

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	18/09/2020 08:08
Date Of Accident	17/09/2020 10:30
Exact Location Of Accident	1 PLYMOUTH AVE RAFFLES TOWN CLUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG256M
Insured/Policyholder	
Name Of Registered Owner	LEE XIAOWEI GLADYS
NRIC No	SXXXX961B
Email Address	GLADYS.XW.LEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97770536
Alternative Phone No	OTHERS-98513626

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8 B8

Exact Purpose for which vehicle was being used at time of accident	PRIVATE
--	---------

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 29110279 AVW
Cover Note Number	

Driver

Name of Driver	JAMES CHEW BAK TECK
NRIC No	SXXXX051E
Date Of Birth	05/01/1979
Occupation	INDOOR
Date Of Driving Pass	23/07/1997
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98513626
Fax Number	
Contact Number	
Email Address	JAMES05@GMAIL.COM

Address	161 COUNTRYSIDE ROAD
Postcode	786887
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	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	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

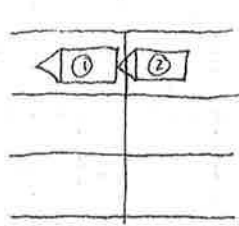
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SF1001J
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 Pg. 1

SKETCH PLAN



- ① SMG 256M
- ② SF1007J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FOR DETAILS , PLEASE SEE ATTACHED POLICE REPORT.

DECLARATION

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

Policyholder's Signature
Date & Time: 18/9/20
0805

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/9/20
0805

Pearlyn Cheong

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

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: 18/9/20
0805


Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/9/20
0805

Pearlyn Cheong

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



**SINGAPORE
POLICE FORCE**



E/20200917/7031

1 of 3

POLICE REPORT (NP299)

Report No. E/20200917/7031

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 17/09/2020 22:38	Vide Report No.	Station Diary No.
Name Of Informant JAMES CHEW BAK TECK	Address 161 COUNTRYSIDE ROAD SINGAPORE 786887	
ID Type / ID No. NRIC NO / S7900051E	Contact No. Home/Office: Mobile: 98513626	
Nationality SINGAPORE CITIZEN	Email Address JAMES05@GMAIL.COM	
Occupation Other aircraft pilots and related associate professionals	Sex Male	Age 41
Institution/School Name	Date of Birth 05/01/1979	Race Chinese
Date/Time Of Incident 17/09/2020 10:00 - 17/09/2020 10:30	Location Of Incident 1 PLYMOUTH AVENUE RAFFLES TOWN CLUB SINGAPORE 297753	

Brief details.

1. I was driving vehicle number SMG256M and parked it at Raffles Town Club's basement 1 carpark on 17 Sep 20 at 0855 SGT. At the time I parked, there was no car parked in the parking lot behind me. As this eForm is unable to accept video files, I will send the timestamped video from the in-car camera via other means to the Investigating Officer, to demonstrate what I had described.

2. I came back to the vehicle at approximately 1000SGT to find that vehicle number SF1001J was driven

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: 17/09/2020 22:38
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20200917/7031

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200917/7031

into the rear of mine. Picture as attached.

3. I tried for about half an hour to find the owner of SF1001J but to no avail.

4. I then moved my car forwards a little to assess any damage, to take associated photographs and left a note on the windscreen of car SF1001J for the driver to give me a call in the hope of coming to a gentleman's agreement. Picture(s) as attached and timestamped video to be provided to the Investigating Officer.

5. At 1644 SGT, I received a call from 6453 3757. The caller, identifying himself as Jason from Lai Huat Motor Pte Ltd (a car workshop), said that he was calling on behalf of the driver of SF1001J. He told me that he has the in-car camera video footage of SF1001J parking behind me. But to my surprise, the caller then said that the driver of SF1001J had filed a police report and accident report against me.

6. I am filing this police report to provide my evidence of this incident as I am concerned that this may be a motor workshop scam. I kindly implore you to investigate.

Subjects Involved			
Suspect			
Person Name	Unknown		
ID Type	OTHERS / NRIC	ID No	UNKNOWN
Gender	Unknown		
Victim			
Signature Of Officer Recording The Report:		Signature Of Informant:	
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		17/09/2020 22:38	
Officer In-Charge Of Case:		Classification Of Case:	

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20200917/7031

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200917/7031

Person Name	JAMES CHEW BAK TECK		
ID Type	NRIC NO	ID No	S7900051E
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Other aircraft pilots and related associate professionals	Address	161 COUNTRYSIDE ROAD SINGAPORE 786887
Mobile No	98513626	Is Informant A Victim?	Yes
Person Name	JAMES CHEW BAK TECK (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: 17/09/2020 22:38
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



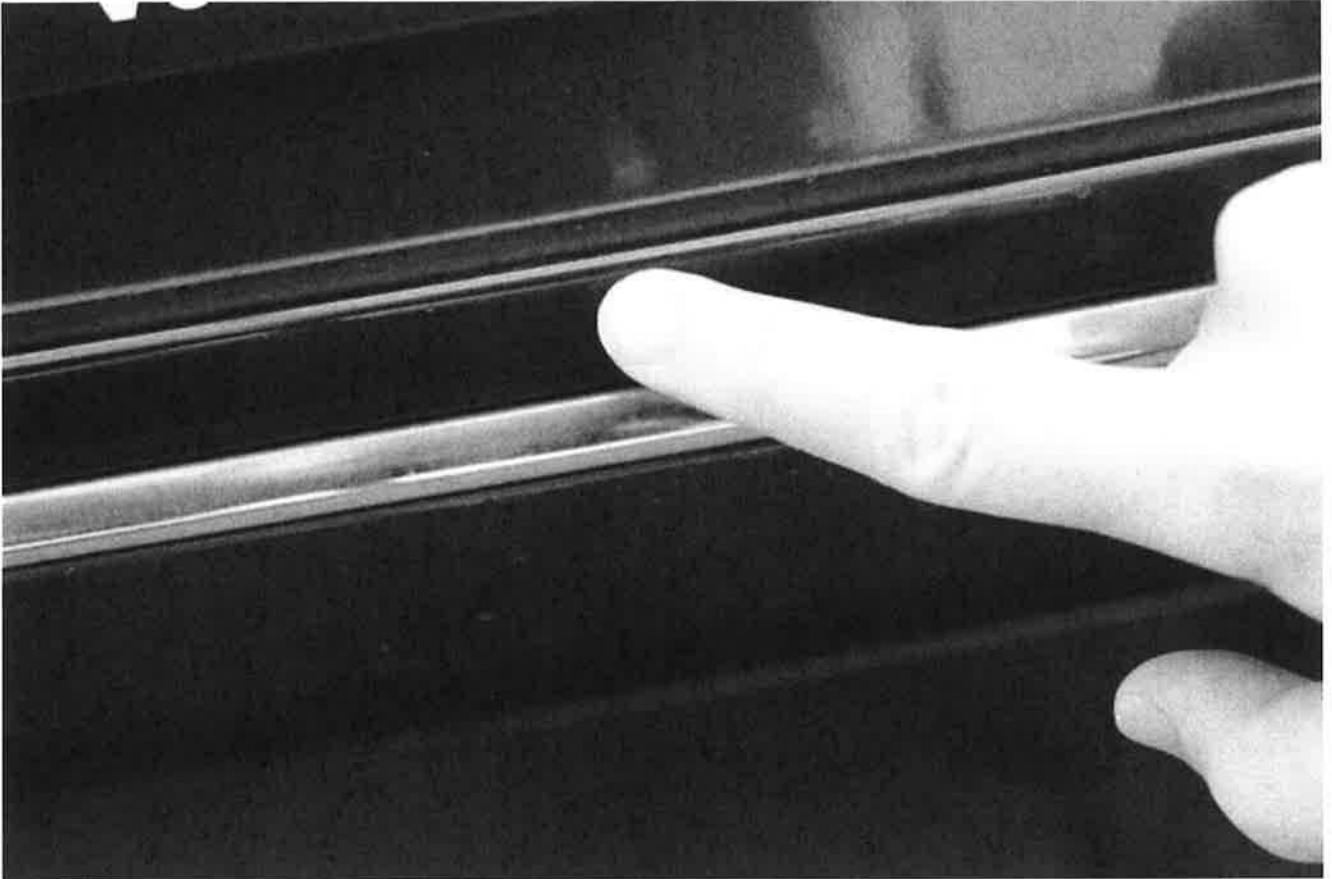
Accident Photo



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: S665500206 / 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 : _____ Vehicle Registration No: SMG256M
Name (as shown in NRIC) : JAMES CHEW BAK TECK NRIC/FIN/Passport No : S7900051E
(*Vehicle Driver / ~~Vehicle Owner~~)(*) Please delete as appropriate
Address : 161 COUNTRYSIDE ROAD Singapore (786887)
Contact (Tel) : _____ Mobile No. : 9851 3626
Email Address : james05@gmail.com
Date of Accident : 17/9/2020 Time of Accident : 10:00
Place of Accident : 1 PLYMOUTH AVE, RAFFLES TOWN CLUB, S(297753)
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to claim against the third party.


Policyholder / Driver's Signature
Date: 18/9/2020

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