

## 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	14/08/2019 00:29
Date Of Accident	12/08/2019 11:15
Exact Location Of Accident	BASEMENT CARPARK OF CLEMENTI MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2645D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GBAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66550005

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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 HIRE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29069766MKF
Cover Note Number	

### Driver

Name of Driver	CHUA KIM HOCK CECEIL
NRIC No	S7501278J
Date Of Birth	27/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87385378
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT TIMAH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO.T/2019081/2038 LODGE AT BUKIT TIMAH NPP ON 12/08/2019 AT ABOUT 1115HRS, I PARKED MY VEHICLE SLT2645D AT THE CLEMENTI MALL, BASEMENT 1 CARPARK AND SUBSEQUENTLY WENT FOR LUNCH. EVERYTHING INTACT AT THAT MOMENT. ON THE SAME DAY AT ABOUT 1405HRS, I WENT BACK TO MY VEHICLE AND DISCOVERED THAT MY VEHICLE FRONT LEFT BUMPER WAS SLIGHTLY AND SOME PART FELL OUT FROM MY VEHICLE. I ALSO NOTICE THAT THE VEHICLE PARKED BESIDE ME, THE RIGHT BUMPER ALSO DAMAGED. I ALSO NOTICE THAT THERE WAS A PIECE OF PAPER ON MY FRONT WIND SCREEN. IT MENTIONED THAT" HI, I AM THE DRIVER OF THE CAR THAT KNOCKED INTO YOUR CAR. PLEASE CONTACT ME AT 98789682. SFT3233Z FROM: JIZHENG" I CONTACTED JI ZHENG AND ADVISED ME TO LODGE A POLICE REPORT FOR INSURANCE CLAIMS.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFT3233Z
Vehicle Make/Model/Colour	MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	YANG JIZHENG
NRIC/Passport Number	S8605505H
Contact Number	98289682
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

### SKETCH PLAN

SKETCH PLAN  
(SC92645D).

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**.
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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
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 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.
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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Hashim Kamari

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel 1210

### Sketch Plan

x bl  
A: SLT2645D  
B: SFT3233Z

discovered  
Damage

CLEMENTI MAU  
Basement c/park (B1).



**SINGAPORE  
POLICE FORCE**



D/20190812/2038

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20190812/2038

Police Station Of Origin  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Date/Time Report Made 12/08/2019 15:49	Vide Report No.	Station Diary No. 32
Name Of Informant CHUA KIM HOCK CECIL	Address APT BLK 359 CLEMENTI AVENUE 2 #09-315 SINGAPORE 120359	
ID Type / ID No. NRIC NO / S7501278J	Contact No. Home/Office Mobile 87385378	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 44
Institution/School Name	Date of Birth 27/01/1975	Race Chinese
Date/Time Of Incident 12/08/2019 11:15 - 12/08/2019 14:05	Language English	
	Location Of Incident 441 COMMONWEALTH AVENUE WEST CLEMENTI BUS INTERCHANGE SINGAPORE 120441 basement 1 carpark	

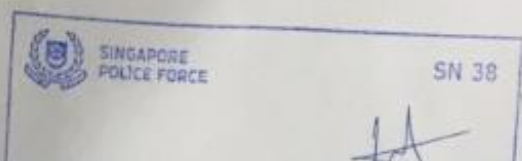
**Brief details.**

On 12/08/2019 at about 1115hrs, I parked my vehicle (SLT2645D) at the Clementi Mall, Basement 1 carpark and subsequently went for lunch. Everything intact at that moment.

On the same day at about 1405hrs, I went back to my vehicle and discovered that my vehicle front left bumper was slightly dislodged and some part fell out from my vehicle. I also notice that the vehicle

Signature Of Officer Recording The Report: D / Sgt 2 WU HAIHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2019 15:49
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp KIMBERLY LIM PEIXUAN Contact No.: 68727964	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



D/20190812/2038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190812/2038

parked beside me, the right bumper also damaged.

I also notice that there was a piece of paper on my front wind screen. It mentioned that" Hi, I am the driver of the car that knocked into your car. Please contact me at 98789682. SFT3233Z from: Jizheng".

I contacted Ji Zheng and advised me to lodge a Police report for insurance claims.

Signature Of Officer Recording The Report:

D / Sgt 2 WU HAIHAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/08/2019 15:49

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
Insp KIMBERLY LIM PEIXUAN  
Contact No.: 68727964

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



**Accident Photo**

