

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
Insured/Policyholder	
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	ROAD: IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM , POSTCODE: 81750 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
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

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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. 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.

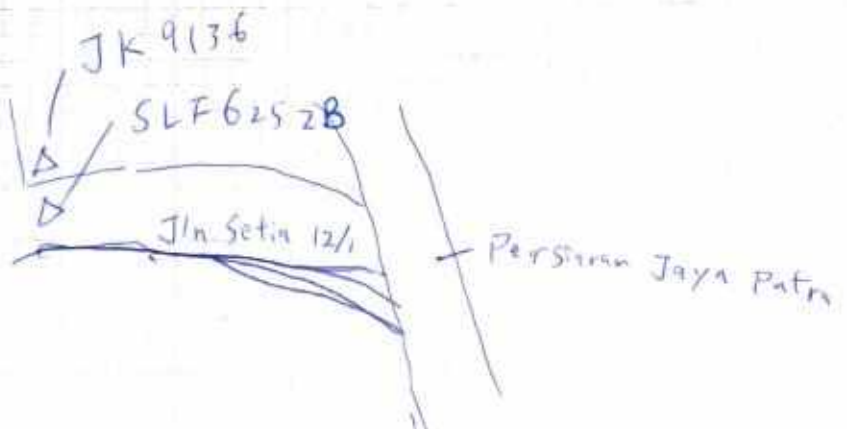


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

0/20180313/2097 X TRAFFIC STOP
BAHRI (S) / 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 (X) Reporting only

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



D/20180313/2097

1 of 2

Report No. D/20180313/2097

POLICE REPORT (NP299)

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

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,		Sex Male	Age 32	Date of Birth 05/01/1986	Race Chinese
Institution/School Name		Language English			
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

	SINGAPORE POLICE FORCE	SN 34
SIGNATURE		



SINGAPORE POLICE FORCE



D/20180313/2097

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

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:

SINGAPORE
POLICE FORCE

SN 34

SIGNATURE



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 TAM/ 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 KECEDEeraan 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, CERMIN 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)

Tandatangan Pene

KETUA TRAFIK DAERAH, JOHOR BAHRU, JOHOR.
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERDAGANGAN

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 : 08/03/2018 @ 04:11
 Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R118503) SJN ZAINUDIN BIN MUSTAPHA
 Tempat Tugas : JOHOR , J/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

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident: 8/mar/2018 Time: 2 AM
 Exact Location of Accident: Jalan Setia 12/1, JB Johor

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SLF 6252 B Name of Registered Owner: SIME DARBY SERVICES
 NRIC / Passport No. / FIN: - Co. Reg. No. (for Co. Vehicle Only): 197501065W

Manufacturer: NISSAN Model: SYLPHY

Exact purpose of vehicle being used at time of accident: Normal usage ☒ Other ☐ (please state):
 Are you claiming your own insurance policy for repair to your vehicle? Yes ☐ Claiming Against 3rd Party ☐ For Reporting Only ☒

Vehicle Category: Private Car

Name of My Insurance Company: MSIG

Type of Coverage: Comprehensive ☐ Third Party ☒

Fleet Policy (Multiple vehicles coverage): Yes ☒ No ☐ Policy / Cover Note Number: -

Name of Driver: Chiam Taw Jin NRIC / Passport No. / FIN: 586790608

Date of Birth: 05-01-1986 Occupation: Indoor ☐ Outdoor ☒

Date of Driving Pass: 01-Dec-2011 Gender: Male ☒ Female ☐

Mobile Phone No.: 982286591 Alternative Phone No.: 96552714

Address as stated in NRIC: Apt 812 106-Jarany East Street 13 #06-214 (Post Code: 600106)

*Email Address: TJchiam86@gmail.com

Was driver an employee of the Insured's Company? Yes ☐ No ☐ State relationship of the driver with the insured:

*Does the Driver Own Any Other Vehicle? Yes ☐ No ☐

*Vehicle Reg. Number of Driver's Own Vehicle (if applicable):

*Insurance Company of Driver's Own Vehicle (if applicable):

Other Information of the Accident

Weather Conditions: Clear ☐ Raining ☐ Others ☐ (please state condition):

Road Surface: Wet ☒ Dry ☐ Others ☐ (please state condition):

Was anybody injured in the accident? No ☒ Yes ☐

*Was any foreign vehicle involved in this accident? No ☐ Yes ☒

Foreign Vehicle Registration Number: JK 9136

Foreign Vehicle Category: Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others ☐ *Please indicate

Was any other vehicle or property involved? No ☒ Yes ☐

*Was there any video captured by Car Camera? No ☐ Yes ☒

Was the accident reported to the Police? No ☐ Yes ☒ If Yes, which Police Station?

Was notice of Intended Prosecution given? No ☒ Yes ☐ If Yes, against whom?

I have been approached by unknown person(s) soliciting / offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.: JK 9136 Vehicle Make / Model / Colour: Red, Toyota

Details of Property Damaged in Accident (other than 3rd-Party vehicle):

Name of Driver: NRIC/Passport Number:

Contact Number: (Post Code:)

Address: (Post Code:)

Insurance Company Name:

Nature of Damage: Front ☐ Rear ☐ Left ☐ Right ☐ No. of Passengers (Including Driver):

Details of Witness - Name:

Details of Witness - Contact Number:

Details of Witness - Email Address:

DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)

Name: Approximate Age: (Post Code:)

Address: (Post Code:)

Injuries Sustained: Injured person in which vehicle (vehicle reg. no.):

Were seat belts worn? No ☐ Yes ☐ Were injured conveyed to hospital by ambulance? No ☐ Yes ☐

Type of Accident (Please tick the appropriate type on flipside of this form)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8679060B



Name
CHIAM TOW JIN

唐道劲

Race
CHINESE

Date of birth
05-01-1986

Sex
M

Country of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8679060B

Name
CHIAM TOW JIN

Birth Date 05 Jan 1986

Issue Date 01 Dec 2011



9141329



NRIC No. S8679060B



Nationality
MALAYSIAN

Date of Issue
13-10-2011

APT BLK 106 JURONG EAST STREET 13 #06-214
SINGAPORE 600106

NRIC No: S8679060B Date: 17/08/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 06 Jul 2009

NP 428A



License No: S8679060B



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.400
Cars For Hire

MOTOR CAR - COMMERCIAL TP Third Party

Certificate No. B 29040710 TMC

1. Index Mark and Registration Number of Vehicle

SLF6252B

2. Name of Policyholder

Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

01/10/2017

4. Date of Expiry of Insurance

30/09/2018

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

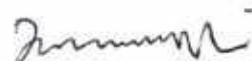
- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers



for Chief Executive Officer