

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 27/10/2021 17:53 (SGT)
Date of Accident 26/10/2021 18:10 (SGT)
Exact Location of Accident Bukit Batok Street 52, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV162U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NORSHAH BINTE IMAM MRS RUSLY SJAICHUDIN
NRIC No SXXXX090E
Email Address norsiah_imam@ats-grp.com
Mobile Phone No (Phone) +65-98628849
Alternative Phone No +65-98628849

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? Yes
Vehicle Category Private car
Transmission Auto
CC 1991

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300352176 QMY
Cover Note Number -

DRIVER

Name of Driver NORSHAH BINTE IMAM MRS RUSLY SJAICHUDIN
NRIC No SXXXX090E

Date Of Birth	16/02/1957
Occupation	Indoor
Date Of Driving Pass	08/09/1990
Driving experience	31 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-98628849
Alt. Phone Number	+65-98628849
Email Address	norsiah_imam@ats-grp.com
Address	20 BUKIT BATOK ST 52
Address complement	#13-02
Postcode	659244
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	VEN9960
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211026/2109

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	VEN9960
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEONG
Contact Number	(Phone) +65-84184381
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of the report at the centre and to copies of the report being made available if or as set.

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' 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' 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]

Policyholder's Signature / Date & Time

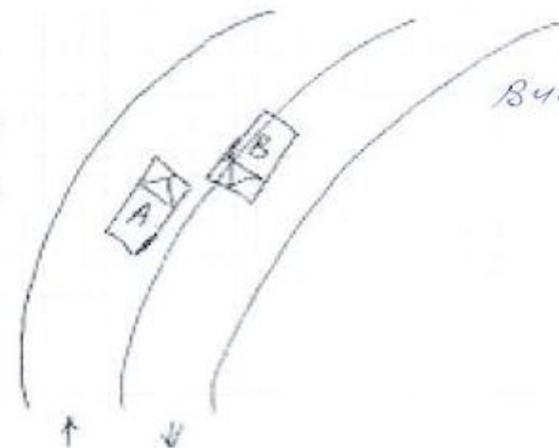
Sketch Plan

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

[Handwritten Signature] 27/10/21

Witnessed by Reporting Centre Personnel

A - SKV162U
B - VEN9960



BYRIT BAYOK ST 52

Describe Circumstances of the Accident

Refer to police report 7/20211026/2109

Declaration

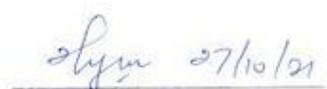
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 27/10/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211026/2109

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-6679999

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Report No. T/20211026/2109

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV162U	MSIG INSURANCE (SINGAPORE) PTF I TD	300352176	14/09/2021	13/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NORSIAH BINTE IMAM		ID No.	S1274090E
Related Vehicle	SKV162U (Car)		Contact No.	98628849
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	
Driver				
Name	LEONG		ID No.	NIL
Related Vehicle	VEN9960 (Car)		Contact No.	84184381
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 26/10/2021 at about 1809hrs, I was driving my vehicle bearing the registration plate SKV162U, going up the slope to deck 4 at the carpark in the condo. I then made a right turn and suddenly felt an impact and realized that I have collided into another vehicle bearing the registration plate VEN9960 on my right. The carpark was dark and has not much lighting. The right portion of my vehicle collided into the right portion of the other vehicle. Nobody was injured. I have an in car camera that is working at the point of time. The bumper on the right side of my vehicle, the bonnet and the lower right portion of the vehicle was damaged. The right headlight was broken as well.




















**SINGAPORE
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T/20211026/2109

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Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No. 1800-5679999

Report No. T/20211026/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2021 21:48		Vide Report No.:		Station Diary No.: 92	
Informant's Particulars					
Name of Informant: NORSIAH BINTE IMAM			Address: 20 BUKIT BATOK STREET 52 #13-02 SINGAPORE 659244		
ID Type / ID No.: NRIC NO / S1274090E			Contact No.: Home/Office: Mobile: 98628849		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 64	Date of Birth: 16/02/1957	Type of Informant: Driver		
Race: Javanese		Language: English		Institution / School Name:	
Occupation: DIRECTOR		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/10/2021 18:10	Type of Location: Car Park
Location: BUKIT BATOK STREET 52				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKV162U	Car	MERCEDES BENZ	C200 AVANTGAR DE (R17 LED)	Silver	Seriously Damaged	0
VEN9960	Car	MERCEDES BENZ		Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
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T/20211026/2109

2 of 3

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No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
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Date Treatment	NIL	Date Discharge	NIL	
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Driver				
Name	LEONG		ID No.	NIL
Related Vehicle	VEN9960 (Car)		Contact No.	84184381
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
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3 of 3

Report No. T/20211026/2109

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 J / Sgt 3 YEO YULIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2021 21:48
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

Authentication Stamp
NP168

