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	30/04/2019 08:17
Date Of Accident	29/04/2019 10:50
Exact Location Of Accident	LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC6250K
Insured/Policyholder	
Name Of Registered Owner	MELATI TANI
NRIC No	S7680304H
Email Address	CHUISIN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91073257
Alternative Phone No	OTHERS-91073257
Vehicle Particulars	
Manufacturer	BMW
Model	116D
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	UNAVAILABLE
Cover Note Number	
Driver	
Name of Driver	MELATI TANI
NIDIO N.	0700000411

Name of Driver MELATI TAN
NRIC No S7680304H
Date Of Birth 13/10/1976
Occupation INDOOR
Date Of Driving Pass 29/09/2015

Driving Experience 3 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91073257

Fax Number

Contact Number OTHERS-91073257
EMail Address CHUISIN@YAHOO.COM

Address 383 TANGLIN ROAD #04-05 TANGLIN REGENCY

Postcode 247966

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 SIDE SWIPE
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?

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

NO

YES

1

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 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?

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

Remarks/ Reasons: FILE TOO BIG-BURN CD

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKN1352Z

Vehicle Make/Model/Colour BMW BLUE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name MSIG INSURANCE (SINGAPORE) PTE. LTD.

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

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:

4.30 pm

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No

NRIC/FIN NO.:

SKETCH PLAN
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SMC 6250K
FIN TO THE REPORT OF THE PARTY
\SKN \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
leter to police report.
DECLARATION
I/We deflare the foregoing particulars are true in every respect.
Cant Cant

Policyholder's Signature
Date & Time: 291 41 9

CARREST STREET OF M

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





Date of Expiry:

Police Station Of Origin:

Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Race: Chinese

Occupation:

FINANCE MANAGER

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20190429/2103

Date/Time Report Made: 29/04/2019 15:57			Vide Report No.:	Station Diary No.: 70	
Informan	t's Partic	ulars			
Name of I			Address: 383 TANGLIN ROAD #	#04-05 SINGAPORE 247966	
ID Type / ID No.: NRIC NO / S7680304H			Contact No.: Home/Office:	Mobile: 91073257	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 13/10/1976	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	

Driving Licence Information:

Class: 3A

General Informat	on of the Accident					
Type of Accident:	Non-Injury Hit and Run	ALALAMANATURE	Drink Drive: No	Date/Time of Accident: 29/04/2019 10:50)	Type of Location: X-Junction
Location: Along Road 1 LOWER DELTA ROAD Along Lower Delta Rd before Left Turn AYE (MCE)						
Weather: Clear			Surface:		Road Speed Limit:	
		c Control: c Light - Working		Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same			Direction		1	one conveyed by oulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN1352Z	Car	BMW			No	0
					Damage	
SMC6250K	Car	BMW	116D	Brown	Slightly	0
					Damaged	

Details of Vo	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC6250K	LIBERTY INSURANCE PTE LTD			



Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

2 of 3 Report No. T/20190429/2103

CONTINUATION OF REPORT

Details of Person	ı İnvolved					
Any Pedestrian In		23.17.12.2				
No. of Pedestrian			Use of Ped	estrian	Crossi	ng: NA
Driver						
Name	UNKNOWN			ID No.		UNKNOWN
Related Vehicle	SKN1352Z (Car)			Contact No.		UNKNOWN
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment NIL		Date Discharge NIL				
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	MELATI TANI			ID No.		S7680304H
Related Vehicle	SMC6250K (Car)			Conta	ct No.	91073257
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	NIL	.,	Date Disc		NIL	
No. of Days grar	nted Medical Leave	NIL	Degree o	f Injury	NIL	

On 29/04/2019 at about 10.50am, I stopped my car SMC6250K on the 2nd lane at the junction of said location as the traffic light was red. When the traffic light turns green, I started to move off and I heard noise from behind but I did not make a check. I proceeded to my destination which is at Changi Airport Terminal 2 and after that I realized that there is a scratch and slight dent on the right side of my car, just above the rear wheel. I then proceeded to BMW workshop to retrieve my in-car camera footages and the staffs there advice me to make a police report. The footage is able to capture one car SKN1352Z side swipe with my car when I move off at the traffic light this morning.

I wished to state that at that point of time, I did not feel any impact from the back. I do not know who is the driver in the other car and do not know if there was any passenger inside.





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 3 Report No. T/20190429/2103

