

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	13/03/2018 17:04
Date Of Accident	11/03/2018 04:30
Exact Location Of Accident	JUNC JALAN BADIK & JALAN KERIS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8290D
Insured/Policyholder	
Name Of Registered Owner	LIM CHOON SENG
NRIC No	S7206030Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92995010
Alternative Phone No	OFFICE-92995010

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G 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?	NO
If No, Please state action to be taken	THIRD PARTY
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	DMPCSN3087781700
Cover Note Number	

Driver

Name of Driver	LIM CHOON SENG (LIN CHUNCHENG)
NRIC No	S7206030Z
Date Of Birth	22/02/1972
Occupation	INDOOR
Date Of Driving Pass	18/08/1993
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92995010
Fax Number	
Contact Number	OFFICE-92995010
Email Address	NOEMAIL

Address	BLK 509 BEDOK NORTH STREET 3 #04-105
Postcode	460511
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JKT6855 (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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
Police Station Address	ROAD: JALAN TERBAU , POSTCODE: 80250 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 607-2237977 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS GETTING READY TO MAKE A RIGHT TURN TOWARDS JALAN KERIS. SUDDENLY VEHICLE B TRAVELLING ALONG JALAN KERIS ILLEGAL TRYING MAKE A TURN TO MY LANE WHICH IT IS ONE WAY FLOW OF THE DIRECTION. VEHICLE C HIT ONTO VEHICLE B REAR RIGHT PORTION. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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	JKT6855
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)

2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number WVB4866
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)

1

Accident Sketch Plan

SKETCH PLAN

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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.

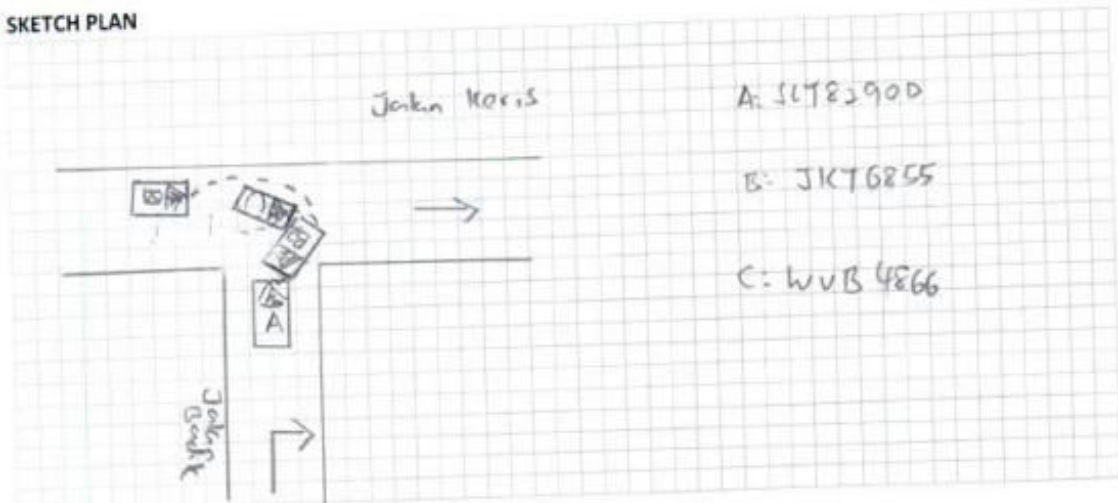
Policyholder's Signature
Date & Time:

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

refer to statement.

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.:

Police Report

Page 1 of 1

Salinan Repot Polis



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
 Daerah : J/BAHRU SELATAN
 Kontinjen : JOHOR
 No Repot : TRAFIK JOHOR BAHRU(S)/005919/18
 Tarikh : 11/03/2018
 Waktu : 1625 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R133893
 No Repot Bersangkut : TRAFIK JOHOR BAHRU (S)/005890/18

Butir-butir Penerima Repot
 Nama : CELVIN BIN JEFRDIN
 Butir-butir Jurubahasa (Jika Ada)
 Nama : ---
 No Paspot : ---
 Alamat : ---

No Personel : R193839

Pangkat : KONST

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

No Polis/Tentera : ---

Butir-butir Pengadu
 Nama : LIM CHOON SENG
 No K/P (Baru) : ---
 No Sijil Beranak : ---
 Jantina : Lelaki
 Keturunan : Cina
 Pekerjaan : -
 Alamat Tempat Tinggal : BLK 509 BEDOK NORTH STREE 3 # 04-105 SINGAPORE, 460509
 Alamat Ibu/Bapa : ---
 Alamat Pejabat : ---
 No Tel (Rumah) : ---

No Polis/Tentera : ---

No Paspot : E4488223L

Tarikh Lahir : 22/02/1972
 Warganegara : Singapore

Umur : 46 tahun 0 bulan

No Tel (Pejabat) : ---

No Tel (HP) : 6592995010

Pengadu Menyatakan:-

PADA 11/03/2018 JAM LEBIH KURANG 0430 HRS, SAYA MEMANDU M/KAR NO SLT8290D DARI CAR WASH TAMAN PELANGI HENDAK KE KEDAI MAKAN JALAN BADIK 1. APABILA SAMPAI DI JALAN KERIS, SEMASA SAYA SEDANG BERHENTI DI SIMPANG JALAN BATIK, TIBA-TIBA SEBUAH M/KAR NO JKT6855 BELOK KE KANAN LALU TERLANGGAR M/KAR SAYA YANG SEDANG BERHENTI. SAYA TIDAK CEDERA. KEROSAKAN M/KAR DI BAHAGIAN HADAPAN KANAN, BUMPER DAN LAIN-LAIN KEROSAKAN BELUM PASRI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R5190818 | 13/03/2018 01:56:12 PM

TRAFIK JOHOR BAHRU (S)
 J/BAHRU SELATAN
 (SILAHKAN BENAR
 DALAM MENULIS)
 (JURUTERA SIVIL)

.....
 KETUA TRAFIK JOHOR BAHRU (S)
 TIDAK BOLEH DITANDATANGI
 KETUA TRAFIK JOHOR BAHRU (S)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



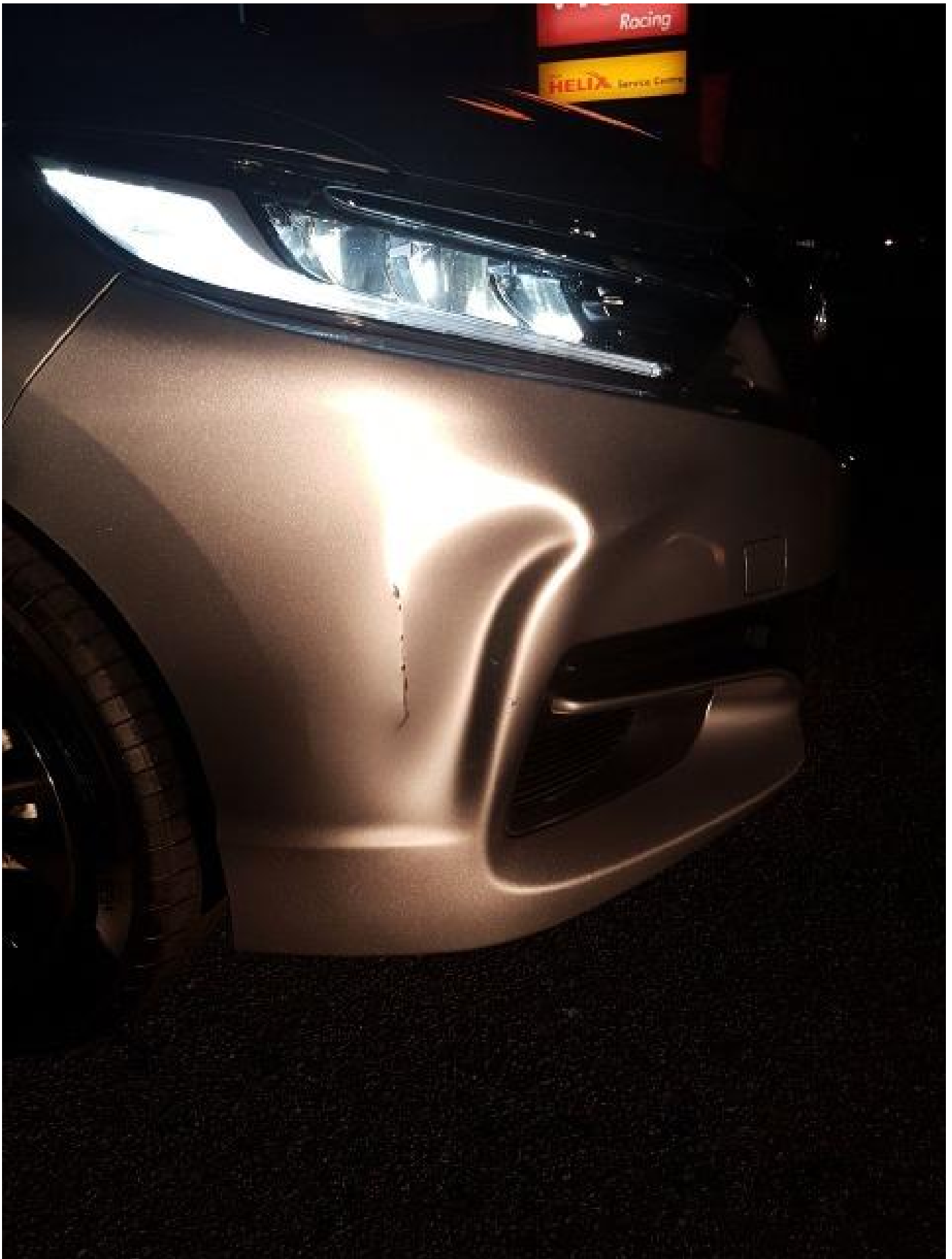
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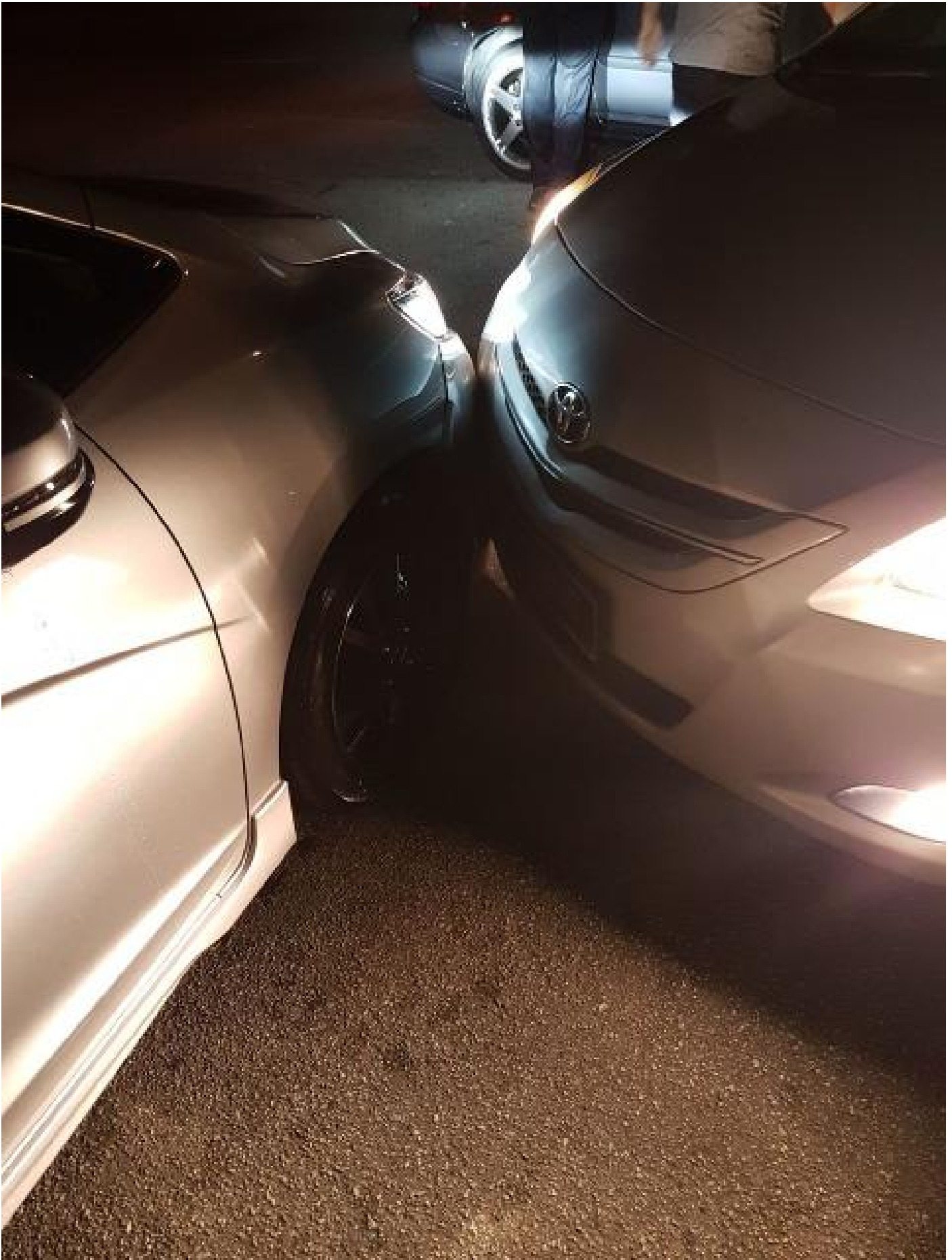
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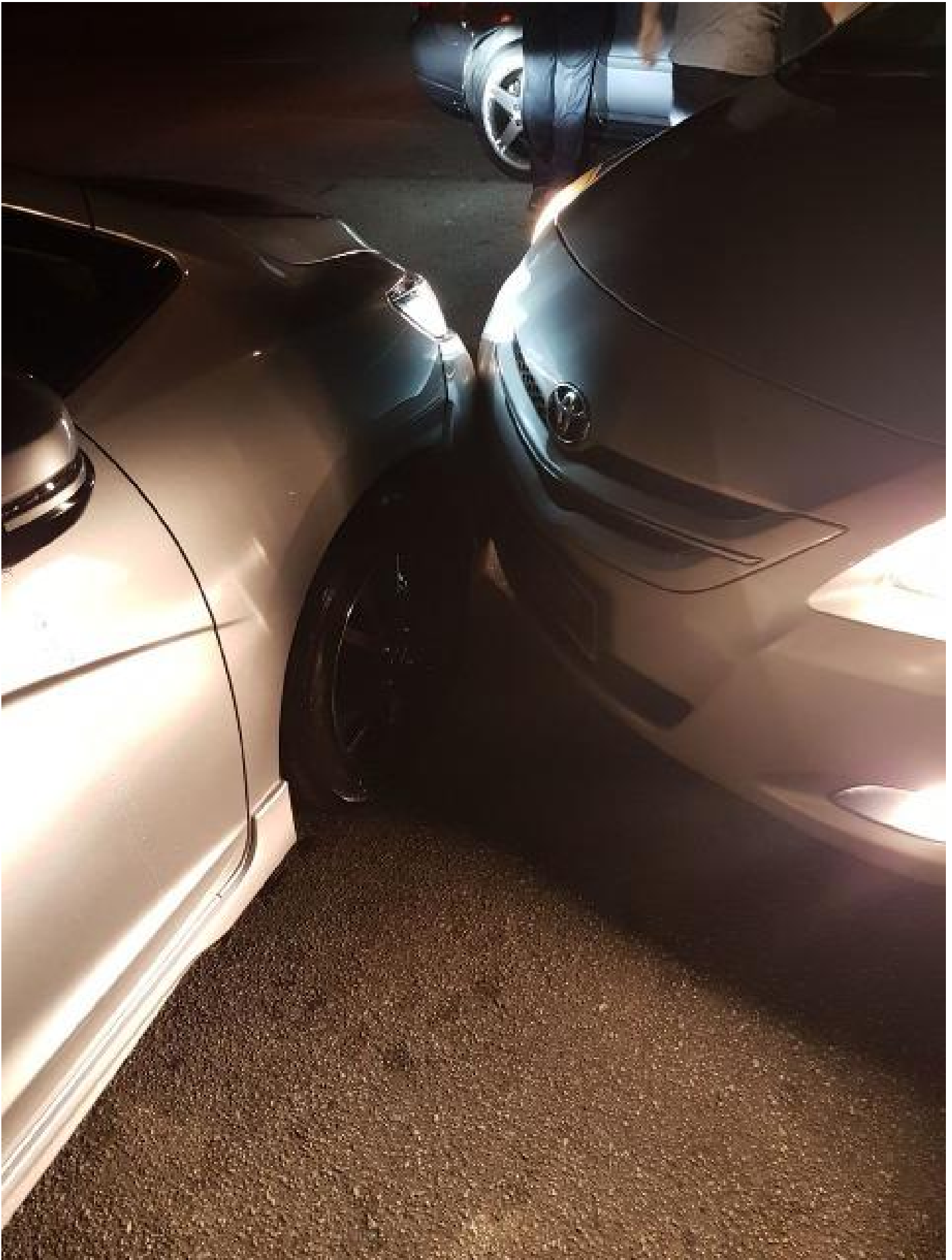
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Accident Photo



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: S66550020G / 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 : MNA18034798 Vehicle Registration No: SL782900
 Name(as shown in NRIC) : Lim Chuan Seng NRIC/FIN/Passport No : S72060302
 (*Vehicle Driver / ~~Vehicle Owner~~*) Please delete as appropriate
 Address : Blk 509 Bedok North Street 3 # 04-105 Singapore (460510)
 Contact (Tel) : _____ Mobile No. : 92995010
 Email Address : _____
 Date of Accident : 11/3/18 Time of Accident : 04:30
 Place of Accident : Junc Jalan Badik & Jalan Keris
 Insurance Company: CI2

(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. Amend Name of driver.

Policyholder / Driver's Signature
 Date:



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