

## 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	26/12/2017 10:23
Date Of Accident	23/12/2017 16:30
Exact Location Of Accident	NORTH SOUTH HIGHWAY (186.4KM)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV8921R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KAH YEEN
NRIC No	S8286264A
Email Address	LIMKY@CHEVALIER.COM.SG
Mobile Phone No	(LOCAL) +65-97550103
Alternative Phone No	OFFICE-63623792

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3050961700
Cover Note Number	

### Driver

Name of Driver	LIM KAH YEEN
NRIC No	S8286264A
Date Of Birth	30/09/1982
Occupation	INDOOR
Date Of Driving Pass	04/09/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97550103
Fax Number	
Contact Number	OFFICE-63623792
Email Address	LIMKY@CHEVALIER.COM.SG

Address	204B PUNGGOL FIELD 12-296
Postcode	822204
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	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WPG6435 (PRIVATE CAR)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MELAKA TENGAH POLICE STATION, MALAYSIA
Police Station Address	ROAD: MELAKA TENGAH, MALAYSIA , POSTCODE: - , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT AND STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WPG6435
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number WRB9838

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment 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:

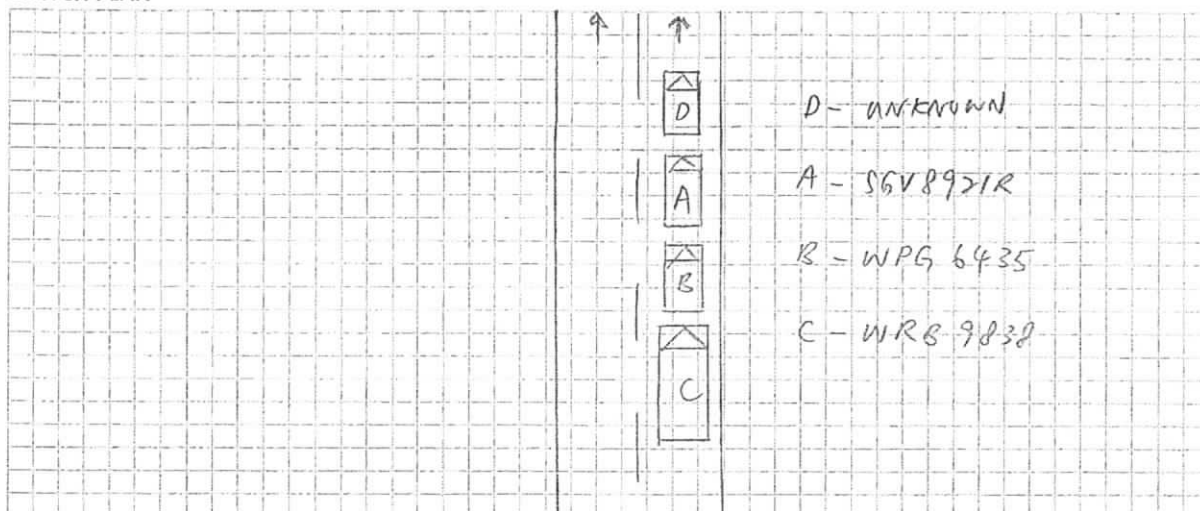
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling to Melaka at labul raya utawa selatan suddenly hit by a MPU car WPG 6435 at behind and was the car was hit by a bus WRB 9838. This cause my car hit at the front car but the front car does not have any damages so he just left. My car front and back was damages due to the impact of the MPU hit by behind.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

26/12/17

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

26/12/2017



## POLIS DIRAJA MALAYSIA

### REPOT POLIS

Balai : AIR KEROH  
 Daerah : MELAKA TENGAH  
 Kontinjen : MELAKA  
 No Repot : TRAFIK JASIN/003957/17  
 Tarikh : 23/12/2017  
 Waktu : 2007 PM  
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R122403  
 No Repot Bersangkut : TRAFIK JASIN/003954/17

**SALINAN DIKUTIP SAHA**

KASTUA POLIS BALAI  
 BALAI POLIS AIR KEROH  
 75400 MELAKA

Butir-butir Penerima Repot  
 Nama : NUR HIDAYAH BINTI AZIZ  
 Butir-butir Jurubahasa (Jika Ada)

