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 <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

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	ACCIDENT STATEMENT
Date Of Report	25/10/2019 14:33
Date Of Accident	21/10/2019 12:05
Exact Location Of Accident	BLK 1 HAIG RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM7129R
Insured/Policyholder	
Name Of Registered Owner	KWEK KOK KWONG
NRIC No	S1817138D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90188184
Alternative Phone No	OFFICE-90188184
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF 1.2 TSI AT 5G12BZ
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	A28815911AVW
Cover Note Number	
Driver	

Name of Driver TAN CHUN KHIM MAGDALENE

 NRIC No
 \$1792417F

 Date Of Birth
 09/02/1967

 Occupation
 INDOOR

 Date Of Driving Pass
 28/02/1995

Driving Experience 24 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97414976

Fax Number

Contact Number OFFICE-97414976

EMail Address NOEMAIL

Address 107 MARSHALL ROAD

Postcode 424902

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

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?

YES

Was any other material or property damaged? 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 JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-3459999 - **FAX NO**: 64474181

Was notice of intended Prosecution given?

o or interrupa i recognition given.

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191025/2058.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD2121E

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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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 insurers) 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Accident Sketch Plan

KETCH PLAN		
В	it i liking and open space respons	A: JGM7 NGR B-SHD2121E.
	PSY K Revased	
	TAT T	
ECDIDE CIDCUMETANCES OF	THE ACCIDENT	
Relat to potice or por		
To the party of the	12 11 10 11 10 21 22	
CLARATION re declare the foregoing particulars	s are true in every respect.	
	s are true in every respect.	Ma
icyholder's Signature te & Time:	Driver's Signature	Reporting Centre Personnel's Signature Name:

Police Report





Police Station Of Origin: Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

1 of 3 Report No. T/20191025/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time 25/10/201	e Report N 19 12:23	/lade:	Vide Report No.:	Station Diary No.: 10	
Informan	t's Partic	ulars			
Name of Informant: TAN CHUN KHIM MAGDALENE			Address: 107 MARSHALL ROAD SINGAPORE 424902		
ID Type / NRIC NO	ID No.: / \$17924	17F	Contact No.: Home/Office: Mobile: 97414976		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 52	Date of Birth: 09/02/1967	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: Pre-primary education teacher		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/10/2019 12:05	Type of Location. Car Park	
Location: Along Road 1 HAIG ROAD Open car par Weather:	s in front of Blk 1 Haig	Rd Road Surface:	l s	Road Speed Limit:	
Clear		Dry	1		
Traffic Flow: Traffi		Traffic Control:		Traffic Volume: Light	
Tramic Flow:		Contraction Commission	1	ight	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGM7129R	Car				Slightly Damaged	0
SHD2121E	Car				Slightly Damaged	0

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

Police Report





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 2 of 3 Report No. T/20191025/2058

CONTINUATION OF REPORT

Driver	ALERT TO BE A STATE OF	est Park		Charles	A Tribit	SAND UNION THE WA
Name	TAN CHUN KHIM MAGDALENE			ID No.		S1792417F
Related Vehicle	SGM7129R (Car)			Contact No.		97414976
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	
Driver					9.700	
Name	Unknown Driver			ID No.		NIL
Related Vehicle	SHD2121E (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

On 21/10/2019 at about 1200hrs, I parked my car SGM7129R at the open car park in front of Blk 1 Haig Road, I then left my vehicle to teach at child care center. I then returned to my vehicle and drove off, I went about my routine until 25/10/2019 where I discovered there are dent and scratches at the left front bumper area. The bumper is partially dislodged at the left side as well.

I am very certain that I did not hit onto anything while I was driving the car, as such I reviewed my car's camera and discovered that a vehicle SHD2121E had hit onto my car while reversing. The driver did not get off the vehicle to check for damages and drove off to unknown direction. As such I am lodging this report.

Police Report





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 3 of 3 Report No. T/20191025/2058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 LIEW JIA MING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2019 12:23
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	1/2





















