

# 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 willul misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 3. Information provided must be as truthful and accurate as possible: Any willut misrepresentation or witholding of material facts may allow insurance companies to repudent 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 felse 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 07/02/2022 17:53 (SGT) Date of Accident 04/02/2022 15:30 (SGT) Exact Location of Accident 3150 Commonwealth Ave W, Singapore 129580 Additional Location Information Open space carpark next to Clementi MRT Station Country/State of Loss Singapore.

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number INSURED/POLICYHOLDER. Is company? Name Of Registered Owner Tang Swee Keem NRIC No S7422094J Email Address sktang\_1974@yahoo.com.sq Mobile Phone No (Phone) +65-90220650 Alternative Phone No +65-90220650

#### VEHICLE PARTICULARS

Manufacturer Toyota Model ....... Corolla 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 Transmission Auto CC 1598

### INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 300498745 Cover Note Number

#### DRIVER

Name of Driver Tang Swee Keem NRIC No S7422094J

Date Of Birth 09/07/1974 Occupation Indoor Date Of Driving Pass 07/07/1994 Driving experience 27 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90220650 Alt. Phone Number +65-90220650 Email Address sktang\_1974@yahoo.com.sg Address Blk 103B Bidadari park Drive #07-39 Address complement Postcode 342103 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Na 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 Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 Clementi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008729999 Alt. Police Station Phone No (Fax) +65-68728039 Police Station Address No. Singapore 129858 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the police report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nα Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number UNKNOWN Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

NA / Unknown

Vehicle Category

Name of Driver		_
Contact Number	the first of the control of the cont	_
Address complement		_
Postcode		_
Insurance Company Name		-
Details of property damaged in	accident	-
No. Of Passenger (Including Da	iver)	-

#### SKETCH PLAN

## IMPORTANT NOTICE

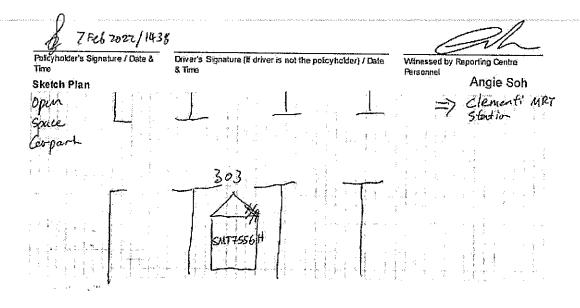
- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Oriver.
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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurerice 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)

Lunderstand, 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 passessed 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 housers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposets) 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) at insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident
I parked at a open Corpark next to Clement. Aue 5 introlt
of Blk 322 clement: Ave 5. when I'm back from my
Shopping at clementi Mall, I bound my our front but been
<u> </u>
demang from the boat right side of the vehicle. It was on
4 Feb 2022 around 3-30pm
,
( Please refler to Police report)

Declaration

We declare the foregoing particulars are tree in every respect.

