

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	02/12/2024 13:32 (SGT)
Reported by	Owner
Date of Accident	01/12/2024 14:30 (SGT)
Exact Location of Accident	Sultan Iskandar CIQ JB, Bukit Chagar, 80300 Johor Bahru, Johor, Malaysia
Additional Location Information	-
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9930D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHIEH NEE
NRIC No	S7040983F
Email Address	JENNIE@WILLBERFORCEGLOBAL.COM
Mobile Phone No	(Phone) +65-96205969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	HARRIER PREMIUM 2.0 CVT
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	2000
Vehicle Fuel	Petrol
First Registration Date	19/12/2017
Chassis no	ZSU600091476
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10031358R06

DRIVER

Name of Driver	CHENG TIM JIN
NRIC No	S7232828J
Date Of Birth	09/09/1972
Occupation	Indoor
Driving Pass Date	14/02/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81380709
Alt. Phone Number	-
Email Address	TJ@WILBERFORCEGLOBAL.COM
Address	108B, LIM AH WOO RD
Address complement	-
Postcode	438146
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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)	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	-

PASSENGER 1

Name	LIM CHIEN NEE
Gender	Female

PASSENGER 2

Name	CHENG EWE-WEN
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

ON DEC 1 , 2024 AT APPROX 2.30PM, I WAS ENTERING THE MALAYSIA CUSTOMS CHECKPOINT IN MY VEHICLE SLU 9930 D. DUE TO HEAVY TRAFFIC CONGESTION, VEHICLES WERE MERGING FROM MULTIPLE LANES INTO FEWER LANES, SUDDENLY, ANOTHER VEHICLE , SLW 1986 K, COLLIDED WITH THE REAR RIGHT DOOR OF MY VEHICLE. I HAVE REVIEWED THE VIDEO FOOTAGE PROVIDED BY OTHER DRIVER (H/P 93698280), BUT IT IS DIFFICULT TO DEFINITELY DETERMINE WHO WAS AT FAULT DUE TO CHAOTIC TRAFFIC CONDITIONS, I AM FILLING THIS REPORT FOR RECORD PURPOSE.

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 SLW1986K
 Vehicle Manufacturer Mitsubishi
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Red
 Vehicle Category Private car
 Name of Driver SUFIAN/SOFIAN
 Contact Number (Phone) +65-93698280
 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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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)

2/12/24 @ 9:33am

Sketch Plan



Describe Circumstance of the Accident

On Dec 1, 2024, at approx 2:30 pm, I was entering the Malaysian customs checkpoint in my vehicle SLW 9950D. Due to heavy traffic congestion, vehicles were merging from multiple lanes into fewer lanes. Suddenly, another vehicle, SLW 1986K, collided with the rear right door of my vehicle. I have reviewed the video footage provided by the driver, Sultan (4/P 9369 2280), but it is difficult to definitely determine who was at fault due to chaotic traffic conditions. I am filing this report for moral purposes.

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



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

2/14/24 @ 9:33