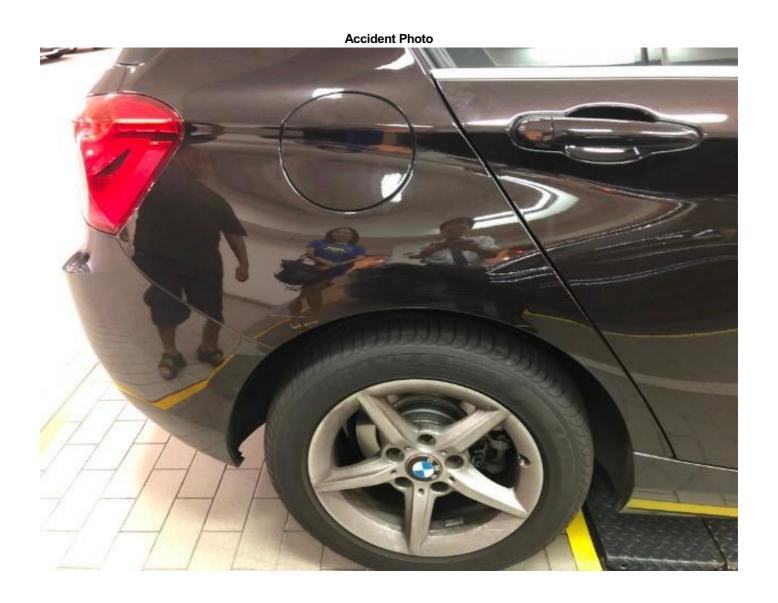
CONTINUATION OF REPORT

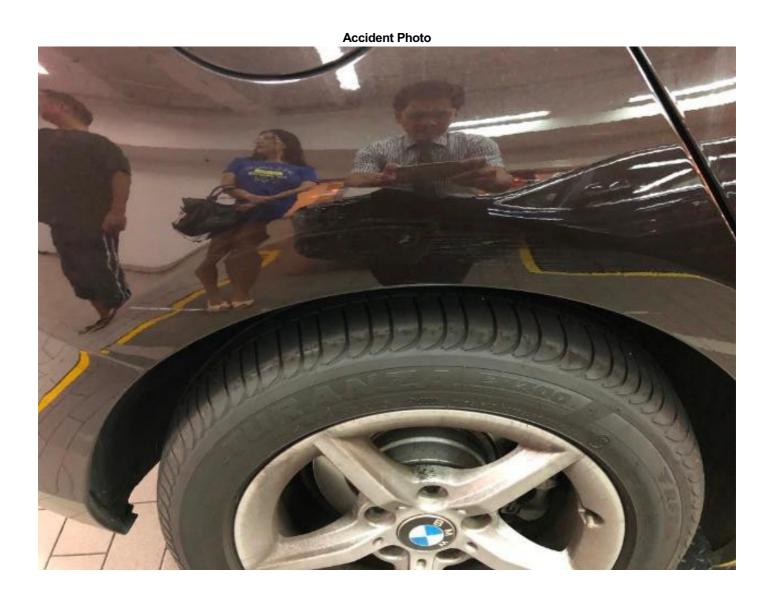
Sketch Plan

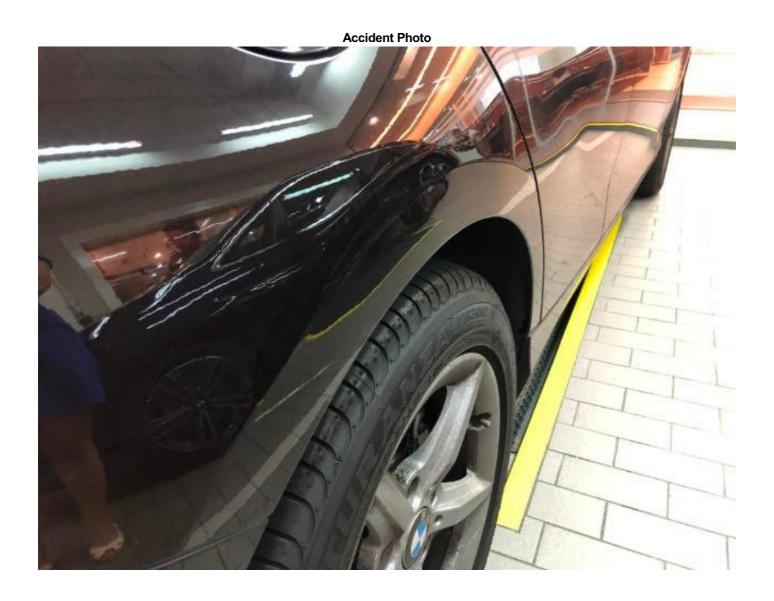
Informant is not able to provide sketch plan

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: D / Sgt 3 FARAH AFIQAH BINTE RASIP	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	29/04/2019 15:57
Officer In Charge Of Case:	Classification Of Case:
TP / HRT / Sr Staff Sgt ESTHER CHONG	
Contact No.: 65476368	an accordability for the general control of t
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Authentication Stamp	







Accident Photo



Accident Photo





Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MpmL 1205576 Vehicle Registration No: 5MC 625014 Name(as shownin NRIC): ______NELATI JANI ____NRIC/FIN/Passport No: ____ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(9107 - 3257 Mobile No.: Contact (Tel) **Email Address** Time of Accident : 10.50 Date of Accident Place of Accident : Insurance Company: _ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature

GARY PUHICE Performance Moto 303 Alexandra Sime Darby Perform

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date:

Date:

Addendum Sheet Pg. 2



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 4883 www.police.gov.sg

Our Ref

: TP/IP/30099/2019

Date

: 22 July 2019

Melati Tani Bik 383 Tanglin Road #04-05 Singapore 247966

Dear Sir / Madam,

TRAFFIC ACCIDENT INVOLVING SMC6250K AND <u>SKN1352Z</u> ALONG LOWER DELTA ROAD ON 29/04/2019 AT ABOUT 1050 HRS

I refer to the above accident.

- 2. Please be informed that we have completed our investigations which revealed that the driver of **SKN1352Z** had committed the offence of Inconsiderate Driving under Section 65(b) of the Road Traffic Act Chapter 276. Action has been initiated against the driver for the said offence.
- 3. If you have any clarification, you may contact the Investigation Officer, SI Esther Chong at office number: 6547 6368.
- 4. Thank you.

Yours faithfully,

HEAD INVESTIGATION TRAFFIC POLICE SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION