

## 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	12/03/2018 15:01
Date Of Accident	08/03/2018 02:00
Exact Location Of Accident	JALAN SETIA 12/1 JOHOR BAHRU JOHOR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6252B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	TJCHIAM85@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96552714
Alternative Phone No	OFFICE-96552714

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPYH
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29040710 TMC
Cover Note Number	

### Driver

Name of Driver	CHIAM TOW JIN
NRIC No	S8679060B
Date Of Birth	05/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96552714
Fax Number	
Contact Number	OTHERS-96552714
Email Address	TJCHIAM85@GMAIL.COM

Address	BLK 106 URONG EAST STREET 13 #06-214
Postcode	600106
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JK9136 (PRIVATE CAR)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAWANGAN TRAFIK
Police Station Address	<b>ROAD:</b> IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM , <b>POSTCODE:</b> 81750 , <b>COUNTRY:</b> MALAYSIA
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180313/2097 AND TRAFIK JOHOR BAHRU(S)/005607/18

#### 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	JK9136
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 INJURED PERSON 1	
Name	CHIAM TOW JIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLF6252B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.

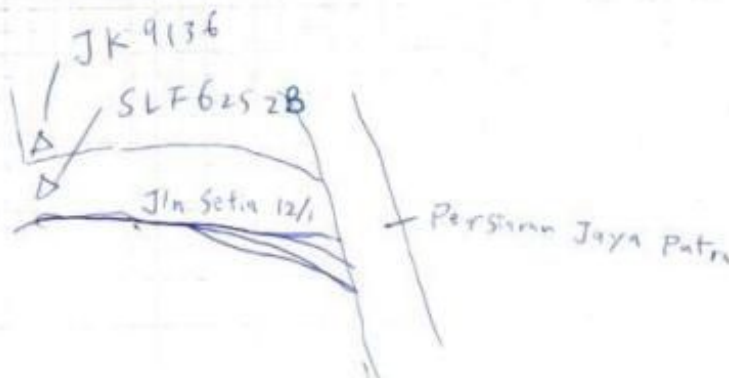


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Sketch Plan #2

Describe Circumstances of the Accident

Refer to police report

0/20180313/2097 & TRAFFIC STOP  
BATHURST/005607/18

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please State:

☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting only

### Declaration

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

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**

**POLICE REPORT (NP299)**

Police Station Of Origin  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



D/20180313/2097

1 of 2

Report No. D/20180313/2097

Date/Time Report Made 13/03/2018 22:18	Vide Report No.	Station Diary No. 151
Name Of Informant CHIAM TOW JIN	Address APT BLK 106 JURONG EAST STREET 13 #06-214 SINGAPORE 600106	
ID Type / ID No. NRIC NO / S8679060B	Contact No. Home/Office	Mobile 82286891
Nationality MALAYSIAN	Email Address	
Occupation FIELD APPLICATION SPECIALIST, Institution/School Name	Sex Male	Age 32
	Date of Birth 05/01/1986	Race Chinese
Date/Time Of Incident 08/03/2018 02:00	Location Of Incident MALAYSIA	

**Brief details.**

On 08/03/2018 at about 0200hrs, I was driving the car bearing registration plate number SLF6252B along a straight road at Jalan Setia 12/1, Johor Bahru Malaysia.

As the road was very dark, I did not see there was one vehicle parking at the parking lot along the road side, as such I hit onto the rear right side of the vehicle, which caused dents and scratches on the rear bumper as well as the right side of the car body, as the impact was quite strong, the rear bumper had dropped. The vehicle registration plate number is JK9136.

Signature Of Officer Recording The Report: D / Sgt 2 MIAO TIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2018 22:18
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp TIANG FOOT HIN Contact No.: 67740000	Classification Of Case:

Authentication Stamp

<p>SINGAPORE POLICE FORCE</p> <p>SN 34</p> <p>SIGNATURE</p>
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**SINGAPORE  
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



D/20180313/2097

2 of 2

Report No. D/20180313/2097

As there was no one inside the vehicle, I then left a note with my contact number and then proceed to lodge a police report at the nearby Police Station. I suffered minor injury from the accident however I did not seek medical treatment.

On 08/03/2018 at about 0900hrs, the owner of the vehicle called me, I told him that I have filed a Traffic Accident report with the Police, he acknowledge and informed that he will proceed with the insurance claim.

As the vehicle I was driving was a rental vehicle by my company, I informed the car rental shop and was advised me to lodge Traffic Accident reports in Malaysia as well as Singapore.

The car rental shop is Herts and it's located at 305 Alexandra Road, #05-05. I was given a replacement car SKE7699G as the car which was involved in the accident has been sent to the workshop.

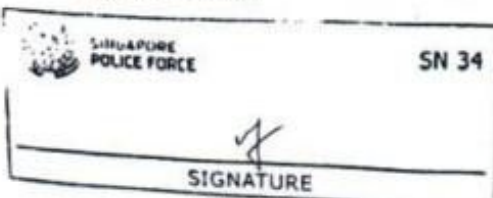
Signature Of Officer Recording The Report:

D / Sgt 2 MIAO TIAN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
Insp TIANG FOOT HIN  
Contact No.: 67740000

Authentication Stamp



Signature Of Informant:

Date/Time:  
13/03/2018 22:18

Classification Of Case:





# POLIS DIRAJA MALAYSIA

## REPOt POLIS

**Balai** : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R118503  
**Daerah** : J/BAHRU SELATAN  
**Kontinjen** : JOHOR  
**No Repot** : TRAFIK JOHOR BAHRU(S)/005607/18  
**Tarikh** : 08/03/2018  
**Waktu** : 0359 AM  
**Bahasa Diterima** : B. Malaysia

### Butir-butir Penerima Repot

**Nama** : MOHAMMAD HARRIS BIN HARNAIN **No Personel** : R193183 **Pangkat** : KONS  
**Butir-butir Jurubahasa (Jika Ada)**  
**Nama** : --- **No K/P (Baru)** : --- **No Polis/Tenter**  
**No Paspot** : --- **Bahasa Asal** : ---  
**Alamat** : ---

### Butir-butir Pengadu

**Nama** : CHIAM TOW JIN  
**No K/P (Baru)** : 860105015891 **No Polis/Tentera** : --- **No Paspot** : ---  
**No Sijil Beranak** : ---  
**Jantina** : Lelaki **Tarikh Lahir** : 05/01/1986 **Umur** : 32 tahun 2 bulan  
**Keturunan** : Cina **Warganegara** : Malaysia  
**Pekerjaan** : SWASTA  
**Alamat Tempat Tinggal** : NO 16 JLN SETIA 10/9 TMN SETIA INDAH JOHOR BAHRU, 81100, JOHOR  
**Alamat Ibu/Bapa** : ---  
**Alamat Pejabat** : ---  
**No Tel (Rumah)** : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 012-726655  
**Emel** : ---

### Pengadu Menyatakan:-

PADA 8/3/2018 JAM LEBIH KURANG 0200HRS SAYA MEMANDU M/KAR NO SLF6252B DARI TAMU AUSTIN HENDAK KE SETIA INDAH. APABILA SAMPAI DI JALAN SETA 12/1, SAYA JALAN TERUS. M/KAR SAYA HILANG KAWALAN LALU TERLANGGAR M/KAR NO JK9136 YANG PARKING DI T SEBELAH KANAN. SAYA ALAMI KECEDERAAN LUKA DI TANGAN KANAN DAN BELUM TERIMA RA HOSPITAL BERDEKATAN. KEROSAKAN M/KAR SAYA BAHAGIAN DEPAN, BUMPER, BONET, L KANAN, MUDGUARD KIRI KANAN, PANEL, TANGKI AIR/COND, AIRBAG KIRI KANAN, CERMEN BES/ ARM RIM TAYAR DEPAN KIRI KANAN DAN LAIN-LAIN KEROSAKAN YANG BELUM PASTI. SEKIAN SAYA.

Tandatangan Pengadu:

**SALINAN YANG DISAHKAN BENAR**  
**(HANYA UNTUK TUNTUKAN SIVIL)**

KETUA TRAFIK BAERAH, JOHOR BAHRU, JOHOR.  
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERDAPATAN.

Tandatangan Pene



POL.316



**POLIS DIRAJA MALAYSIA**  
**CAWANGAN TRAFIK**  
**IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,**  
**JALAN TEBRAU, 80250 JOHOR BAHRU**  
**07-2237977**

**Resit Akuan Penerimaan Repot Polis :**

Nama Pengadu : CHIAM TOW JIN  
 No Kad Pengenalan / Paspot : 860105015891  
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/005608/18  
 Tarikh @ Masa Repot Polis : 08/03/2016 @ 04:11  
 Pengesahan Penerimaan Repot : .....

.....  
**Tandatangan Ketua Pejabat Pertanyaan**

**Pegawai Penyiasat :**

Nama Pegawai Penyiasat : (R118503) SJN ZAINUDIN BIN MUSTAPHA  
 Tempat Tugas : JOHOR , 3/BAHRU SELATAN  
 No Telefon Pejabat : No Telefon Bimbit : 011-28691146  
 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 - 04:30 Petang  
 Jumaat :  
 08:00 Pagi - 12:30 Tengah Hari  
 02:45 Petang - 04:30 Petang  
 Cuti Umum / Khas : Tutup

**Jenis Dokumen Dibekal Kepada Pengadu :**

- |                           |                          |
|---------------------------|--------------------------|
| 1. Salinan Repot Polis    | <input type="checkbox"/> |
| 2. Gambar Kenderaan       | <input type="checkbox"/> |
| 3. Rajah Kasar Kemalangan | <input type="checkbox"/> |
| 4. Keputusan Siasatan     | <input type="checkbox"/> |
| 5. Lain-lain Dokumen      | <input type="checkbox"/> |

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





Accident Photo



Accident Photo



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