

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 First Submission	03/09/2024 18:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/08/2024 15:55 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	NORTH SOUTH HIGHWAY TOWARDS KL
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR6798G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE HOCK SOON
NRIC No	SXXXX215I
Email Address	WINSON.WEE@GMAIL.COM
Mobile Phone No	(Phone) +65-97467511
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Sharan
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984
Vehicle Fuel	Petrol
First Registration Date	26/11/2015
Chassis no	WVWZZZ7NZFV046377
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000005772-00-000

DRIVER

Name of Driver	WEE HOCK SOON
NRIC No	SXXXX215I
Date Of Birth	02/08/1968
Occupation	Indoor
Driving Pass Date	04/02/1986
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97467511
Alt. Phone Number	-
Email Address	WINSON.WEE@GMAIL.COM
Address	67 HUME AVENUE #02-04
Address complement	-
Postcode	598744
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	Collision - Head to Rear
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)	6
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JTY424
Vehicle Category	Private car

PASSENGER 1

Name	LIM BOON SAN
Gender	Female

PASSENGER 2

Name	WEE YONG REN
Gender	Male

PASSENGER 3

Name	WEE WAN QIN
Gender	Female

PASSENGER 4

Name	WEE WAN QI
Gender	Female

PASSENGER 5

Name ALBERT
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name MALAYSIA POLICE STATION
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JTY424
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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

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6. This report will be forwarded by the insurers to 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.
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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Sketch Plan

vJun2022

Describe Circumstance of the Accident

Driving at North-South Highway in Malaysia on 20th Aug 2024 around 1550 hrs at 34 to 35 km mark towards KL. Vehicle in front of me brake suddenly. I managed to brake in time. But the vehicle behind me bumped at the back of my vehicle.

OD CLAIM: K. K. Hin Auto

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

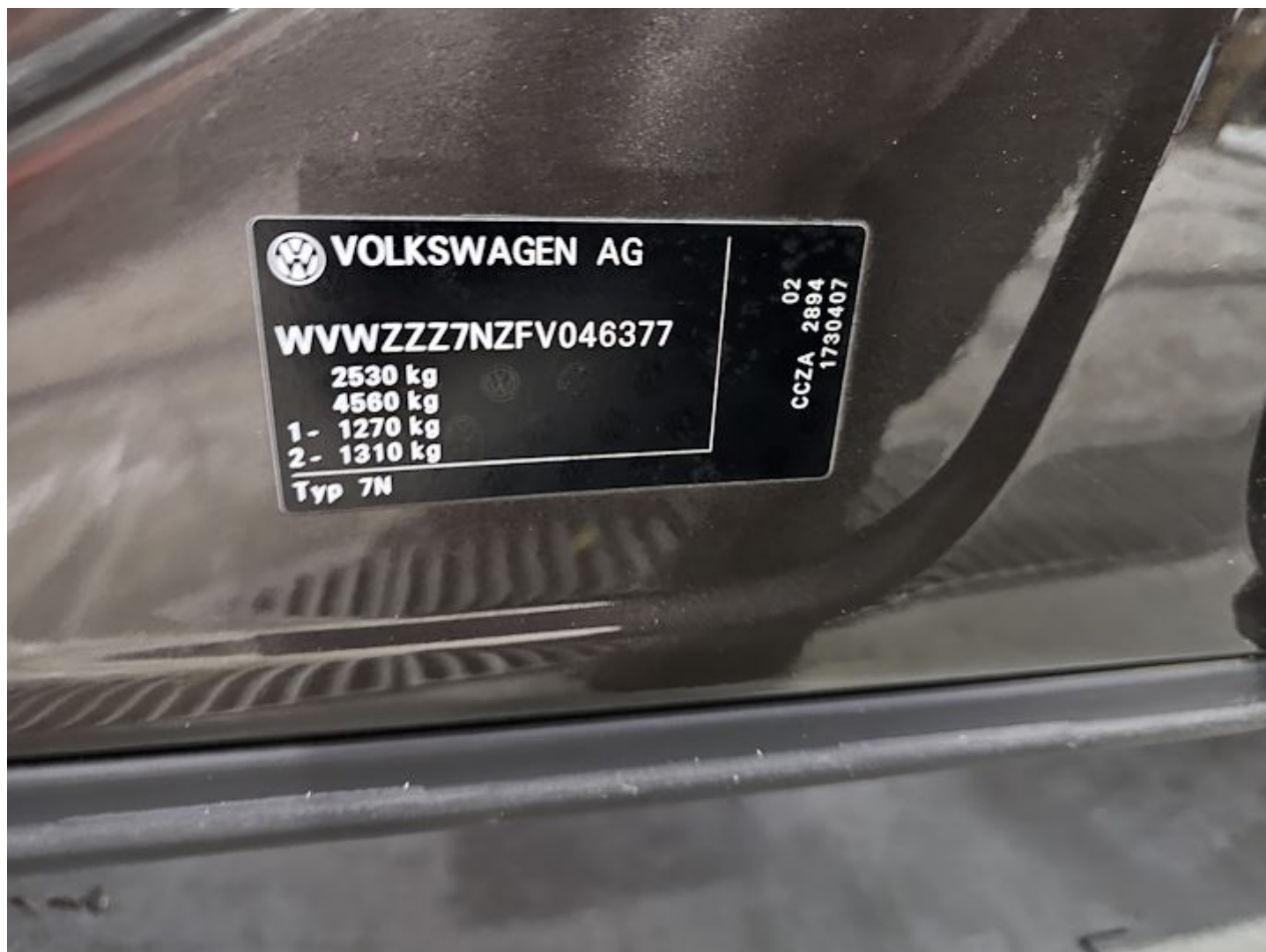


























POLIS DIRAJA MALAYSIA
REPOT POLIS



Balai : TRAFIK KULAIJAYA Pegawai Penyiasat : G27126
Daerah : KULAIJAYA
Kontinjen : JOHOR
No. Repot : TRAFIK KULAIJAYA/011592/24
Tarikh : 30/08/2024
Waktu : 1656 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : MUHD AZMI BIN SEMAN No. Badan : R169289 Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada) :

Nama : --- No. K/P (Baru) : --- No. Polis/Tentera : ---
No. Pasport : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu :

Nama : WEE HOCK SOON
No. K/P (Baru) : --- No. Polis/Tentera : --- No. Pasport : S68312151
No. Sijil Beranak : --- Jantina : Lelaki Tarikh Lahir : 02/08/1968
Umur : 56 Tahun 0 Bulan Keturunan : Cina Warganegara : SINGAPORE
Pekerjaan : SWASTA
Alamat Tinggal : APT 67 HUME AVE #02-04, 598744 SINGAPORE
Alamat IbuBapa : ---
Alamat Pejabat : ---
No. Tel (Rumah) : --- No. Tel (Pejabat) : --- No. Tel (Bimbit) : 97467511
Emel : ---

Pengadu Menyatakan :

PADA 30/08/2024 JAM LEBIH KURANG 1555HRS SAYA MEMANDU M/MPV NO:SNR6798G JENIS VW/SHARAN DARI SINGAPORE HENDAK KE KUALA LUMPUR.SEMASA MEMANDU DENGAN BERGERAK TERUS DILORONG KANAN DALAM KEADAAN LALULINTAS BERGERAK PERLAHAN DAN SAMPAI DI KM32.1 LEBUHRAYA UTARA SELATAN ARAH UTARA TIBA - TIBA SAYA TERDENGAR BUNYI DENTUMAN DARI ARAH BELAKANG M/KAR SAYA.SAYA TURUN DAN LIHAT DAPATI 1M/JIP NO:JTY424 JENIS M/OUTLANDER TELAH MELANGGAR BAHAGIAN BELAKANG M/MPV SAYA.SAYA TIDAK MENGALAMI KECEDEeraan.KEROSAKAN M/MPV SAYA PADA BAHAGIAN LAMPU BELAKANG KIRI,BUMPER BELAKANG,SENSOR,FENDER BELAKANG KIRI DAN LAIN - LAIN KEROSAKAN BELUM PASTI.SAYA DATANG BUAT REPOT UNTUK RUJUKAN PIHAK INSURAN DAN PIHAK YANG BERKENAAN.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R190840 | 30/08/2024 05:14:16 PM



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SK0J24930006 Vehicle Registration No: SNR6798G
 Name (as shown in NRIC): WEE HOCK SOON NRIC/FIN/Passport No: 215I
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore (☐)
 Contact (Tel): _____ Mobile No.: 97467511
 Email Address: _____
 Date of Accident: 30.08.2024 Time of Accident: 15:55hrs
 Place of Accident: NORTH SOUTH HIGHWAY TOWARDS KL
 Insurance Company: GREAT AMERICAN

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

COUNTRY : .. M'sIA
 FOREIGN VEH: YES

[Signature]
 Policyholder / Actual Driver's Signature
 Date: _____

5/9
[Signature]

 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card): _____
 Date: _____