Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 17/03/2020 10:21

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	16/03/2020 11:08
Date Of Accident	15/03/2020 16:20
Exact Location Of Accident	NO. 2 JALAN KHAIRUDDIN (S'PORE 457492)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF4468E
Insured/Policyholder	
Name Of Registered Owner	MAHESH ARJANDAS CHOOLANI
NRIC No	SXXXX208F
Email Address	MAHESH@CHOOLANI.NET
Mobile Phone No	(LOCAL) +65-93889316
Alternative Phone No	OTHERS-93889316
Vehicle Particulars	
Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
Exact Purpose for which vehicle was being used at time of accident	CAR WAS 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	C/N:10122310
Cover Note Number	
Driver	
Name of Driver	MAHESH ARJANDAS CHOOLANI
NRIC No	SXXXX208F
Date Of Birth	16/01/1963
Occupation	INDOOR
Date Of Driving Pass	06/10/1980
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889316
Fax Number	
Contact Number	OTHERS-93889316
EMail Address	MAHESH@CHOOLANI.NET

Address	2 JALAN KHAIRUDDIN
Postcode	457492
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?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	**ROAD**: 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2440000 - **FAX NO**: 64443009
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20200315/7040

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK2394A
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	

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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 :

   (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.

maher/

Policyholder's Signature
Date & Time: 17/03/2020 9:10 am

maher/.

Driver's Signature
(if driver is not the policyholder)
Date & Time: 17/03/2020 9:10 am

17/03/2020

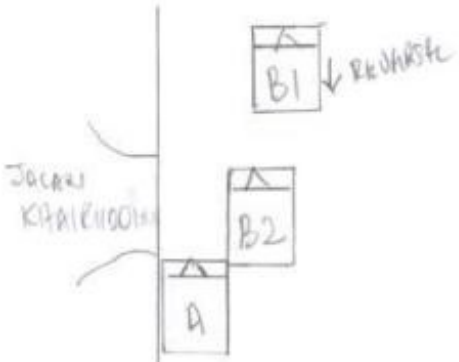
Reporting Centre Personnel's signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A) SFF4668E

B) SLK 2394A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT G/20200315/7046

DECLARATION

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

Policyholder's Signature
Date & Time: 17/03/2020 9:10 am

Driver's Signature
(if driver is not the policyholder)
Date & Time: 17/03/2020 9:10 am

17/03/2020

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

SINGAPORE POLICE FORCE

G/20200315/7040

POLICE REPORT (NP299)

Report No. G/20200315/7040

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made	Vide Report No.	Station Diary No.
15/03/2020 21:03		

Name Of Informant	Address			
MAHESH ARJANDAS CHOOLANI	2 JALAN KHAIRUDDIN SINGAPORE 457492			
ID Type / ID No. NRIC NO / S1590208F	Contact No. Home/Office:	Mobile: 93889316		
Nationality SINGAPORE CITIZEN	Email Address mahesh@choolani.net			
Occupation	Sex	Age	Date of Birth	Race
Obstetrician/Gynaecologist	Male	57	16/01/1963	Indian
Institution/School Name	Language English			
Date/Time Of Incident 15/03/2020 16:20	Location Of Incident 2 JALAN KHAIRUDDIN SINGAPORE 457492			

Brief details.

My door bell rang, and two men at the door alerted me to the fact that there had been an accident damaging the front of my car. They didn't know if it was my car, but asked if the license plate SFF4468E belonged to my car. I said "yes", and went out to see the damage to my car. A piece of paper was left on my window anchored by the wipers, and the note mentioned that the person who had written the note had banged into my car - the person causing the accident left his mobile number and name Ken Soh on the paper, and asked me to call him.

I called Ken Soh on the mobile number provided. He admitted to reversing into my car at about 1:00 PM

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2020 21:03
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

G/20200315/7040

POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. G/20200315/7040

earlier the same day (today, Sunday, 15th March, 2020). He said that he had alerted his insurance company, AIG, and had told them that it was his fault, and that he reversed and banged into my car.

We exchanged name cards by WhatsApp.

He sent me the front and back pictures of his NRIC, and a video footage obtained from the camera attached to the rear window of his car - the video clearly shows him reversing into my car.

He acknowledged that the accident was his fault and that he would accept full responsibility for all repairs.

His name is Ken Soh. His mobile number is +65 9199 7889; his NRIC is S1703638F.

