

# 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 Actual 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 .....	30/03/2023 10:21 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	29/03/2023 01:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	412 Fernvale Link Multistorey Carpark level 1, Lot 84
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKC8088Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEE KUM CHUAN
NRIC No .....	S1604679E
Email Address .....	LEEKUMCHUAN@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97527155
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
Variant .....	Advantgarde
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	A300683206QMY

### DRIVER

Name of Driver .....	LEE KUM CHUAN
NRIC No .....	S1604679E
Date Of Birth .....	18/12/1963
Occupation .....	Indoor

Date Of Driving Pass .....	25/06/1981
Driving experience .....	41 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97527155
Alt. Phone Number .....	-
Email Address .....	LEEKUMCHUAN@GMAIL.COM
Address .....	APT BLK 412A FERNVALE LINK #13-21
Address complement .....	-
Postcode .....	791412
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 vehicle 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

see attached police report.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	UNRECORDED
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Harrier
Vehicle Variant .....	-

Vehicle Colour .....	White
Vehicle Category .....	NA / Unknown
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**

VEHICLE NO:  
DATE OF ACCIDENT:

1. Please report correctly the details of the accident to speed up the claims process.
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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' law firms/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/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time 30/3/23 9:40am

Sketch Plan

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

Witnessed by Reporting Centre  
Personnel

As per video recording.

Describe Circumstances of the Accident VEHICLE NO:


DATE OF ACCIDENT:


Refer to Police Report.



REPORTING ONLY ( )      OWN DAMAGE ( )      THIRD PARTY (✓)      OWN WORKSHOP ( )

**Declaration** NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

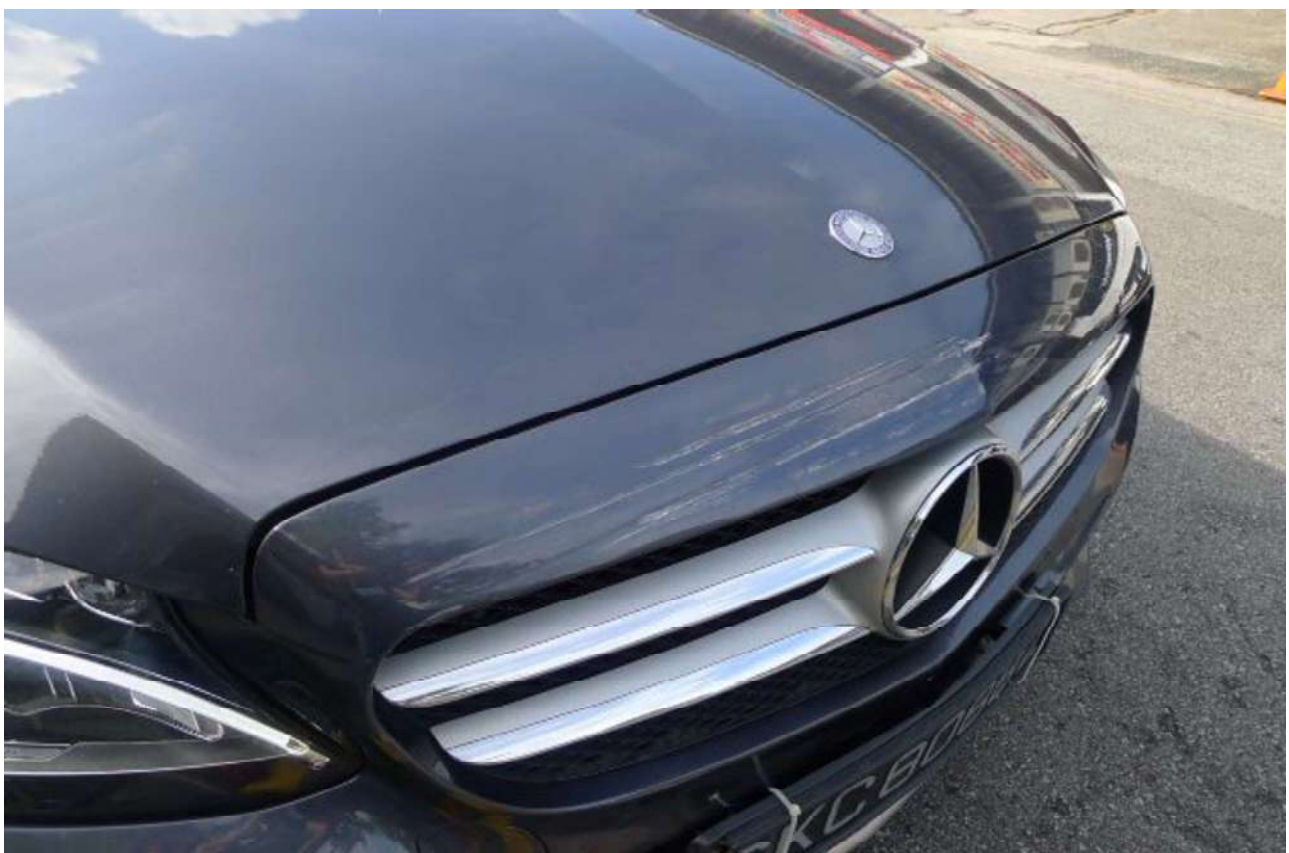
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time  
  
