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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/10/2020 16:39
Date Of Accident	06/10/2020 12:40
Exact Location Of Accident	TELOK BLANGAH DRIVE LOT 21
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDU8722P
Insured/Policyholder	
Name Of Registered Owner	KOH SEOW BEAN
NRIC No	S2155560F
Email Address	ERYX.TAN@MBMWHEELPOWER.COM.SG
Mobile Phone No	(LOCAL) +65-88088365
Alternative Phone No	OFFICE-88088365
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XJ L
Exact Purpose for which vehicle was being used at time of accident	t .
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00065272006
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ASRI BIN DAUD

 NRIC No
 \$8200702D

 Date Of Birth
 03/01/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/04/2002

Driving Experience 18 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88088365

Fax Number

Contact Number

EMail Address ERYX.TAN@MBMWHEELPOWER.COM.SG

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLIDED INTO PARKED VEHICLE**

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

NO

YES

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer attahed police report.

Attachment(s)

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

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

SLT4120M

PRIVATE CAR Vehicle Category Name of Driver WAN SIEW TOCK

NRIC/Passport Number S0079785E 91304355 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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 interested parties.
- 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 insurers) 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:
 - 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

1

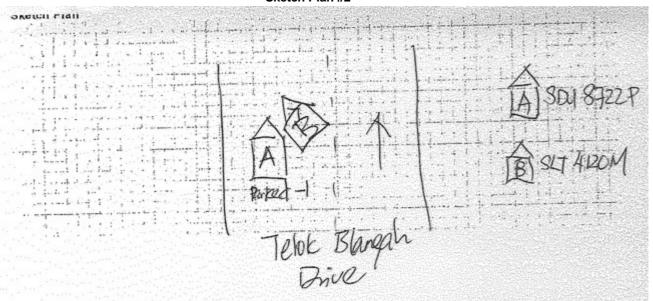
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Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Brief Details.

On the 06/10/2020 at about 12.30pm, I and my colleagues arrived at capark BMTB29 (Telok Blangah Drive). I am driving vehicle no. SDU8722P Jaguar XJL, gold in colour and parked at lot no. 21. I was waiting by the side of the road whilst waiting for mu colleagues to buy their lunch items. My vehicle was parked and stationary at the said parking lot.

At about 12.40pm, a vehicle, SLT4120M Mazda 3, dark blue in colour, drove passed my parked car and suddenly grazed my front right side of the vehicle. I made a check and found multiple deep scratches mainly on the front right bumper of my vehicle. Likewise was there for the other vehicle however the car suffered it on the front left side. The driver later came out of the vehicle and we checked that non one was injured during the whole ordeal and that mainly damages were made to both cars.

We later exchanged particulars and we both photographed the scene before informing one another to make our necessary individual insurance claims. My car has an in-car camera however as it was parked at the point of time, it was switched off as such there is no footage of when the accident occurred. I am unsure of the presence of an in-car camera of the other vehicle.

ATTACH POLICE PERORT	

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

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyhelder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GLARINIC Strateh Plan Form V3





1 of 3

Report No. T/20201006/2100

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

ENT		
	Vide Report No.:	Station Diary No.
		50

06/10/2020 17:05			50			
Informar	nt's Particu	ılars				
	Informant: MAD ASRI	BIN DAUD	Address: APT BLK 525A PASIR RIS ST 511525	TREET 51 #07-557 SINGAPORE		
ID Type	/ ID No.: D / S820070)2D	Contact No.: Home/Office:	Mobile: 88088365		
Nationali SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 38	Date of Birth: 03/01/1982	Type of Informant: Driver			
Race: Malay			Language:	Institution / School Name:		
Occupat			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2020 12:40	Type of Locatio Straight Road
Location: TELOK BLAN	IGAH DRIVE			
		Daniel Curfoco:		Road Speed Limit:
Weather:		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: One Way				Road Speed Limit: Traffic Volume: Light Anyone conveyed by

Details of V	ehicle Invo	lved		151	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color	THE RESERVE OF THE PARTY OF THE	The second section of the second second section is a second secon
SDU8722P	Car				Slightly Damaged	0
					Slightly	0
SLT4120M	Car				Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Fedestrian Grossing





2 of 3

Report No. T/20201006/2100

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver				A STANDARD		2222222
Name	MUHAMMAD ASRI BIN DAUD			ID No.		S8200702D
Related Vehicle	SDU8722P (Car)			Contact No.		88088365
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave NI	L	Degree of	Injury	NIL	A CONTROL OF THE PARTY OF THE P
Driver					Acres (Sch	S0079785E
Name	WAN SIEW TOCK			ID No.		20019100E
Related Vehicle	SLT4120M (Car)			Conta	ct No.	91304355
Hospital/Clinic	NIL			Class Driving Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
		1 1 1 1 1 1 1 1 1 1	Data Dian	harge	NIL	
Date Treatment	NIL		Date Disc Degree of			and the state of t

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T/20201006/2100

3 of 3

Report No. T/20201006/2100

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

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.

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tion Of Case:
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