

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
-----------------------------	----------

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 29065633 QMY
Cover Note Number	-

DRIVER

Name of Driver	FA'IZAH BINTE ISHAK
NRIC No	SXXXX694J

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

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:

1 Dec 2020
3.40 pm.

Driver's Signature

(If driver is not the policyholder)

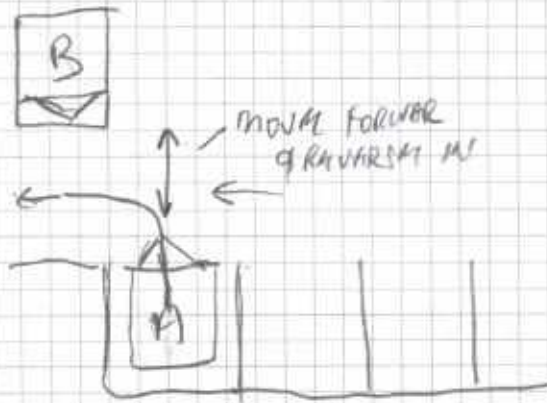
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A) SGZ 77715

B) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/2020/1031/9075

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

Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 10 / 2020 (DD/MM/YYYY), TIME: 13.00 (HH:MM)

LOCATION: UBI AVE 2 open car Park at AML

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG2 7771S
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 1001263174
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES C200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PTE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

FARIDAH ISHAK (F)
ZIDANN ZALIZAN (M)

2. INSURED / POLICY HOLDER

- a) NAME: FARIDAH BINTI ISHAK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S71396945 CONTACT: 98300609
 c) ADDRESS: 61F 425 Fajar Rd #04-523 S670425

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABUJH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

No of passenger
(including driver)
(3)

* d) DATE OF BIRTH: (01 / 11 / 1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28 OCT 1992

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bedok NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

Email = iza.ishak@gmail.com
 VIDEO



SINGAPORE POLICE FORCE



T/20201031/2075

Police Station Of Origin:

Bedok NPP

15 Bedok South Road #01-117 SINGAPORE
460015

Tel No: 1800-2419999

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: FA'IZAH BINTE ISHAK			Address: APT BLK 425 FAJAR ROAD #04-543 SINGAPORE 670425		
ID Type / ID No.: NRIC NO / S7139694J			Contact No.: Home/Office: Mobile: 98300609		
Nationality: SINGAPORE CITIZEN			Email: iza.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 Passenger
SGZ7771S	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
SGZ7771S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300238074	10/01/2020	09/01/2021



**SINGAPORE
POLICE FORCE**



T/20201031/2075

2 of 3

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Report No. T/20201031/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FA'IZAH BINTE ISHAK	ID No.	S7139694J
Related Vehicle	SGZ7771S (Car)	Contact No.	98300609
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 but 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**



T/20201031/2075

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

3 of 3

Report No. T/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 MUHD
NUR GHAZALI LIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

31/10/2020 14:45

Classification Of Case:



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel: +65 6827 7808, Fax: +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M X.1

Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 29065633 QMY

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SGZ77718

2. Name of Policyholder
Faizah Binte Ishak

3. Effective Date of the Commencement of Insurance for the purposes of the Act
10/01/2019

4. Date of Expiry of Insurance
09/01/2020

5. Persons or Classes of Persons entitled to drive*

Faizah Binte Ishak

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers


for Chief Executive Officer

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

Your Ref:SGZ7771S

Our Ref:249454 (Please quote our reference when replying)

25 Nov 2020

URGENT

FAIZAH BINTE ISHAK
425 FAJAR ROAD
#04-543
SINGAPORE 670425

Dear Sir/Madam

Accident involving SGZ7771S and unknown vehicle no. along Open CarPark at AML Ubi Avenue 2
Policy No : 1001263174
Date of Accident : 31 Oct 2020

We have received a property damage claim from Workshop acting on behalf of the owner of unknown vehicle no. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Monica Chung Pei Zhen
Executive, Motor Claims
Claims Services (Motor)

Tel : 6594 2552
Fax : 6827 7800
Email : monica_chung@sg.msig-asia.com

cc: Insurebox Pte Ltd

This is a system generated letter, hence no signature is required.

A Member of MS & AD INSURANCE GROUP