 30/3/23 9:40am

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


Witnessed by Reporting Centre Personnel  
  


























**SINGAPORE  
POLICE FORCE**



F/20230329/7064

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20230329/7064

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 29/03/2023 16:30	Vide Report No.	Station Diary No.
Name Of Informant LEE KUM CHUAN	Address 412A FERNVALE LINK #13-21 SINGAPORE 791412	
ID Type / ID No. NRIC NO / S1604679E	Contact No. Home/Office:	Mobile: 97527155
Nationality SINGAPORE CITIZEN	Email Address LEEKUMCHUAN@GMAIL.COM	
Occupation Electrical engineering technician	Sex Male	Age 59
Institution/School Name	Date of Birth 18/12/1963	Race Chinese
Date/Time Of Incident 28/03/2023 23:00 - 29/03/2023 01:00	Location Of Incident 412A FERNVALE LINK #13-21 SINGAPORE 791412	

**Brief details.**

On the 29 March 2023 about 7.05am, together with my wife, my daughter, we went to pick my car at the multistorey carpark at Block 412 Fernvale Link lot 84 on level 1. As I am hurried to send my family to work, I have not noticed any usual to my car (SKC8088Z). After sending my wife and daughter to their workplace, I proceed to my job located at 1 Media Link and as I was approaching to the carpark at Grab Building at about 8.30am, I was informed by a Grab Minibus driver that my car number plate is missing. I parked my car near the roadside to check on my car and I found out my car bonnet and bumper was scratched/damage, and the number plate was missing. After checking, I parked my car at Grab Building. As I have installed a camera on my car, I manage to download the footage of the incident. My car was hit

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: 29/03/2023 16:30
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20230329/7064

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230329/7064

by a white colour Toyota Harrier at between 11pm to 12 pm on the 28 March 2023 but from the video I could not capture the licence plate. Due to the recent replacement to my car's battery last week, the date and time on the footage/camera is not updated. As there are CCTV installed at the carpark, I wish to request to retrieve the footage during the period to determine the car licence plate.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	LEE KUM CHUAN		
ID Type	NRIC NO	ID No	S1604679E
Gender	Male	Age	59
Race	Chinese	Language	English
Occupation	Electrical engineering technician	Address	412A FERNVALE LINK #13-21 SINGAPORE 791412
Mobile No	97527155	Is Informant A Victim?	Yes
Person Name	LEE KUM CHUAN (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: 29/03/2023 16:30
Officer In-Charge Of Case:	Classification Of Case: