

# 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 Submission .....	01/12/2020 17:07 (SGT)
Date of Accident .....	31/10/2020 13:00 (SGT)
Exact Location of Accident .....	Ubi Ave 1, Singapore
Additional Location Information .....	OPEN CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGZ7771S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	FA'IZAH BINTE ISHAK
NRIC No .....	SXXXX694J
Email Address .....	iza.ishak@gmail.com
Mobile Phone No .....	(Phone) +65-98300609
Alternative Phone No .....	+65-98300609

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C200
Variant .....	-
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 - Reporting only
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	A 300238074 QMY
Cover Note Number .....	-

### DRIVER

Name of Driver .....	FA'IZAH BINTE ISHAK
NRIC No .....	SXXXX694J
Date Of Birth .....	01/11/1971
Occupation .....	Indoor

Date Of Driving Pass .....	28/10/1992
Driving experience .....	28 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-98300609
Alt. Phone Number .....	-
Email Address .....	iza.ishak@gmail.com
Address .....	BLK 425 #04-543
Address complement .....	FAJAR ROAD
Postcode .....	670425
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	FARIDAH ISHAK
Gender .....	Female

#### PASSENGER 2

Name .....	ZIDANH ZALIZAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002419999
Alt. Police Station Phone No .....	(Fax) +65-64431687
Police Station Address .....	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201030/2075




#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

SKETCH PLAN

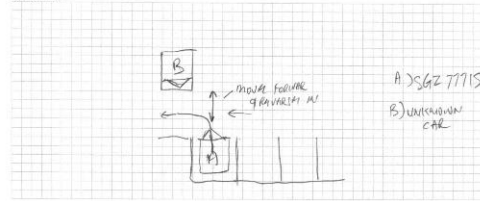
IMPORTANT NOTICE

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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 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.
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.

<p></p> <p>Policyholder's Signature Date &amp; Time: 1 Dec 2022 5:40 pm</p>	<p></p> <p>Driver's Signature (If driver is not the policyholder) Date &amp; Time:</p>	<p></p> <p>Reporting Centre Personnel's Signature Name: Keshav Kumar NIC/FIN No.:</p>
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GIA/ACC SKETCH PLAN Form 01  
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### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report to Public Hearing 7/2002-1031/9075

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 1 Dec 2020  
3.40 pm.

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

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

















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok NPP  
18 Bedok South Road #01-117 SINGAPORE  
480015  
Tel No: 1800-2419999

T/20201031/2075  
1 of 3  
Report No: T/20201031/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/10/2020 14:45      Vide Report No.:      Station Diary No.: 22

**Informant's Particulars**

Name of Informant: FAIZAH BINTE ISHAK		Address: APT BLK 426 FAJAR ROAD #04-543 SINGAPORE 670425	
ID Type / ID No.: NRIC NO / S7139694J		Contact No.: Home/Office:      Mobile: 96300609	
Nationality: SINGAPORE CITIZEN		Email: fza.ishak@gmail.com	
Sex: Female	Age: 48	Date of Birth: 01/11/1971	Type of Informant: Driver
Race: Malay	Language: English		Institution / School Name:
Occupation: SALES DIRECTOR	Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-injury	Drink Drive: No	Date/Time of Accident: 31/10/2020 13:00	Type of Location: Car Park
Location: UBI AVENUE 2			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Unknown	Anyone conveyed by ambulance: No		

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
SG27771S	Car	MERCEDES BENZ	C200 COUPE AMG LINE A/T	White	No Damage	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SG27771S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300236074	10/01/2020	09/01/2021



**SINGAPORE  
POLICE FORCE**



T/2020/0312075

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
490015  
Tel No: 1800-2419999

2 of 3  
Report No: T/2020/0312075

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	FA'IZAH BINTE ISHAK	ID No.	S713664J
Related Vehicle	SGZ7771S (Car)	Contact No.	98300009
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL


**Brief Details**

On the 31/10/2020 at about 1300hrs, I was parking my vehicle (SGZ7771S, White Mercedes C-200) at one of the lot at the open carpark at 61 UBI AVENUE 2 (Automobile Megamart). While I was parking, I did not noticed any sound or vibrations. After parking my vehicle, I secured it and left the location. I then head into the car show room at Car Mart to look around.

About 15mins later, a male subject came inside and claimed that I had hit his car while parking my vehicle. I then followed the person and the person then showed me an unregistered vehicle (black in color) which belongs to his shop (Prime Car). The said car has some scratches on the front left bumper area and the person claimed that I had hit the vehicle. The person claimed that due to the scratches at my vehicle, he assessed that I might have hit the vehicle. However, I informed him that my vehicle has some scratches on it already and that I did not hit his vehicle. The person then asked for my contact which I refuse to provide. I then went back into the show room.

I then went back to my vehicle to leave the location and that is when the same subject together with other people tried to stop me for leaving as they thought that I had hit their vehicle. They then showed me the CCTV footage which shows my car was reversing into the lot and seems to be in close proximity to the stationary vehicle. However, as far as I recall, I didn't hear or feel anything while parking and suggested to them to lodge an insurance claim regarding the accident. They initially are reluctant to let me go out after awhile, they let me leave.

I wish to state that I have an in car camera installed in my vehicle. However, at the time of lodging the report, I have yet to view it. I am lodging this report for record purpose of the incident.

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
480015  
Tel No: 1800-2419999


1/20201031/2075

3 of 3  
Report No: 1/20201031/2075

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: G / Sgt 3 MUHAMMAD NUR ISKANDAR BIN MUJIB NUR GHAZALI LIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/10/2020 14:45
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp 1/10/20	





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #15-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66500296 / 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 : SN0820C10005 Vehicle Registration No: S4Z771/3  
 Name(s) shown in NRIC : FOH BHAN ESTHER NRIC/FIN/Passport No : SXXXX684J  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 98200601  
 Email Address : \_\_\_\_\_  
 Date of Accident : 31/10/2020 Time of Accident : 13:00  
 Place of Accident : 119A BUKIT TIMAH CONDO  
 Insurance Company : MAH

##### (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:

POLICY NUMBER TO A 30023076 QMY  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

31/10/2020  
 Reporting Centre Personnel's Signature  
 Name: Koh Mun Han