SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

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	22/07/2019 18:31
Date Of Accident	17/07/2019 07:50
Exact Location Of Accident	ALONG YISHUN AVENUE 1 (YISHUN DAM)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK9934J
Insured/Policyholder	
Name Of Registered Owner	PAN KOK MUN, MELVIN (PAN GUOMIN, MELVIN)
NRIC No	S8440404G
Email Address	MELVIN.PAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90302066
Alternative Phone No	OTHERS-94382540
Vehicle Particulars	
Manufacturer	SKODA
Model	SUPERB
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	A 29123596 QMY
Cover Note Number	
Driver	
Name of Driver	TEO HUI KENG
NRIC No	S8506835J
Date Of Birth	26/02/1985
Occupation	INDOOR
Data Of Driving Daga	14/09/2006

14/08/2006

FEMALE

12 YEARS AND 11 MONTHS

(LOCAL) +65-90302066

HUIKENG@GMAIL.COM

OTHERS-94382540

Address BLK 333A YISHUN STREET 31

#15-195

Postcode 761333

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

2

NO

NO

1

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

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.

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 WOODLANDS DIVISION HQ

Police Station Address ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

SINGAPORE

NO

NO

Police Station Contact **TEL NO**: - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20190717/7055

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBJ1327A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

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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- 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)

Lunderstand, 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)
 - (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
- (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:

Accident Sketch Plan

KETCH PLAN Vehic	cle A: 50k9934	
	ALONG YISHMA BYKNUE 1	
ESCRIBE CIRCUMSTAN	NCES OF THE ACCIDENT	
Date of Accident:	Time of Accident: 07.55 HB	
Petr to:	78/4 Report 1/20190717/2004	-
		-
DECLARATION /We declare the foregoing	particulars are true in every respect.	
Mila	- wit av 27/07/2007	_ //
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policybolder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	pH

POLICE REPORT





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POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000 Report No. L/20190717/7055

Vide Repo	rt No.		Station Diary No.
Address APT BLK 333A YISHUN STREET 31 #15-195 SINGAPORE 761333			
Contact No. Home/Office:		Mobile: 94382540	
Email Address huikeng@gmail.com			
Sex Female	Age 34	Date of Birth 26/02/1985	Race Chinese
Language English			
Location Of Incident Accident happened at Yishun Ave 1 at the Yishun Damarea			
	Address APT BLK: SINGAPO Contact N Home/Offi Email Add huikeng@ Sex Female Language English Location Accident	APT BLK 333A YISI SINGAPORE 76133 Contact No. Home/Office: Email Address huikeng@gmail.com Sex Age Female 34 Language English Location Of Incider Accident happened	Address APT BLK 333A YISHUN STREET 31 SINGAPORE 761333 Contact No. Home/Office: Mobile: 94382540 Email Address huikeng@gmail.com Sex Age Date of Birth Female 34 26/02/1985 Language English Location Of Incident Accident happened at Yishun Ave 1

Brief details.

I was driving along Yishun Ave 1 (Yishun Dam) towards Seletar West Link this morning at 7.50am. Car plate number SMK9934J.

Motorbike rider, riding motorbike FBJ1327A was cutting in between lanes. To avoid the big truck in my next lane, he knocked into my car and damaged my left side mirror. The blinker signal on my side mirror

report has been authenticated by SingPass. No signature is required. Date/Time:
Date/Time:
17/07/2019 23:25
Classification Of Case:

Authentication Stamp

POLICE REPORT





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190717/7055

was knocked off and the mirror was bent.

He was riding off with just a wave when I honked at him 2 times. He turned around and stopped next to my vehicle asking if I need to settle. I said "yes, you knock the side of my car and I need your details. But the traffic is really bad at this road, let's turn right (towards Seletar West Link), park at the side of road and settle the details."

Motorbike rider agreed and ride ahead, weaving between 2 vehicles ahead of me. However, when I turned into Seletar West Link; rider was nowhere to be found. I filtered to the most left lane to keep a look out for him and couldn't find him. I also stopped my vehicle at the most left lane to wait, but he was nowhere to be found.

Eventually, I have to drive off along Seletar West Link.

*unable to upload photos and videos, but can send via email attachment with clearer images

Subjects Involve	d	S TEMPERAL	CHECKEL AND SOME	学们是 第第三日的和学员。但此时间
Suspect	SECTION STATE OF SECUL	A THE WAY	PR 12 1 2 1	建设在建筑的设施的设施。
Person Name	Unknown			
Gender	Male	Age	9	20-40
Language	English	Complexion		Dark tan
Build	Medium	Attire Last Worn		Long sleeve dark coloured clothes - covered from head to toes - only eyes were shown
Signature Of Officer Recording The Report: Not applicable		Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable		Date/Time: 17/07/2019 23:25		
Officer In-Charge Of Case:		Classification Of Case:		
Authentication S	itamo			

POLICE REPORT





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190717/7055

Victim	THE STATE OF THE S			
Person Name	TEO HUI KENG			
D Type	NRIC NO	ID No	S8506835J	
Gender	Female	Age	34	
Race	Chinese	Language	English	
Occupation	Financial analyst (eg equities analyst, credit analyst)	Address Type		
Address	APT BLK 333A YISHUN STREET 31 #15-195 SINGAPORE 761333	Mobile No	94382540	
Is Informant A Victim?	Yes			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The Identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2019 23:25		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			