Subjects Involved			
Suspect			
Person Name	Soh Yong Seng		
ID Type	NRIC NO	ID No	S1703638F
Gender	Male	Race	Chinese
Language	English	Address	460 Tampines Street 42 #07-318 SINGAPORE 520460
Mobile No	91997889	Relation To Informant	NIL
Victim			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2020 21:03
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

G/20200315/7040

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

Report No. G/20200315/7040

Person Name	MAHESH ARJANDAS CHOOLANI		
ID Type	NRIC NO	ID No	S1590208F
Gender	Male	Age	57
Race	Indian	Language	English
Occupation	Obstetrician/Gynaecologist	Address Type	
Address	2 JALAN KHAIRUDDIN SINGAPORE 457492	Mobile No	93889316
Is Informant A Victim?	Yes		

Person Name	MAHESH ARJANDAS CHOOLANI (Informant)

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2020 21:03
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo

Accident Photo

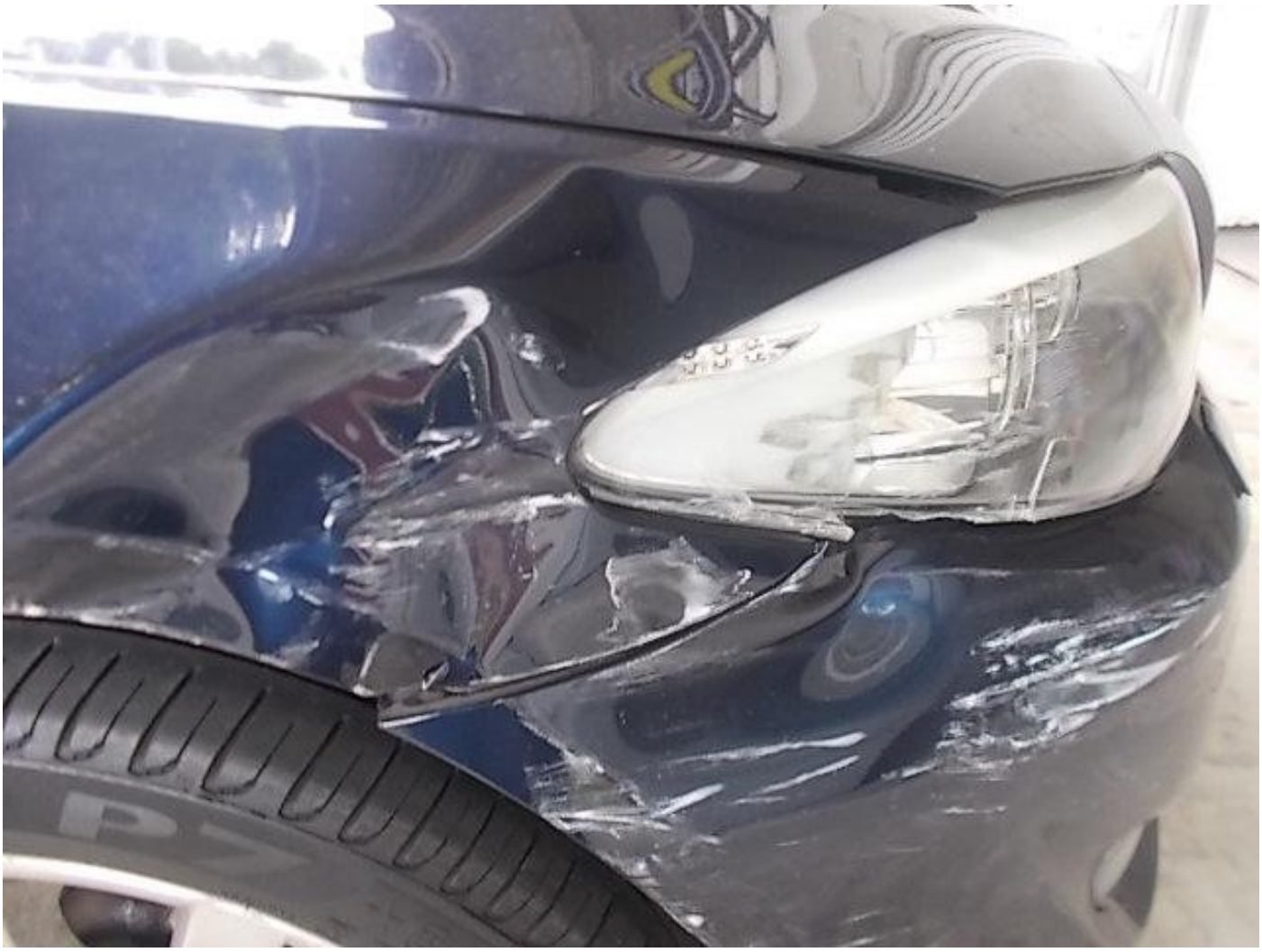
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

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