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 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
Date Of Report	20/01/2020 14:25
Date Of Accident	19/01/2020 01:00
Exact Location Of Accident	MSCP BLK 625A SENJA RD DECK 1B
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD2678T
Insured/Policyholder	
Name Of Registered Owner	SA'ARI BIN EBRAHIM SA'ARI BIN IBRAHIM
NRIC No	SXXXX488C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96934041
Alternative Phone No	OFFICE-96934041
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	PARKED
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 300225506 QMX
Cover Note Number	-
Driver	
Name of Driver	MARIAH BINTI MOKTHAR
NRIC No	SXXXX610Z
Date Of Birth	12/12/1957
Counction	INDOOR

INDOOR Occupation Date Of Driving Pass 01/01/1984

Driving Experience 36 YEARS AND 0 MONTHS

FEMALE Gender

Mobile Number (LOCAL) +65-96934041

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 625 SENJA RD #12-144 Address

Postcode

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

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

2

0 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE**

NO

Police Station Address ROAD: 42 FAJAR ROAD . POSTCODE: 679005 . COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200120/2070

Attachment(s)

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

Was there any audio recorded?

NO

Details of Witness 1

Name **HENRY** Phone Number 97369093

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJR5621L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.

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

ETCH PLAN		
		A = 510 2678T
		B = SJR S621L
		0- 331 34-12.
E		
A		
	PASCP BIK 62.	sA senja Rd Deck 18
SCRIBE CIRCUMSTANCE		
Refer	to Police Report	7/20200120 /2070
		1
	P. Commission of the Commissio	
CLARATION /e declare the foregoing par	ticulars are true in every respect.	1.1
	Λ	
(achieldada filma	net .	Occasion Control Control
licyholder's Signature te & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.:

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Hi,

I saw a car (SJO-SJKS6211) knocked mto your car while reversing, sometime around law this morning, 19 Jan.

I have the video tootage of IT Let me know if you need a copy of the tootage.

Henry 97367093.

POLICE REPORT



REPORT OF A TRAFFIC ACCIDENT



Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 1 of 3 Report No. T/20200120/2070

Vide Report No.:	Station Diary No.: 43
	Vide Report No.:

Informan	t's Partic	ulars				
Name of Informant: MARIAH BINTI MOKHTAR			Address: APT BLK 625 SENJA ROAD #12-144 SINGAPORE 670625			
ID Type / NRIC NO	ID No.: / S13326	10Z	Contact No.: Home/Office: Mobile: 96934041			
Nationality: SINGAPORE CITIZEN		'EN	Email:			
Sex: Female	Age: 62	Date of Birth: 12/12/1957	Type of Informant: Driver			
Race: Malay		+)	Language: Malay	Institution / School Name:		
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/01/2020 01:00	Type of Location Car Park
Location: Along Road 1 SENJA ROAI MSCP BLK 6	0	DECK 1B, UNKNOWN L	OT NUMBER	
Weather:		Road Surface:		and Conned Limite
vveatrier.				oad Speed Limit:
Traffic Flow:		Traffic Control:	Ti	raffic Volume:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJR5621L	Car					0
SLD2678T	Car	HONDA	VEZEL	Black	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLD2678T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A300225506QMX	10/12/2019	09/12/2020		

POLICE REPORT





Police Station Of Origin: Bukit Panjang N.P.C

Report No. T/20200120/2070

2 of 3

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Perso	n Involved		SWITZE WA	100000	Lines.	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver		45/85/11	SECTION OF	RASH.	T JAMES	
Name	MARIAH BINTI MOKHTAR		ID No		S1332610Z	
Related Vehicle	SLD2678T (Car)			Conta	ct No.	96934041
Hospital/Clinic	NIL			Class Drivin Liceni Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL			Degree o	fInjury	NIL	

Brief Details.

On 19th Jan 2020 at around 3.20pm, my son in law, Mohd Taufik, went to our family vehicle, SLD2678T black Honda Vezel which was parked at Blk 625A Senja Rd MSCP deck 1B (unknown lot number).

Upon reaching the car, he noticed a note left behind on our family car's windshield near to the passenger side. In the note it states, "Hi, I saw a car (Blue Kia SJR5621L) knocked into your car while reversing, sometime around 1am this morning, 19 Jan. I have the video footage of it. Let me know if you need a copy of the footage. Henry 97369093".

My son in law then made a check and discovered a number of scratches at the left front passenger side under the headlight.

My son in law then contacted the person who left the note to pass us the footage while we went to the police station to lodge a Traffic Accident report.

I wish to state that while lodging this report, the person who left the note had sent to us the video footage. In the footage it shows a blue Kia SJR5621L reversing the car and had collided to the front left side of our family car. The blue Kia then left without stopping.

I also wish to state that our family vehicle belongs to my husband, Sa'ari Bin Ebrahim (Sa'ari Bin Ibrahim).

POLICE REPORT





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20200120/2070

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 Recordin J / Staff Sgt AHMAD AIDIL BIN		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 20/01/2020 13:21	_
Officer In Charge Of Case:		Classification Of Case:	
TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	SINGAPORE POLICE FORCE		
Authentication Stamp NP168		Y	
	SIGN	ATURE	























