#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Name of Insurance Company

Fax Number

- 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.

**ACCIDENT STATEMENT** 

		ACCIDENT STATEMENT
	Date Of Report	11/10/2019 10:33
	Date Of Accident	05/10/2019 17:00
	Exact Location Of Accident	AT ALEXANDRA ROAD INSIDE IKEA CAR PARK
	Country/State of Loss	SINGAPORE
	Land State State State State of the Control of the	DETAILS OF OWN VEHICLE
ì	Vehicle Registration Number	SKN3333R
	Insured/Policyholder	化等等的人的特殊性的。
	Name Of Registered Owner	DLF PTE LTD
	Co Reg No	200811634K
	Email Address	IAMLANDISFAN@GMAIL.COM
	Mobile Phone No	(LOCAL) +65-97580333
	Alternative Phone No	OFFICE-97580333
	Vehicle Particulars	
	Manufacturer	BMW
	Model	528I-2.0 (A)
	Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
	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	COMMERCIAL VEHICLE
	Insurance Company	表现的内侧,并不是一种的一种。 第一种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种

Type Of Coverage	ge COMPREHENSIVE			
Fleet Policy	NO	NO		
Policy Number	A29083969 MCX			
Cover Note Number	29/05/2019 - 28/05/2020			
Driver				
Name of Driver	FAN WENDA, LANDIS			
NRIC No	S8905640C			
Date Of Birth	02/02/1989			
Occupation	INDOOR			
Date Of Driving Pass	19/02/2009			
Driving Experience	10 YEARS AND 7 MONTHS			
Gender	MALE	MALE		
Mobile Number (LOCAL) +65-97580333				

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Contact Number

EMail Address IAMLANDISFAN@GMAIL.COM

Address 73A SIGLAP ROAD

Postcode S455879

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

NO

NO

0

YES

NO

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?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT ATTACHED.

Attachment(s)

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

**Details of Witness 1** 

**JAGDIS** Name 93631149 Phone Number

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLX4597A Vehicle Registration Number NA Vehicle Make/Model/Colour

**Details Of Properties** NA

Vehicle Category PRIVATE CAR

Name of Driver NA

NRIC/Passport Number

Contact Number NA

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

## Accident Sketch Plan Pg. 1

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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:
  - (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.

Co.Reg. vc. 200811654K

Policyholder's Signature Date & Time: dady 1021 5019

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

## Accident Sketch Plan Pg. 1

SKETCH PLAN	SZXOTTPA		
A - StN333BR B - SLX4597A	B 11		opy site
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	y vesicle	Carpak
Pleas	se refer to	Police le	eparl- a Hached.
		Insurance Co.	MS14
			Reporting Only Own Damage Claim Hird Party Claim
We declare the foregoing particular (Co.Reality)	ars are true in every respect.	007 2019 1020am	( )
Policyholder Stig ature Date & Time:	Driver's Signature (If driver is/not the policyholder Date & Time:	7)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

# Police Report Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20191007/7020

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2019 15:04			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars		THE REPORT OF THE PARTY OF THE		
Name of Informant: FAN WENDA, LANDIS			Address: 73A SIGLAP ROAD SINGAPORE 455879			
ID Type / ID No.: NRIC NO / S8905640C			Contact No.: Home/Office:	Mobile: 97580333		
Nationality: SINGAPORE CITIZEN			Email: iamlandisfan@gmail.com			
Sex: Age: Date of Birth: Male 30 02/02/1989			Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Training manager			Driving Licence Information: Class:	Date of Expiry:		

General Infor	mation of the Accide	nt			
Type of Accident:			Drink Drive: No	Date/Time of Accident: 05/10/2019 17:00	Type of Location: Car Park
Location: ALEXANDRA	ROAD				
Weather:		Road	Surface:		Road Speed Limit:
Traffic Flow: Traff			c Control:		Traffic Volume:
Type of Collis Moving Vehic	ion: le Against - Parked Ve	hicle			Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKN3333R	Car	BMW				0
SLX4597A	Car					0

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA			

## Police Report Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20191007/7020

### CONTINUATION OF REPORT

Name	FAN WENDA, LANDIS			ID No		S8905640C
Related Vehicle	NIL			Conta	ict No.	97580333
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave		NIL	Degree of	fInjury	NIL	

#### Brief Details.

I have a picture of an eye witness who left the note on my windscreen wiper.

This was inside Ikea Alexandra carpark at about 5pm on 5th October, I returned to my car with this note left on my car and multiple scratches and dents on my car.

A Volvo with SLX4597A had reversed into my car and went off pretending that the accident did not happen. Eye witness left his information on my car windscreen to testify with the police. Please find attached images for more confirmation.

## Police Report Pg. 1



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20191007/7020

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

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: 07/10/2019 15:04
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	

## Witness Note Pg. 1

Witness

Saw Volvo SLX4597A
hit your left
bumper in front.
He is parled opp
you. I do not have
a camera in my cor.

JAGUIS ( 93631/49)