J 7 Feb 2022

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel Angle Soh





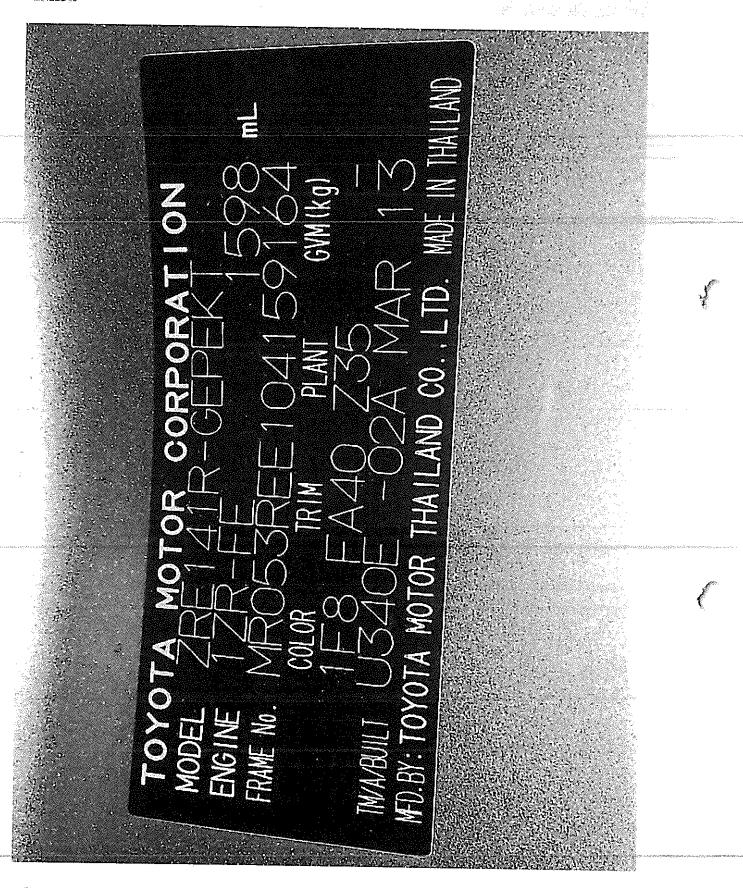
















Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

Report No. 1/2012/0201/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 04/02/2022 17:23		Vade.	Vide Report No. D/20220204/0080	Station Diary No.: 94	
Informa	nte Perlic	ulars .		The state of the s	
	f Informant WEE KEE!		Address: APT BLK 103B BIDADARI 342103	PARK DRIVE #07-39 SINGAPORE	
ID Type / ID No: NRIC NO / S7422094J			Contact No Home/Office Mobile 90220650		
National SINGAP	ity. ORE CITIZ	'EN	Email:	- Older Brit Hall and many and graph of the William of Papping Co. T. Papping Co. T.	
Sex: Male	Age 47	Date of 8irth: 09/07/1974	Type of Informant: Driver	менен Ada tribulging (AD 2016) от достойного того из того из того того того пород на уго достой подаления на о	
Race Chinese		and the state of t	Language .	Institution / School Name:	
Occupation AGREEMENT SALES			Driving License Information: Class 28.2A,3	Date of Expiry:	

Type of Accident Accident Accident Accident Attended by Police		Drink Drive: No	Date/Time of Accident: 04/02/2022 15:30	Type of Location Car Park	
CLEMENTI A	VENUE 5		The state of the s	39 (Calling and Calling and Age (Calling and Calling a	
Clear		Road Surface: Dry	reconstructive de la constitución de la constitució	ad Speed Limit	
Traffic Flow.	The same of the sa	Traffic Control:		raffic Volume o Traffic	
Type of Collis		A TOT OUT (13 DOME)			

Details of Vehicle Involved	77				
Vehicle No. Type	Make	Model	Color	Condition	No of Passencer
SMT7556H Car	TOYOTA	COROLLA	Silver	Seriously	
Americana de la consciencia de consc	Management of the second of th	ALTIS 18A		Damaged	3

Details of Vehicle Insurance Vehicle No. Hourance Company .	Insurance No.	Pen-sile	12 1/2
SMT7556H MSIG INSURANCE (SINGAPORE) PTE_LTD	300498745	14/12/2021	Expliny Date 13/12/2022





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tet No: 1800-8729999

Report No. 1/20220204/2061

CONTINUATION OF REPORT

Name TANG SWEE KEEM IO No. \$7422094J  Related Vehicle SMT7556H (Car) Contact No. 90220650  Hospital/Clinic NIL Class of Driving Licence & Driving Licence & Class 28,2A,3	No. of Pedestria	is injured: NIL	Use of Pe	destrian Cr	ossing: NA
Related Vehicle SMT7556H (Car) Contact No. 90220650  Hospital/Clinic NIL Class of Driving Licence & Class: 28,2A,3 Date of Expiry: NIL	Crivac				
Hospital/Clinic NIL Class of Class: 28,2A,3 Date of Expiry: NIL Licence &	Name	TANG SWEE KEEM		ID No.	S7422094J
Driving Class: 28,24,3 Date of Expiry; NIL Licence &	Related Vehicle	SMT7555H (Car)	ONEY have been really desired to the second section of the second section of the second section of the second	Contact N	10. 90220650
	-lospital/Clinic	NIL Date Dies		Driving	Date of Expiry: NIL
	No. of Days gran	ed Medical Leave NIL	Date Disc Degree of		

## Brief Details.

On 04/02/2022 at about 1230hrs, I parked my car (SMT7556H) at carpark of Blk 322 Clementi Ave 5, carpark lot 303 and went to run some errands nearby.

At about 1530hrs, I came back to my parked vehicle and saw that my vehicle was seriously damaged on the front right side of the vehicle. I then called for police assistance and subsequently have my vehicle toward away.

My in car camera was not recording when the vehicle is stationary.



Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

3 of 3 Report No. 7/20220204/2061

CONTINUATION OF REPORT

Skotch 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.

The second secon		
Signature of Officer Record	ling The Report	Signature Of Informant:
SGT 2 SHANNON ANG HA	N WEI	A.
Signature Of Interpreter:		Date/Time:
Not applicable		04/02/2022 17:23
Officer in Charge Of Case: TP / GIT / SI NG BEIFENG Contact No.: 65476845		Classification Of Case:
Authentication Stamp	A resident Mineral Property of the Conference of	
	SUMMATORE POLICE PORCE	515 37
	1 //	<sup>*</sup>