SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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.

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	14/06/2019 15:57	
Date Of Accident	10/06/2019 18:35	
Exact Location Of Accident	39A WEST COAST PARK THE INFINITY BASEMENT CARPARK	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ6769E	
Insured/Policyholder		
Name Of Registered Owner	TEO ENG SAY	
NRIC No	S0109592G	
Email Address	TEO.POTTER@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-97546879	
Alternative Phone No	OTHERS-97546879	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	I-CAR 4A/T MIVEC I-CASUAL	
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?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	D-18091711MVPC	
Cover Note Number		
Driver		
Name of Driver	TEO ENG SAY	
NRIC No	S0109592G	
Date Of Birth	26/08/1954	
Occupation	INDOOR	
Date Of Driving Pass	23/10/1978	
B	40 VEADO AND TAIONTHO	

40 YEARS AND 7 MONTHS

TEO.POTTER@GMAIL.COM

(LOCAL) +65-97546879

OTHERS-97546879

MALE

Address 39B WEST COAST PARK

#03-05 127713

M 1: 1 0 NO

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

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 NO

ambulance?

Was any other material or property damaged? YES

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 QUEENSTOWN N.P.C

Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190613/2058

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK4053H

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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- 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)

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:
 - 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:
 - 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:

13/06/2019

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

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN MNKNININ CAR WAS PARCHO DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature World Standard Name:
NRIC/FIN No.: Driver's Signature Date & Time: (if driver is not the policyholder) Date & Time:

POLICE REPORT





1 of 2

Report No. D/20190613/2058

POLICE REPORT (NP299)

Police Station Of Origin Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Date/Time Report Made 13/06/2019 16:53	Vide Report No. D/20190613/0039			Station Diary No. 38	
Name Of Informant	Address 39B WEST COAST PARK #03-05 SINGAPORE 127713				
TEO ENG SAY ID Type / ID No. NRIC NO / S0109592G	Contact No. Home/Office		Mobile 97546879		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation	Sex	Age	Date of Birth	Race	
Graphic designer	Male	64	26/08/1954	Chinese	
Institution/School Name	Language				
Date/Time Of Incident 02/06/2019 21:20	Location Of Incident 39A WEST COAST PARK THE INFINITI SINGAPORE 127712 Basement Carpark Lot 204				

Brief details.

On 12/06/2019 at about 2120hrs, i went to the basement carpark of my condo wanted to drive my vehicle (SJJ6769E), I saw my rear left back bumper was dented. I informed my Condo management however they asked me to lodge a police report.

On 13/06/2019 at about 1000hrs,I called for police and they attended to my case (D/20190613/0039). The police came and viewed the CCTV and after which the police informed me that a vehicle

Signature Of Informant		
· /K//		
Date/Time: 13/06/2019 16:53		
Classification Of Case:		

POLICE REPORT





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190613/2058

(SKK4053H) hit onto my vehicle and drove off.

I wish to state that the parking lot only allow residents to park however the said vehicle is not a resident there as informed by the management.

I am making this report for Insurance purpose.

Signature Of Officer Recording The Report:

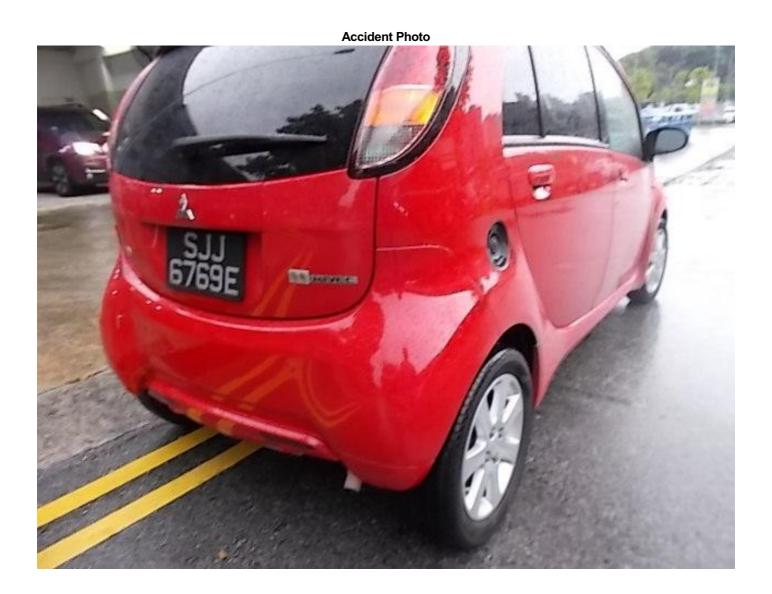
D / Sgt 1 LIM TIAN WEN

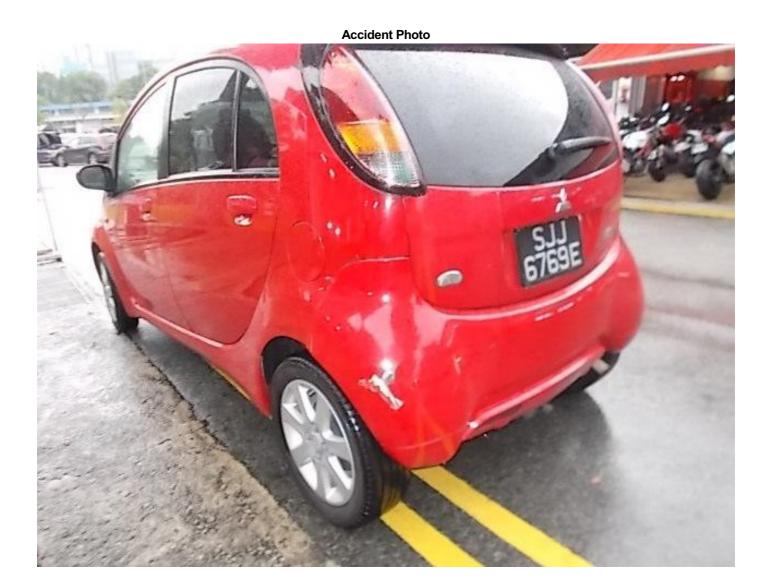
Signature Of Interpreter:
Not applicable

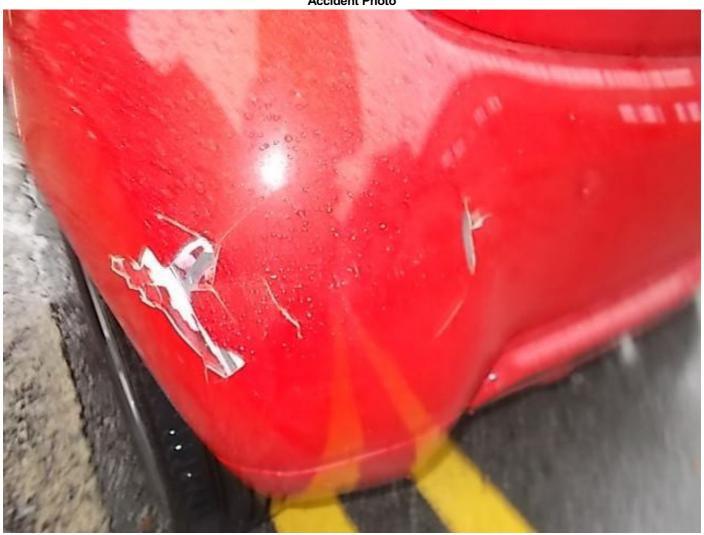
Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch / Insp KIMBERLY LIM PEIXUAN
Contact No.: 68727241

Authentication Stamp

















Identification Card