No Personel : R188154

Pangkat : L/KPL

Nama : ---  
 No Pasport : ---  
 Alamat : ---

No K/P (Baru) : ---  
 Bahasa Asal : ---

No Polis/Tentera : ---

Butir-butir Pengadu

Nama : LIM KAH YEEN

No K/P (Baru) : 820930086239

No Polis/Tentera : ---

No Pasport : ---

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 30/09/1982

Umur : 35 tahun 2 bulan

Keturunan : Cina

Warganegara : Malaysia

Pekerjaan : MANAGER MAINTENANCE

Alamat Tempat Tinggal : BLK 204B PUNGGOL FIELD 12-296 SPORE, 822204

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 0297550103

Emel : ---

Pengadu Menyatakan:-

PADA 23/12/2017 JAM LEBIH KURANG 4.30 PETANG SEMASA SAYA MEMANDU M/KAR NO SGV 8921 R JENIS HONDA CIVIC DARI ARAH SELATAN MENUJU KE UTARA SETIBANYA DI KILOMETER 186.4 TIBA- TIBA M/KAR SAYA DILANGGAR OLEH SEBUAH MPV NO WPG6435 DARI ARAH BELAKANG AKIBAT DILANGGAR OLEH SEBUAH M/BAS EKSPRESS NO WRB9838 DARI SYARIKAT SK TRAVEL. DI DALAM KEJADIAN INI TIADA KECEDERAAN YANG BERLAKU. KEROSAKAN M/KAR SAYA DI BAHAGIAN BUMPER BELAKANG KEMEK, BONET BOOT BELAKANG KEMEK, REVERSE SENSOR ROSAK, PAIP EKZOS BELAKANG BENGKOK, LAMPU BELAKANG KIRI KANAN PECAH, SPOILER BELAKANG PECAH, BUMPER HADAPAN BENGKOK, NO PLATE HADAPAN PATAH SEDIKIT, DAN LAIN-LAIN KEROSAKAN TIDAK PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

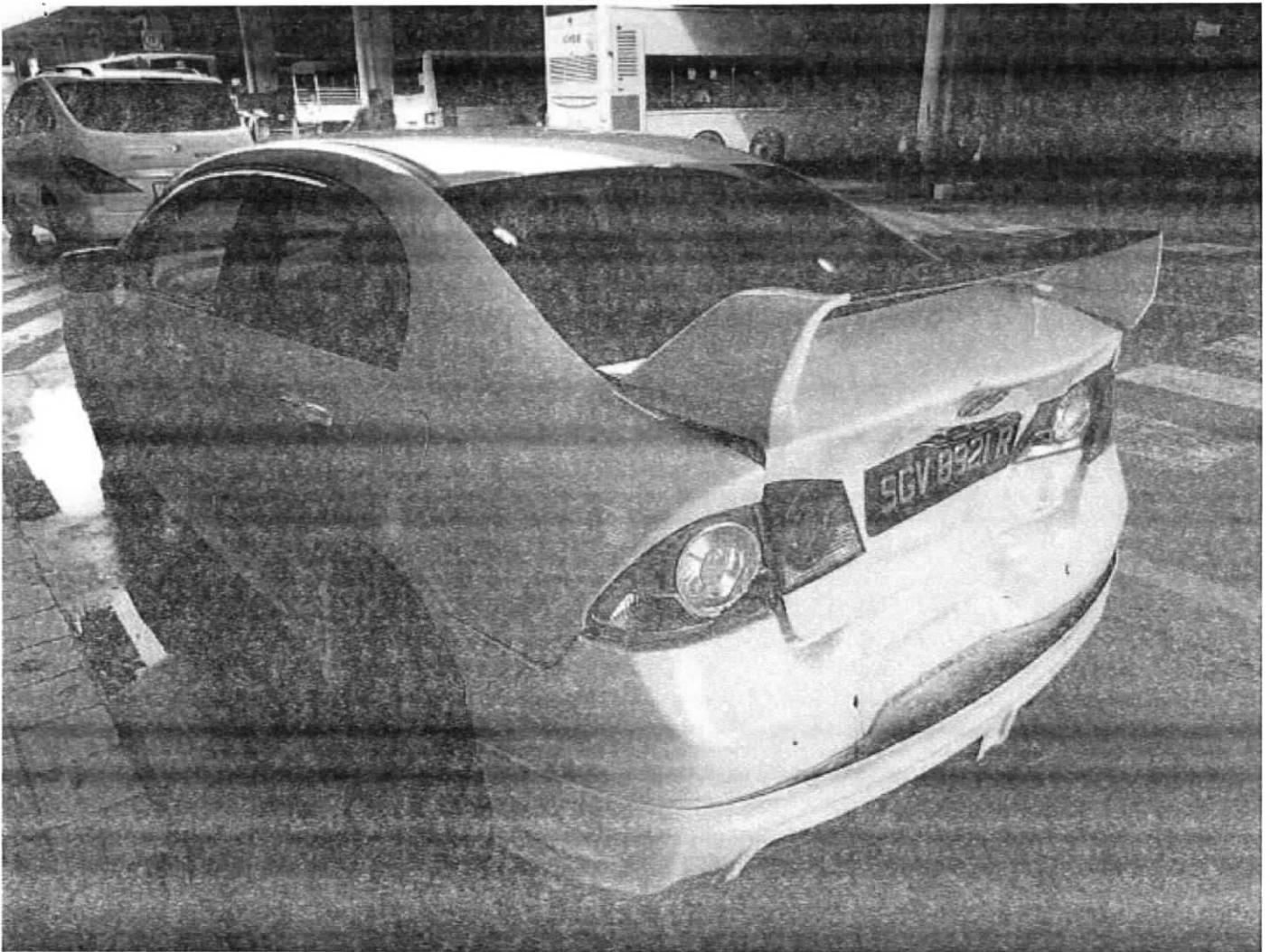
Tandatangan Jurubahasa (Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R188154 | 23/12/2017 08:13:43 PM

