

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability
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 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 Report	12/09/2016 20:10
Date Of Accident	12/09/2016 12:00
Exact Location Of Accident	48.7KM North South Highway Towards Singapore
Country/State of Loss	Malaysia/Johor Darul Takzim

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4833M
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Insured/Policyholder

Name Of Registered Owner	SOON MIN LIANG, CASEY
NRIC No	S8434662D
Email Address	caseysoon@gmail.com
Mobile Phone No	(LOCAL) +65-91860465
Alternative Phone No	Office-91860465

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	Aviva Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	10436861
Cover Note Number	

Driver

Name of Driver	SOON MIN LIANG, CASEY
NRIC No	S8434662D
Date Of Birth	17/11/1984
Occupation	Indoor
Date Of Driving Pass	17/01/2005
Driving Experience	11 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-91860465
Fax Number	
Contact Number	Office-91860465
EMail Address	caseysoon@gmail.com

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Owner
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Collision- Chain Collision
 Weather Conditions Raining
 Road Surface Wet

Other Information

Was any foreign vehicle involved in this accident? Yes
 Foreign Vehicle Registration Number JKL9798D (Private Car)
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name [Other] Trafik kulaijaya
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

On 12/09/2016 at around 1230hrs, I was driving my car SJT4883M, a Toyota Vios, from Kuala Lumpur heading towards Singapore. When I reached the 48.7km mark on the North-South Highway heading towards south, there was a car involved in an accident in front of me. I braked and tried to avoid the accident however a vehicle (JKL9798, Proton Wira) hit the rear of my car. I was not injured. Damages to my vehicle are to the rear bumper, bonnet, light set, sensor, left and right mudguard and there may be other damages that I am not aware of. That is my report.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JKL9798
 Vehicle Make/Model/Colour PROTON / WIRA
 Details Of Properties NA
 Name of Driver MOHD ROSLAN BIN MOHD SAFARI
 NRIC/Passport Number
 Contact Number 60197575523
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number EY9988A
 Vehicle Make/Model/Colour TOYOTA / CAMRY 2.4 AUTO ABS AIRBAG

Details Of Properties	NA
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGP837K
Vehicle Make/Model/Colour	PROTON / GEN.21.6MTP
Details Of Properties	NA
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

Details of Witness

Name
Phone Number
Email Address

Sketch Plan

SKETCH PLAN

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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 my 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.

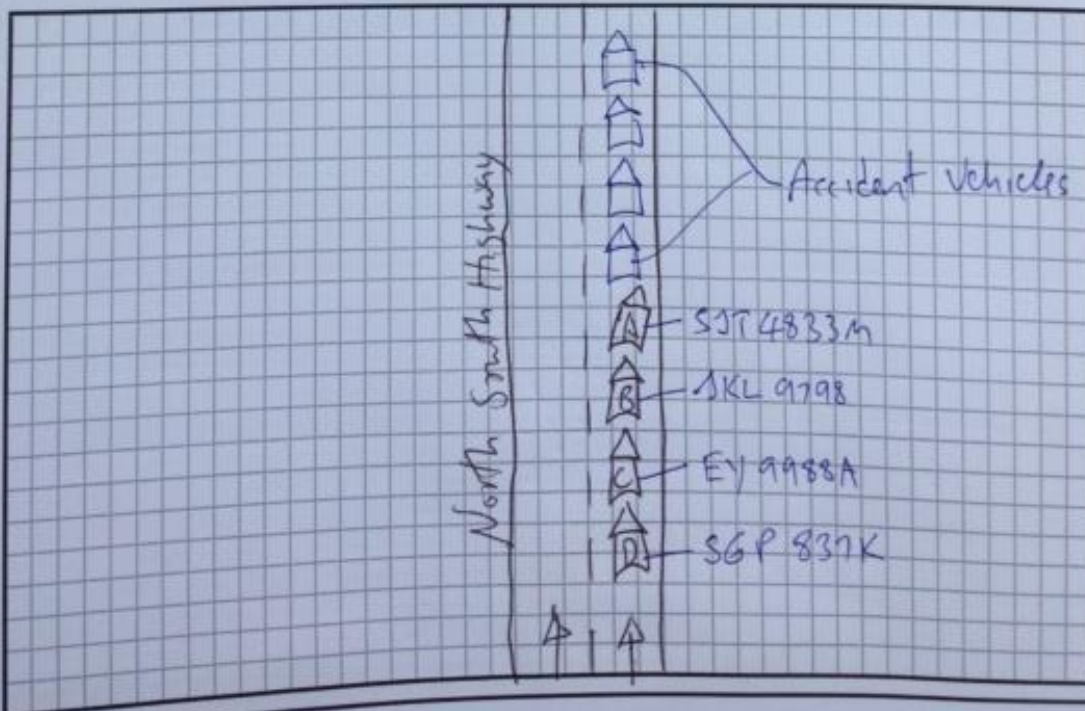
VERIFIED BY MARS OFFICER
AIZAM S7469826C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

