

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	09/07/2020 10:42
Date Of Accident	29/06/2020 12:30
Exact Location Of Accident	208A NEW UPP CHANGI RD MSCP LVL 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7818M
Insured/Policyholder	
Name Of Registered Owner	LOH BOON TAN
NRIC No	SXXXX184G
Email Address	PETERLOH7818@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96379923
Alternative Phone No	OFFICE-96379923

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 300096289 QMX
Cover Note Number	

Driver

Name of Driver	LOH BOON TAN
NRIC No	SXXXX184G
Date Of Birth	22/12/1940
Occupation	INDOOR
Date Of Driving Pass	19/02/1965
Driving Experience	55 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96379923
Fax Number	
Contact Number	OFFICE-96379923
Email Address	PETERLOH7818@YAHOO.COM.SG

Address	513 BEDOK RESERVOIR RD #01-51
Postcode	479273
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	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT G/20200702/2089

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	SGG3400P
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)

Accident Sketch Plan

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.

Policyholder's Signature

Date & Time: 7/7/10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Unable to provide sketch

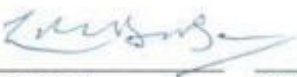
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report G/20200702/2089

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



POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200702/2089

1 of 2

POLICE REPORT (NP299)

Report No. G/20200702/2089

Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Date/Time Report Made 02/07/2020 19:22	Vide Report No.	Station Diary No. 72
Name Of Informant LOH BOON TAN	Address 513 BEDOK RESERVOIR ROAD #01-51 SINGAPORE 479273	
ID Type / ID No. NRIC NO / S0340184G	Contact No. Home/Office	Mobile 96379923
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Retiree	Sex Male	Age 79
Institution/School Name	Date of Birth 22/12/1940	Race Chinese
Date/Time Of Incident 29/06/2020 12:30	Location Of Incident 208A NEW UPPER CHANGI ROAD MULTI STOREY CAR PARK SINGAPORE 461208	

Brief details.

On the 02nd July 2020 at about 6pm, I received a phone call from (6547 6902 - Kales) saying that she is from traffic police and she informed that I was involved with a traffic accident on the 29/06/2020 @ 12:30pm at Blk 208A New Upper Changi Road. She then sent me a screenshot of the letter that I am supposed to received but however I did not receive the letter. Reference Number TP/IP/28127/2020.

I wish to state that I do not know anything about this accident.

Signature Of Officer Recording The Report: G / Sgt 2 TAY WEI LI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2020 19:22
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp VIVIAN GOH PEI LING Contact No.: 62447200	Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



G/20200702/2089

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200702/2089

Signature Of Officer Recording The Report:

G / Sgt 2 TAY WEI LI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp VIVIAN GOH PEI LING
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
02/07/2020 19:22

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

