

## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ6769E
<b>Insured/Policyholder</b>	
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
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97546879
Fax Number	
Contact Number	OTHERS-97546879
Email Address	TEO.POTTER@GMAIL.COM

Address	39B WEST COAST PARK #03-05
Postcode	127713
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

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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
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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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:

13/06/2019

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

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

14/06/2019  
[Signature]  
[Signature]

# Accident Sketch Plan

## SKETCH PLAN

UNKNOWN CAB WAS PARKED

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refra to Police Report  
D/20190613/2058

## DECLARATION

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

Policyholder's Signature:  
Date & Time:

13/06/2019

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**



D/20190613/2058

1 of 2

## POLICE REPORT (NP299)

Report No. D/20190613/2058

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 TEO ENG SAY	Address 39B WEST COAST PARK #03-05 SINGAPORE 127713	
ID Type / ID No. NRIC NO / S0109592G	Contact No. Home/Office	Mobile 97546879
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Graphic designer	Sex Male	Age 64
Institution/School Name	Date of Birth 26/08/1954	Race Chinese
Date/Time Of Incident 12/06/2019 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 Officer Recording The Report: D / Sgt 1 LIM TIAN WEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/06/2019 16:53
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp KIMBERLY LIM PEIXUAN Contact No.: 68727241	Classification Of Case:
Authentication Stamp	



POLICE REPORT



SINGAPORE  
POLICE FORCE



D/20190613/2058

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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

Signature Of Informant:

Date/Time:  
13/06/2019 16:53

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



# Identification Card