Refer to police report

Taxi Voucher No.:

**Are you claiming your own insurance
policy for the repair of your vehicle?**

No, Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY MARS OFFICER - AIZAM, S7469826C

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

12 September, 2016 5:30 pm

Date/Time:

12 September, 2016 5:30 pm



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK KULAJAYA
Daerah : KULAJAYA
Kontinjen : JOHOR
No Repot : TRAFIK KULAJAYA/007889/16
Tarikh : 12/09/2016
Waktu : 1358 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R114169
No Repot Bersangkut : TRAFIK
KULAJAYA/007885/16

Butir-butir Penerima Repot

Nama : ABANG AMIRUL ARRIFFIN BIN ABG. ABDILLAH

No Personel : R196949

Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : SOON MIN LIANG

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : S8434662D

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 17/11/1984

Umur : 31 tahun 9 bulan

Keturunan : Cina

Warganegara : Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : BLOCK 326B ANCHORVALE ROAD #13-266, SINGAPORE, S542326

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 91860465

Emel : ---

Pengadu Menyatakan:-

PADA 12/09/2016 JAM LEBIH KURANG 1230 HRS SAYA MEMANDU MIKAR NO.SJT4833M JENIS TVIOS DARI KUALA LUMPUR HENDAK KE SINGAPURA. APABILA SAMPAI DI KM 48.7 LEBUH RAYA UTARA SELATAN ARAH SELATAN, TERDAPAT SEBUAH MIKAR TERLIBAT KEMALANGAN DI DEPAN SAYA. SAYA BREK DAN CUBA ELAK, TIBA-TIBA SEBUAH MIKAR NO.JKL9798 JENIS P/MIRA TELAH MELANGGAR BAHAGIAN BELAKANG MIKAR SAYA. SAYA TIDAK CEDERA. KEROSAKAN MIKAR BAHAGIAN BELAKANG BUMPER, BONET, SET LAMPU, SENSOR, MUDGUARD KIRI/KANAN DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R196949 | 12/09/2016 02:06:28 PM

Pol.316

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POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH KULAIJAYA,
81000, KULAI
076632222

POL.316

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : SOON MIN LIANG
No Kad Pengenalan / Paspot : S8434662D
No Repot Polis : TRAFIK KULAIJAYA/007889/16
Tarikh @ Masa Repot Polis : 12/09/2016 @ 13:58
Pengesahan Penerimaan Repot :

[Signature]
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R114169) SJN ZULKIFLI B MD. ZAIN
Tempat Tugas : JOHOR , KULAIJAYA
No Telefon Pejabat : No Telefon Bimbit : 016-7110169
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :
Tarikh @ Masa Gambar Diambil :
Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 04:30 Petang
Jumaat :
08:00 Pagi - 12:15 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

