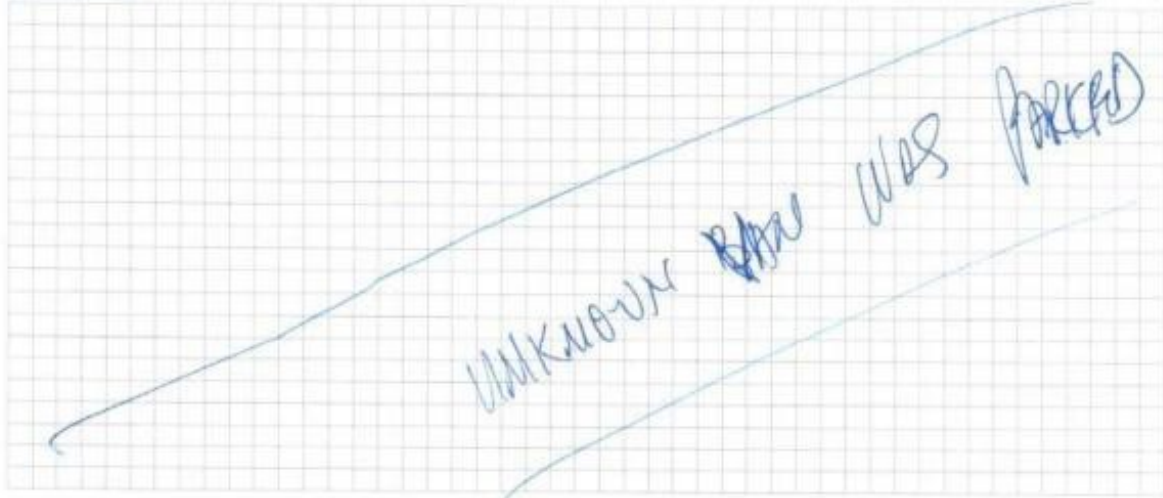
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Park at the car park. Don't know the accident happen, until I want to work time then saw my car already ban by somebody.

POLICE REPORT 1/20190521/2028

DECLARATION

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

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.:

23/01/2019

Kosli

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190521/2028

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20190521/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2019 09:55	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: ANG CHEE MING		Address: APT BLK 450A SENGKANG WEST WAY #26-331 SINGAPORE 791450	
ID Type / ID No.: NRIC NO / S1323492B		Contact No.: Home/Office: Mobile: 92470737	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 17/08/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Delivery		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/04/2019 09:30	Type of Location: Car Park
Location: Along Road 1 SENGKANG WEST WAY				
MSCP level 2 near Blk 450A Sengkang West Way				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Rear Damage to vehicle (unknown cause)			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7068J	Van				Slightly Damaged	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/20190521/2028

Police Station Of Origin:
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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3
Report No. T/20190521/2028

CONTINUATION OF REPORT

Driver			
Name	ANG CHEE MING	ID No.	S1323492B
Related Vehicle	NIL	Contact No.	92470737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 27/04/2019 at 1900hrs, I parked my company van GBE7068J at an unknown lot of the MSCP near Blk450A Sengkang West Way. I parked my van head in. It was the last time I noticed that my van was intact. The van was parked until 29/04/2019 0900hrs. I drove the van out and only realized that there was damages to the rear of my vehicle when I was at 211 Henderson around 0930hrs. I did not make a report and only when my boss noticed it and flag it up to the company, I was advised to lodge a police report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190521/2028

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20190521/2028

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:
D /
Sgt 3 MUHAMMAD NASIRUDIN BIN KAMAL

Signature Of Informant:

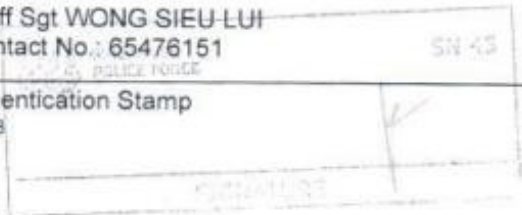
Signature Of Interpreter:
Not applicable

Date/Time:
21/05/2019 09:55

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU-LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1323492B



Name
ANG CHEE MING
洪振銘

Place
CHINESE

Date of birth
17-08-1955

Country/Place of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S1323492B

Name
ANG CHEE MING

Expiry Date 17 Aug 2000

Issue Date 21 Feb 2018




Identity Card No. S1323492B

Place of birth
17-08-1955

Address
APT BLK 420A SENGKANG WEST WAY
#25-231
SINGAPORE 761400

5743448



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EXPIRY DATE

CLASS 2 Motor cars with unladen weight not exceeding 2000kg with not more than 7 passengers, excluding of driver; and other motor vehicles with unladen weight not exceeding 2500kg

21 Feb 2018

NP 420A



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: S665500200 / 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 : MYN490689 Vehicle Registration No: GBE 7068J
 Name (as shown in NRIC) : BAH CHIA MIN NRIC/FIN/Passport No : 91323492B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 92470137
 Email Address : _____
 Date of Accident : 29/05/2019 Time of Accident : 09:30
 Place of Accident : MSRP LANE 2 NEAR BLK 450A SINGAPORE WATERWAY
 Insurance Company : MSL

(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:

INSURED VEHICLE NUMBER IS GBE 7068J

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Rashid
 NRIC/FIN No.:
 Date: 28/05/2019