

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 28/04/2021 08:49 (SGT)
Date of Accident 27/04/2021 09:52 (SGT)
Exact Location of Accident Kaki Bukit Rd 4, Singapore
Additional Location Information ROADSIDE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK6868Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEAH ZHI WEI
NRIC No SXXXX810A
Email Address SEAHZHIWEI1986@GMAIL.COM
Mobile Phone No (Phone) +65-90125840
Alternative Phone No +65-90125840

VEHICLE PARTICULARS

Manufacturer Mazda
Model Cx-3
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300287740 QMY
Cover Note Number -

DRIVER

Name of Driver SEAH ZHI WEI
NRIC No SXXXX810A

Date Of Birth	02/01/1986
Occupation	Indoor
Date Of Driving Pass	09/11/2004
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90125840
Alt. Phone Number	+65-90125840
Email Address	SEAHZHIWEI1986@GMAIL.COM
Address	BLK 646 HOUGANG AVENUE 8 #03-289
Address complement	-
Postcode	530646
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/2021042717050

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	GY2099M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

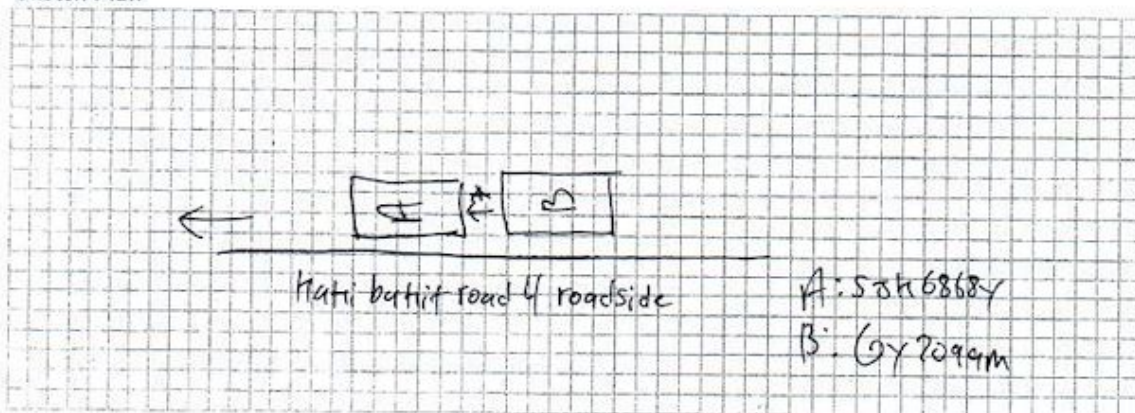
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Handwritten signature and date: 21/4/21
Policyholder's Signature / Date & Time

Handwritten signature and date
Driver's Signature (if driver is not the policyholder) / Date & Time

Handwritten signature
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

refer to police report # 202104277050

Declaration

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

Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



F/20210427/7050

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POLICE REPORT (NP299)

Report No. F/20210427/7050

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 27/04/2021 17:29	Vide Report No.	Station Diary No.
Name Of Informant SEAH ZHI WEI	Address 646 HOUGANG AVENUE 8 #03-289 SINGAPORE 530646	
ID Type / ID No. NRIC NO / S8601810A	Contact No. Home/Office:	Mobile: 90125840
Nationality SINGAPORE CITIZEN	Email Address SEAH_ZHIWEI@HOTMAIL.COM	
Occupation Business Owner	Sex Male	Age 35
Institution/School Name	Date of Birth 02/01/1986	Race Chinese
Date/Time Of Incident 27/04/2021 09:50 - 27/04/2021 09:55	Language English	
	Location Of Incident 646 HOUGANG AVENUE 8 #03-289 SINGAPORE 530646	

Brief details.

I'm reporting a case of Hit and Run.

My vehicle, Mazda CX-3 (SJK6868Y) was parked along the roadside of Kaki Bukit Road 4 beside Autobay@Kaki Bukit. The Van, Toyota Litace (GY2099M) hit the rear of my vehicle. The impact cashing my vehicle's bumper to dent in. The driver of the Van drove off after hitting my vehicle.

I have vehicle video recording as proof. I have attached the picture of the impact of the damages during the incident.

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: 27/04/2021 17:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210427/7050

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210427/7050

Subjects Involved			
Victim			
Person Name	SEAH ZHI WEI		
ID Type	NRIC NO	ID No	S8601810A
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	Business Owner	Address	646 HOUGANG AVENUE 8 #03-289 SINGAPORE 530646
Mobile No	90125840	Is Informant A Victim?	Yes
Person Name	SEAH ZHI WEI (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: 27/04/2021 17:29
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