Accident Photo



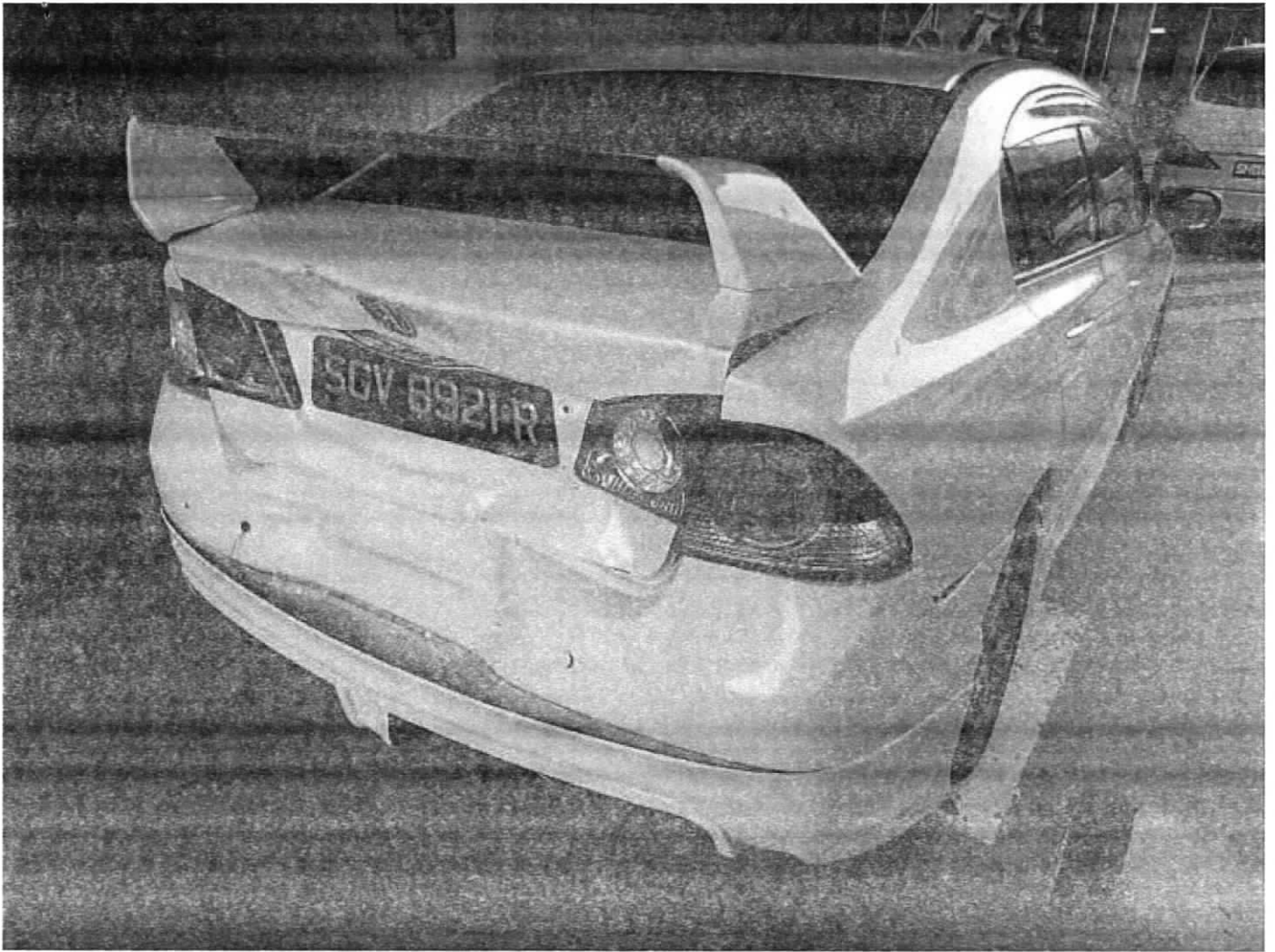


Accident Photo

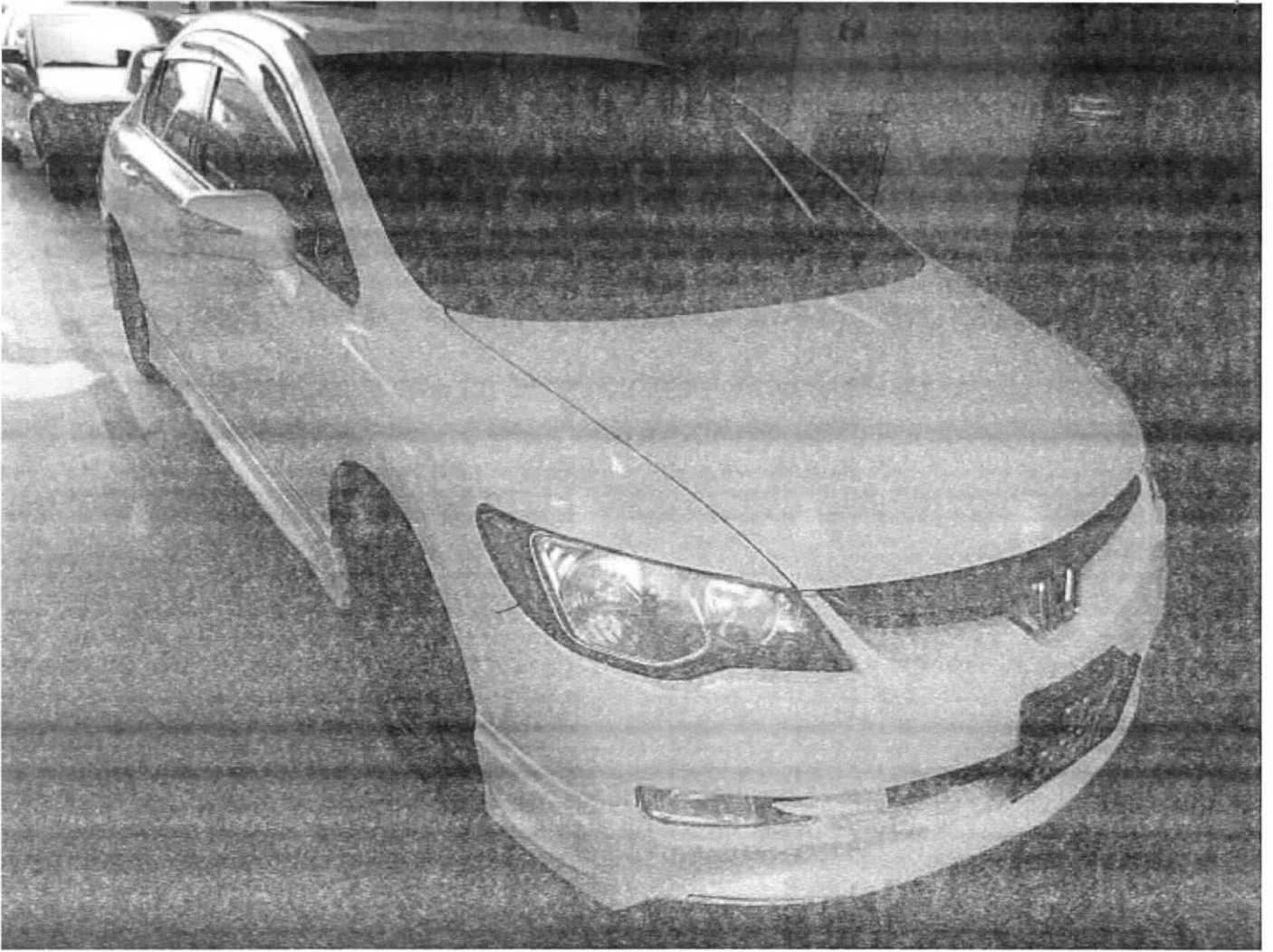




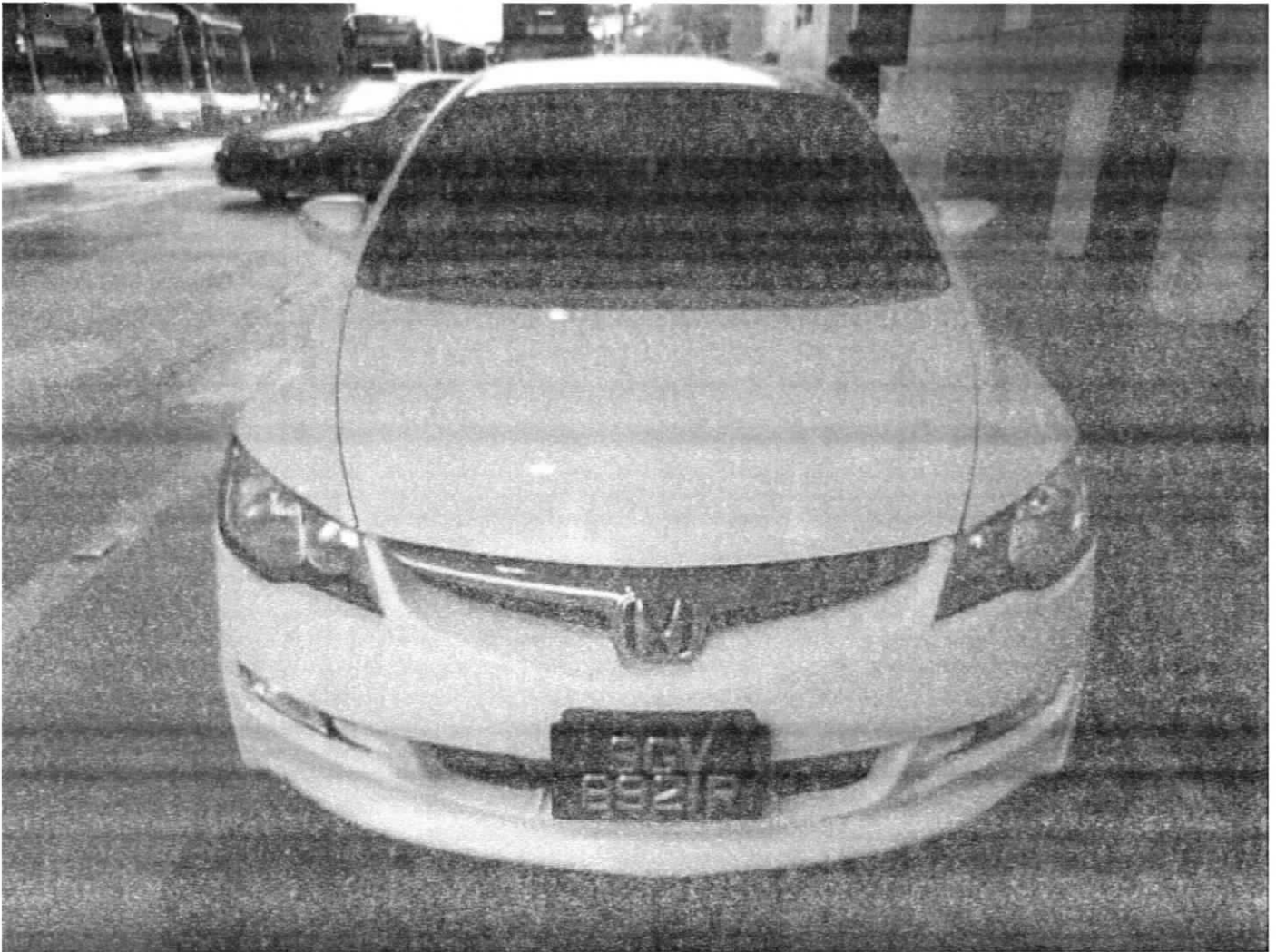
Accident Photo



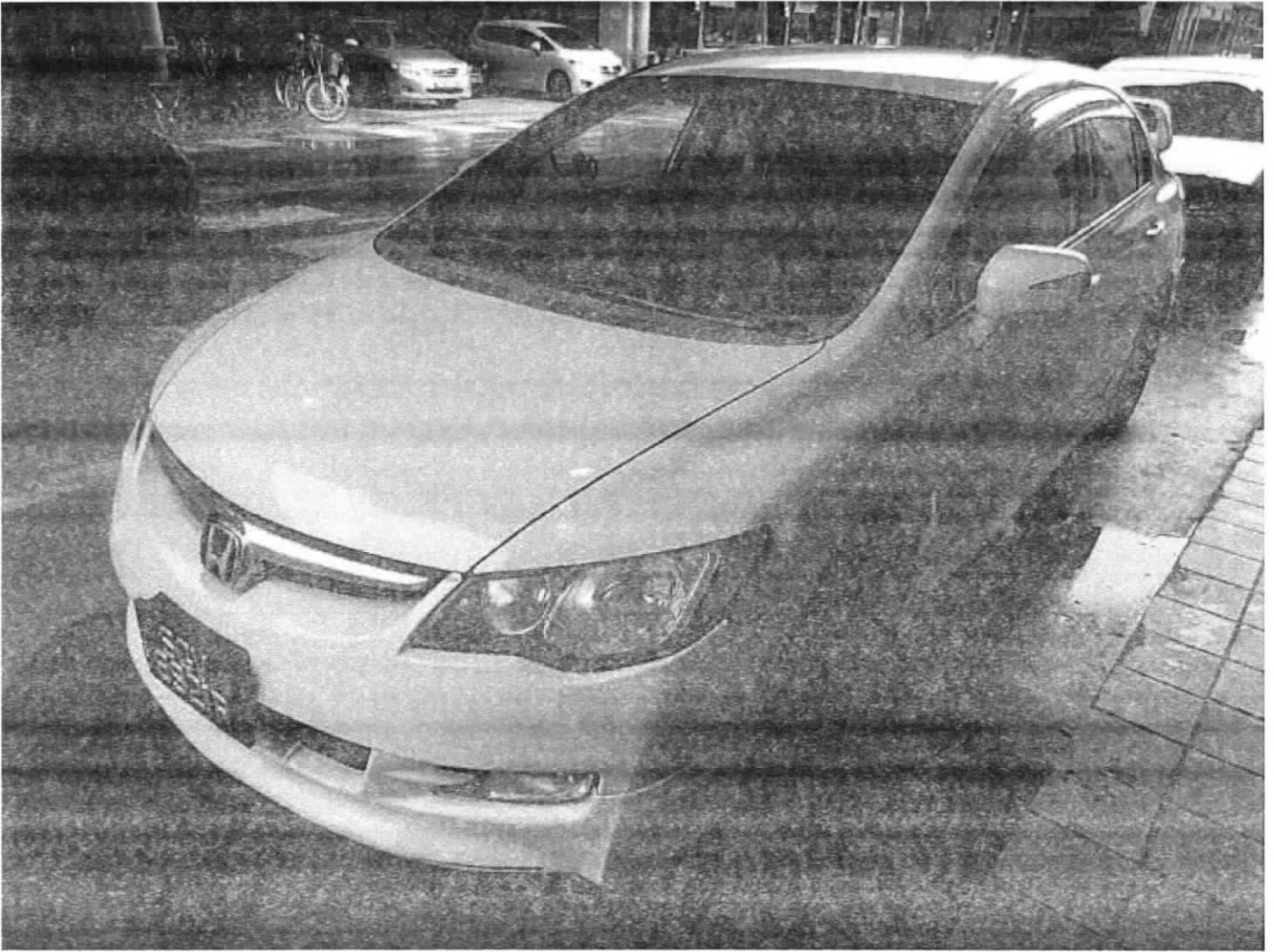
Accident Photo



Accident Photo



Accident Photo



# Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66500206 / GST Reg. No.: M400017735

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

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MR117168842 Vehicle Registration No: SGV8921R  
Name (as shown in NRIC): Lim Kah Yuen NRIC/FIN/Passport No : S8286264A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 23/12/2017 Time of Accident : 1630hrs  
Place of Accident : North South Highway (186.4 KM)  
Insurance Company: China Taiping Insurance (Singapore) Pte Ltd.

### (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:

Claiming under own Policy.

96/12/17  
Policyholder / Driver's Signature  
Date:

26/12/2017  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

