

## 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	22/10/2019 15:16
Date Of Accident	21/10/2019 13:25
Exact Location Of Accident	ALONG TANGLIN RD TOWARDS ORCHARD - NEAR SALVATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4818G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAUTAM ANAND
NRIC No	S7265945G
Email Address	ANANG902@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96485806
Alternative Phone No	OTHERS-90046813

### Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	B27814950SMP
Cover Note Number	

### Driver

Name of Driver	JYOTSNA ANAND
NRIC No	S7763503C
Date Of Birth	31/01/1977
Occupation	INDOOR
Date Of Driving Pass	10/03/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90046813
Fax Number	(LOCAL) +65-96485806
Contact Number	
Email Address	JYOTSNA.ANAND77@GMAIL.COM

Address	188 DEPOT ROAD #16-17 THE INTERLACE
Postcode	109688
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : BHAWNA JOSHI GENDER: : FEMALE
Passenger 2	NAME: : SHLOK ANAND GENDER: : MALE

#### 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	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### 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	SHA544Y
Vehicle Make/Model/Colour	HYUNDAI I40 YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR NG CHENG CHUA

NRIC/Passport Number	S1738109A
Contact Number	96521209
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

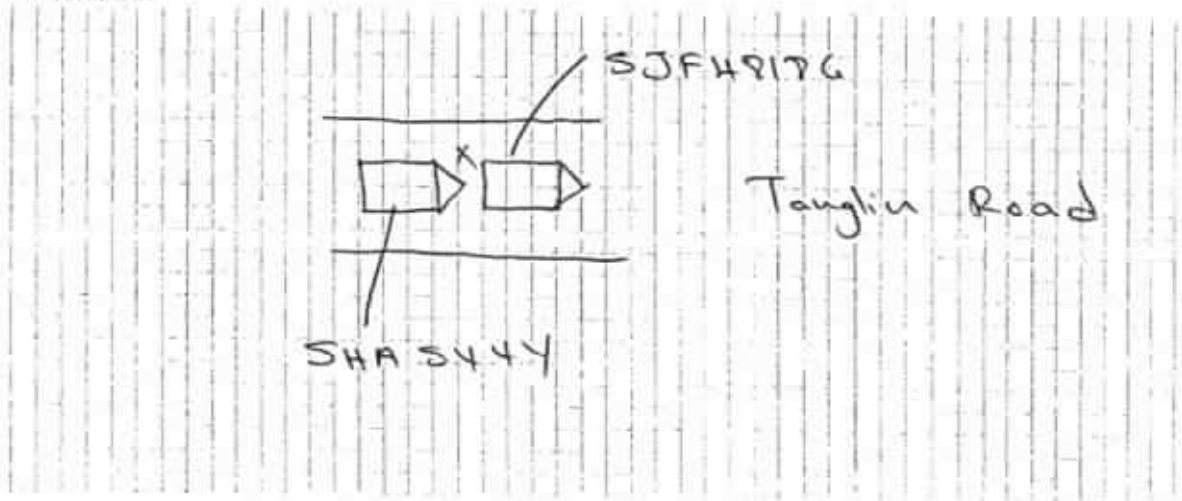
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Reporting Centre Performance Motor Limited  
Name: 303 Alexandra Road  
NRIC/FIN No.: Sime Darby Performance Centre  
Singapore 159941

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- refer to police report

During the accident, his <sup>laptop</sup> bag bumped the aircon vent as well.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name:   
NRIC/FIN No:   
Date & Time: 15/04/19



# SINGAPORE POLICE FORCE



D/20191021/2046

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## POLICE REPORT (NP299)

Report No. D/20191021/20

Police Station Of Origin  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Date/Time Report Made 21/10/2019 16:12		Vide Report No.		Station Diary No. 60	
Name Of Informant JYOTSNA ANAND		Address 188 DEPOT ROAD #16-17 SINGAPORE 109688			
ID Type / ID No. NRIC NO / S7763503C		Contact No. Home/Office Mobile 90046813			
Nationality INDIAN		Email Address			
Occupation TEACHER		Sex Female	Age 42	Date of Birth 31/01/1977	Race Indian
Institution/School Name		Language			
Date/Time Of Incident 21/10/2019 13:25		Location Of Incident TANGLIN ROAD SINGAPORE IN FRONT OF SALVATION ARMY			

### Brief details.

On 21/10/2019 at about 1325hrs, I was driving my vehicle (SJF4818G) along Tanglin Rd towards Orchard when I stopped just before the salvation army as I wanted to turn right into the ESSO petrol station at the opposite side of the road. My vehicle was already at stationary point and I had my indicator on and subsequently felt an impact from the back. Both the driver of the taxi and myself stepped out of the vehicle. We then took photos of our vehicles, exchanged particulars and mobile phone numbers. The taxi is a yellow comfort delgro taxi bearing the registration plate SHA544Y, and the driver is namely Mr Ng Cheng Chua, S1738109A, HP: 96521209. My vehicle is damaged, there is a dent and some

Signature Of Officer Recording The Report: D / Sgt 3 LEE JIA YAN	Signature Of Informant: <i>Jyotsna Anand</i>
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2019 16:12
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp CHEW QI YANG, PAUL Contact No.: 67740000	Classification Of Case:

Authentication Stamp

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**SINGAPORE  
POLICE FORCE**



D/20191021/2046

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20191021/2046

scratches at the rear. The sensor of my vehicle is also faulty. Nobody was injured, no police or ambulance were at scene, and no government property was damaged. I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report:

D / Sgt 3 LEE JIA YAN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
Insp CHEW QI YANG, PAUL  
Contact No.: 67740000

Authentication Stamp

Signature Of Informant:

Date/Time:  
21/10/2019 16:12

Classification Of Case: