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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 16/12/2024 14:43 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/12/2024 11:05 (SGT) Exact Location of Accident Jalan Pengkalan Batu, Melaka, Malaysia Additional Location Information Jalan Pengkalan Batu Melaka Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SKZ8123J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WEE JUN LONG TERRY NRIC No S82271581 Fmail Address KAEL.CHERISH@GMAIL.COM Mobile Phone No (Phone) +65-87769969 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model ALPHARD 2.5G CVT ABS D/AIRBAG 2WD 5DR 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 2493 Vehicle Fuel Petrol First Regisration Date 25/04/2016 Chassis no AGH300032567 Effective Date/Time of Ownership 01/07/2021 02:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D23MTPV01014216

DRIVER

Name of Driver WEE JUN LONG TERRY NRIC No S8227158I Date Of Birth 22/08/1982 Occupation Indoor Driving Pass Date 18/04/2002 Driving License Pass Class 3 Driving License Validity Valid Driving experience 22 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-87769969 Alt. Phone Number Email Address KAEL.CHERISH@GMAIL.COM Address BLK 232B SUMANG LANE 06-381 SINGAPORE 822232 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SMY8502E Insurance Company of Other Vehicle Owned by Driver Sompo Insurance Singapore Pte. Ltd. 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 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) 3 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 MCM5141 Vehicle Category Private car PASSENGER 1 Name Shelley Gender Female PASSENGER 2 Name Erna Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

Refer to the Sketch Plan.

ATTACHMENT(S)

Gender

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident At the workshop

DETAILS OF OTHER VEHICLE PROPERTY 1

Female

Vehicle Registration Number MCM5141 Vehicle Manufacturer Perodua Vehicle Model Viva Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Noor Ashikin Binti Janudin Contact Number (Phone) +60-197705141 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) PASSENGER 1 Name Unknown

SKETCH PLAN

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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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.

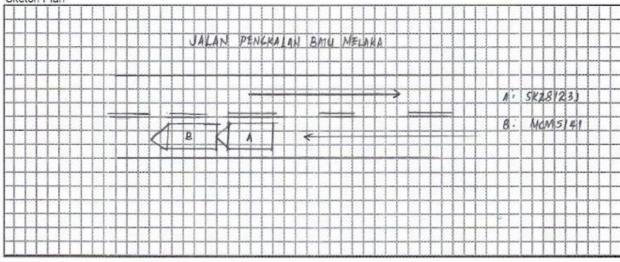
8. Consent under the Personal Data Protection Act (PDPA)

l 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 yers/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
- (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 heir lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan



Page 4

Describe Circumstance of the Accident

		gn No	. SKZ	8/231		* Mod	el 709	yota	Alpho	ird alor	ng Ja	don p	rengkakan
Batu Mel													
lega. No-	MC	M514	1 Make	* Mod	tel P	trodua	Viva -	John	ard br	ate o	tue to	ONOH	er
ar In a	front	0117	Want	ng to	mak	e a	right t	um.	1 dia	not	morog	ed to	brake
n time	ana	i hit	unto	the	rear	portion	of	the	Yehicle	in fro	nt on	me.	
	Theit	Was	no in	ury	on th	his acc	ident						
	The	front	portion	of	my	vehicle	Was	dan	raged	becou	re of	the	
inpoct -			-										
										525			
					20								
					17.								

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

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

Page 5

































POLIS DIRAJA MALAYSIA REPOT POLIS

Balai

: BKT. BARU

Pegawai Penyiasat

: R128164

Daerah

: MELAKA TENGAH

No. Repot Bersangkut : TRAFIK MELAKA

Kontinjen

: MELAKA

TENGAH/026837/24

No. Repot

: TRAFIK MELAKA TENGAH/026870/24

Tarikh

: 14/12/2024

Waktu

: 1830 PM

Bahasa Diterima

: B. Malaysia

Butir-butir Penerima Repot:

Nama

: MOHD HARIFFIN BIN

No. Badan

:R191645

Pangkat **

: KPL

AZANAM

Butir-butir Jurubahasa (Jika Ada):

Nama

No. K/P (Baru) : ---

No. Polis/Tentera : --

No. Pasport : --

Bahasa Asal

Alamat 1-

Butir-butir Pengadu:

Nama

: WEE JUN LONG TERRY (HUANG JUNLONG)

No. K/P (Baru) No. Sijil Beranak No. Polis/Tentera :--

Lelaki

No. Pasport : K41087697

: 22/08/1982

Umur

: 42 Tahun 4 Bulan Keturunan

Jantina

: Cina

Warganegara

Tarikh Lahir

: SINGAPORE

Pekeriaan

: BERNIAGA

: 1 JALAN DESA DUYONG, 75460 MELAKA

Alamat Tinggal Alamat IbuBapa

Alamat Pejabat

No. Tel (Rumah)

No. Tel (Pejabat)

No. Tel (Bimbit) : 65987769969

Emel

Pengadu Menyatakan:

PADA 14/12/2024 JAM LEBIH KURANG 1105 HRS SEMASA SAYA MEMANDU KERETA NOMBOR SKZ8123J JENIS TOYOTA ALPHARD DARI DUYUNG MENUJU KE TAMAN MERDEKA MELAKA. APABILA SAMPAI DI JALAN PENGKALAN BATU SAYA JALAN TERUS, TIBA-TIBA KERETA NOMBOR PENDAFTARAN MCM5141 JENIS PERODUA VIVA DI HADAPAN SAYA BREAK MENGEJUT KERANA KERETA DI HADAPANNYA NOMBOR DAN JENIS TIDAK PASTI HENDAK BELOK KE KANAN, SAYA CUBA BREAK TETAPI JARAK TERLALU DEKAT DAN MELANGGAR BAHAGIAN BELAKAN KERETA TERSEBUT, SAYA TIADA KECEDERAAN, KEROSAKAN KERETA SAYA DI BAHAGIAN HADAPAN, BUMER KEMEK, BONET KEMEK, GRILL PECAH DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan B ngadu: Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R191645 | 14/12/2024 06:43:09 PM

NPC 191645 NRFFIN BIN AZANASA MOHD HAR