

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 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	19/02/2018 14:43
Date Of Accident	15/02/2018 16:30
Exact Location Of Accident	PORT DICKSON NEGERI SEMBILAN
Country/State of Loss	MALAYSIA/NEGERI SEMBILAN DARUL KHUSUS

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF9064G
Insured/Policyholder	
Name Of Registered Owner	SIM TIAN YEW
NRIC No	S8170648D
Email Address	CONG_ZAI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97979868
Alternative Phone No	OTHERS-97979868

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091812373
Cover Note Number	

Driver

Name of Driver	SIM TIAN YEW
NRIC No	S8170648D
Date Of Birth	06/01/1981
Occupation	INDOOR
Date Of Driving Pass	22/04/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97979868
Fax Number	
Contact Number	OTHERS-97979868
EEmail Address	CONG_ZAI@YAHOO.COM.SG

Address	BLK 156 YUNG LOH ROAD #09-10
Postcode	610156
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	NCW3010 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	5

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK PORT DICKSON NEGERI SEMBILAN
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO TRAFIK PORT DICKSON/000561/18(ON 15/02/2018 AT ABOUT 16:30HRS I WAS DRIVING MY CAR SJF9064 FROM PORT DICKSON AND WANTED TO GO TO CHUAH, UPON REACHING TRAFFIC KLIGHT AT TAMAN PANTAI EMAS, THE TRAFFIC START TO FROM AMBER TO RED LIGHT SO I STOP AND FOR A FEW SECOND A CAR NCW 3010 FROM THE REAR AND HIT MY CAR THE DAMAGE OF MY CAR IS THE BUMPER AND BONNET DAMAGE AND NO INJURIES THAT ALL.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	NCW3010
Vehicle Make/Model/Colour	PROTON PERSONA
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) 1

Sketch Plan

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.
- (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.

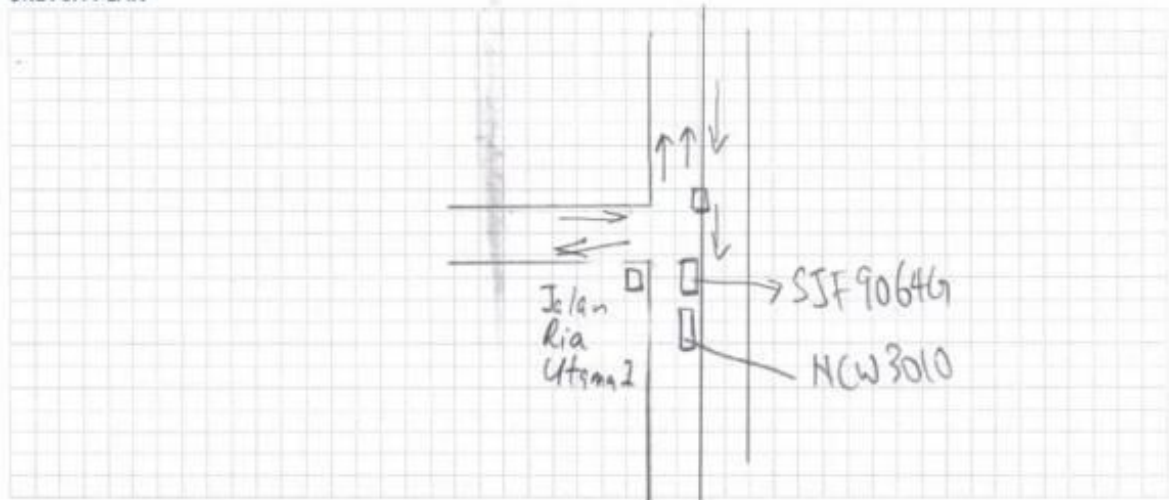

Policyholder's Signature
Date & Time:

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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT 1000561/18

DECLARATION

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

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.:

GLARSS Sketch/Report Form #2

Sketch Plan #3



POLIS DIRAJA MALAYSIA REPOt POLIS

Balai : TRAFIK PORT DICKSON Pegawai Penyiasat : R123802
Daerah : PORT DICKSON
Kontinjen : NEGERI SEMBILAN
No Repot : TRAFIK PORT DICKSON/000561/18
Tarikh : 15/02/2018
Waktu : 1709 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : RUHAIZAL FITRI BIN RUSLI No Personel : R191508 Pangkat : KONST
Butir-butir Jurubahasa (Jika Ada)
Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---
No Paspot : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu

Nama : SIM TIAN YEW
No K/P (Baru) : --- No Polis/Tentera : --- No Paspot : S6170648D
No Sijil Beranak : ---
Jantina : Lelaki Tarikh Lahir : 06/01/1981 Umur : 37 tahun 1 bulan
Keturunan : Melayu Warganegara : Malaysia
Pekerjaan : MANAGER SIM MARINE PTE LT
Alamat Tempat Tinggal : NO 50 TAMAN NURI FASA 1 CHUAH, PORT DICKSON, 71960, NEGERI SEMBILAN
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 065-9797986
Emel : ---

Pengadu Menyatakan:-

PADA 15/02/2018 JAM LEBIH KURANG 1630 HRS, SAYA MEMANDU MOTOKAR NOMBOR SJF9084G DARI PORT DICKSON MAHU KE CHUAH, APABILA SAYA SAMPAI DI LAMPU ISYARAT TAMAN PANTAI MAS, LAMPU ISYARAT WARNA KUNING BERTUKAR MENJADI MERAH, LALU SAYA BREK UNTUK BERHENTIKAN M/KAR SAYA, TIBA-TIBA SEBUAH M/KAR NO NCW 3010 DARI ARAH BELAKANG TELAH TERLANGGAR BAHAGIAN BELAKANG M/KAR SAYA, DALAM KEJADIAN ITU SAYA TIDAK MENGALAMI KECEDERAAN, MANAKALA KEROSAKAN M/KAR SAYA IALAH BUMPER DAN BONET BELAKANG KEMEK, LAIN-LAIN KEROSKAN BELUM PASTI, SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R191508 | 15/02/2018 05:18:57 PM



**CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH
POLIS DIRAJA MALAYSIA**

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : SIM TIAN YEW
No Kad Pengenalan / Paspot : S8170648D
No Repot Polis : TRAFIK PORT DICKSON/000561/18
Tarikh @ Masa Repot Polis : 15/02/2019 @ 17:09
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R123802) SJN HAZAMEE BIN HUSSEN
Tempat Tugas : NEGERI SEMBILAN , PORT DICKSON
No Telefon Pejabat : No Telefon Bimbit : 010-6472222
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 - 01:00 Tengah Hari
02:00 Petang - 03:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
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



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Addendum Sheet



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: S66900200 / GST Reg. No.: M400017738

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: MURBY 18023792 Vehicle Registration No: SJF 9064C
Name (as shown in NRIC): Sim Tian Yaw NRIC/FIN/Passport No: S81706480
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 15/02/2018 Time of Accident: 16:30
Place of Accident: PORT DICKSON MAHAKI STAMBILAN
Insurance Company: MGU

(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:

- ① THANK IS 1 FOREIGN VEHICLE
- ② ONLY 2 VEHICLE INVOLVE IN THE ACCIDENT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSLI WATSON
NRIC/FIN No.: 20/01/2018
Date: