

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 20:23
Date Of Accident	14/02/2018 22:00
Exact Location Of Accident	SECOND LINK EXPRESSWAY (TOLL RD)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD990M
Insured/Policyholder	
Name Of Registered Owner	WONG CHEE KAI MATTHEW
NRIC No	S1709990F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96800773
Alternative Phone No	OFFICE-96800773

Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU004305
Cover Note Number	

Driver

Name of Driver	WONG CHEE KAI, MATTHEW
NRIC No	S1709990F
Date Of Birth	27/08/1965
Occupation	INDOOR
Date Of Driving Pass	30/03/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96800773
Fax Number	
Contact Number	OFFICE-96800773
Email Address	NOEMAIL

Address	32 TANAH MERAH KECHIL ROAD #12-20
Postcode	465559
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WUP9678 (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	TRAFIK ISKANDAR PUTERI
Police Station Address	ROAD: TRAFIK ISKANDAR PUTERI , POSTCODE: 00000 , 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 - TRAFIKIPUTERI/001684/18.

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	WUP9678
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) 5

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

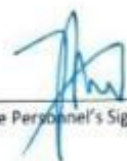
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

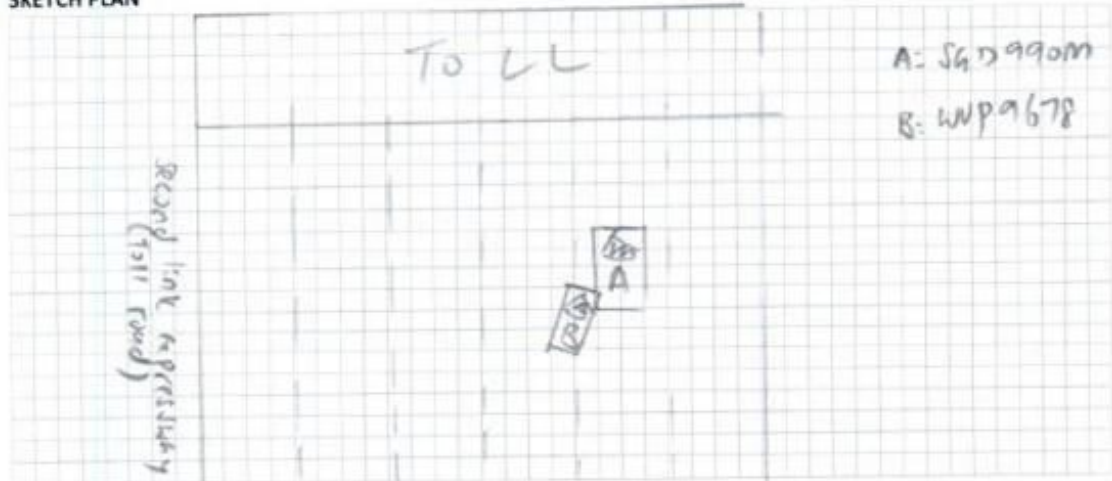

Policyholder's Signature
Date & Time:

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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, my vehicle was slowing down as I was approaching the toll gantry.

Suddenly a vehicle from behind hit my vehicle left side. That vehicle seemed to be travelling very fast. It could be trying to squeeze in front of my vehicle to reach the toll gantry.

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.:

04/05/2018 10:00 AM

Police Report

Page 1 of 1

Salinan Repot Polis



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK ISKANDAR PUTERI
 Daerah : ISKANDAR PUTERI
 Kontinjen : JOHOR
 No Repot : TRAFIK IPUTERI/001684/18
 Tarikh : 14/02/2018
 Waktu : 2246 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R97727

Butir-butir Penerima Repot

Nama : AHMAD FIKRI BIN SAMSUDIN

No Personel : R196927

Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : WONG CHEE KAI, MATTHEW

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : E5213105E

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 27/08/1965

Umur : 52 tahun 5 bulan

Keturunan : Cina

Warganegara : Malaysia

Pekerjaan : GURU

Alamat Tempat Tinggal : NO 32 TANAH MERAH KECHIL ROAD, #12-20 SINGAPORE, 465559

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6596800773

Emel : ---

Pengadu Menyatakan:-

PADA 14/02/2018 JAM LEBIH KURANG 2210 MALAM, SAYA MEMANDU MOTOKAR NOMBOR SGD990M DARI SINGAPORE MAHU MENUJU KE MELAKA. PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM 19 LEBUHRAYA LINK KEDUA, SEMASA SAYA BERGERAK TERUS MAHU MEMASUKI TOL LIMA KEDAI TIBA-TIBA SEBUAH MOTOKAR NOMBOR WUP9678 DARI ARAH BELAKANG TELAH MELANGGAR MIKAR SAYA DI BAHAGIAN BELAKANG SEBELAH KIRI. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR DI BAHAGIAN BELAKANG SEBELAH KIRI, BUMPER, MUDGUARD KIRI, PINTU KIRI DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R196927 | 14/02/2018 10:58:33 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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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: S64550020G / 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 : MN0118029112 Vehicle Registration No: SA2990M
Name (as shown in NRIC) : Wong Chee Kai, Matthew NRIC/FIN/Passport No : S17 09990F
(* ~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : 32 Tanah Merah Kechil Road #12-12 Singapore (465559)
Contact (Tel) : _____ Mobile No. : 96800773
Email Address : _____
Date of Accident : 14/2/18 Time of Accident : 22:00
Place of Accident : Second Link Expressway (Toll Rd)
Insurance Company : TMI

(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. Add in damaged photos.
2. Amend to TP claim.

Policyholder / Driver's Signature
Date:

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