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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	26/02/2020 15:18
Date Of Accident	23/02/2020 20:00
Exact Location Of Accident	ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK9145U
Insured/Policyholder	
Name Of Registered Owner	KWOK JUIN LIANG
NRIC No	SXXXX437E
Email Address	GERALDKWOK@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-96285818
Alternative Phone No	OTHERS-96285818
Vehicle Particulars	
Manufacturer	BMW
Model	216I GRAN TOURER
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	60600462
Cover Note Number	
Driver	

Name of Driver **KWOK JUIN LIANG** NRIC No SXXXX437E 16/10/1975 Date Of Birth Occupation **INDOOR Date Of Driving Pass** 03/07/2001 **Driving Experience** 18 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96285818

Fax Number

Contact Number OTHERS-96285818

EMail Address GERALDKWOK@HOTMAIL.SG Address BLK 15 TAMPINES CENTRAL 7 #09-11

Postcode 528771

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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? YES

Foreign Vehicle Registration Number SMM8334L (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

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) 0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

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

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACH.

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 KEN TAN Phone Number 81138901

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7942T

Vehicle Make/Model/Colour COMFORT TAXI

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMM8334L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 1. Please report correctly the details of the accident to speed up the claims process.
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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 the 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 upon application by interested parties.
- 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)

Lunderstand, 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: 16/2/2/2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

NRIC/FIN Nectormance Motors Limited 303 Alexandra Road

Sime Darby Performance Centre Singapore 159941

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Date & Time: NRIC/FIN No Performance Motors Limited 303 Alexandra Road Sime Darby Performance Centre	Policyholder's Signature Date & Time:		Noma
Sime transition council			/ 1 3U3 Alexandra Rosu
	providents, more an other time of the control		Sime Darby Performance Centre Singapore 159941





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

1 of 3 Report No. T/20200223/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2020 23:43		de:	Vide Report No.:		Station Diary No.:	
Informant'	s Particul	ars				
Name of Informant: KWOK JUIN LIANG GERALD			Address: 15 TAMPINES CENTRAL 7 #09-11 SINGAPORE 528771			
ID Type / ID No.: NRIC NO / S7532437E			Contact No.: Home/Office: Mobile: 96285018			
Nationality: SINGAPORE CITIZEN		N	Email: Geraldkwok@hotmail.sg			
Sex: Male	Age: 44	Date of Birth: 16/10/1975	Type of Informant: Vehicle Owner			
Race: Chinese			Language: Institution / School Name: English		School Name:	
Occupation: Telecommunications engineer		engineer	Driving Licence Information: Class: 3	Date of Ex	piry:	

General Informati	on of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/02/2020 19:52	(Type of Location: Car Park
Location:					
ANG MO KIO AV	ENUE 1				
Weather: Clear		Road Surface: Dry		Road S	Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic No Tra	Volume: ffic
Type of Collision: Moving Vehicle A	gainst - Parked Vehic	sle		Anyone ambula No	e conveyed by ance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
		Contraction of the Contraction o		1997-17 (1-7-2) 345/11/9-46/16	CONGRECE	110 OF assenger
SH7942T	Car	TOYOTA	Comfort Taxi	Blue		0
SMK9145U	Car	BMW	Gran tourer	Silver	Slightly	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK9145U	MSIG INSURANCE (SINGAPORE) PTE. LTD.			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200223/7013

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian II	rvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner						
Name	KWOK JUIN LIANG GERALD		ID No		S7532437E	
Related Vehicle	SMK9145U (Car)			Conta	ct No.	96285018
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discl	narge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

Brief Details.

My vehicle (SMK9145U) was parked in my designated parking lot. A comfort taxi (SH7942T) which was parking opposite my vehicle forgot to engage his handbrake after parking his vehicle. His car which was engine off, moved forward and hit my vehicle head on after he got out from his car. The car parking beside me (SMM8334L) was also hit on the front bumper. The taxi driver heard the bang and immediately went back to his car and park the car again. He then came out and checked both of our vehicles. He then got back into his car and drove off. There was a witness to this incident, he was in his car and he captured a video clip of the taxi hiting both of our cars and leaving the site without leaving any messages or notes. The witness detail is Mr Ken Tan (mobile number 8113 8901). I have the video footage of the incident. Do contact me for the video as i am not able to upload any video file on this eNPP.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200223/7013

CONTINUATION OF REPORT

Sketch	Plan
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NP168

Informant is not able to provide sketch plan

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	23/02/2020 23:43
Officer In Charge Of Case:	Classification Of Case:
TP / TPIB / NOR AFFENDY BIN JAFFAR	
Contact No.: 65476209	
Authentication Stamp	



















