

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 | 21/03/2018 09:47 |
| Date Of Accident | 17/03/2018 22:20 |
| Exact Location Of Accident | ALONG JALAN PANDAN |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLK7701P |
| Insured/Policyholder | |
| Name Of Registered Owner | SOH XU HANG |
| NRIC No | S8719715H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97994995 |
| Alternative Phone No | OFFICE-97994995 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | AUDI |
| Model | Q5 2.0 TFSI QUATTRO |
| 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 | 5090118705 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LAI ZHENGHAO |
| NRIC No | S8838263C |
| Date Of Birth | 27/09/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/01/2009 |
| Driving Experience | 9 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91188490 |
| Fax Number | |
| Contact Number | OFFICE-91188490 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | 58 PUNGGOL WALK #08-18 |
| Postcode | 828779 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| 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 | JRL3736 (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) | 3 |

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 TRAVELLING SLOWLY ALONG JALAN PANDAN AS THE TRAFFIC WAS CONGESTED ALONG THE WAY. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR 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 | JRL3736 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SHADURU DEEN BIN JALALUDEEN |
| NRIC/Passport Number | 950402016515 |
| 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

A: SLK7701P
B: JRL3736

Jalan Morden

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:

QATARACCIDENTPLANFORM_V3

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

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

Police Report

Salinan Repot Polis

Page 1 of 1



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : J'BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/006425/18
Tarikh : 17/03/2018
Waktu : 2251 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R92851

Butir-butir Penerima Repot
Nama : MUHAMAD IZZAT BIN MOHD NASIR
Butir-butir Jurubahasa (Jika Ada)
Nama : —
No Pasport : —
Alamat : —

No Personal : R197723

Pangkat : KONST/P

No K/P (Baru) : —
Bahasa Asal : —

No Polis/Tentera : —

Butir-butir Pengadu
Nama : LAI ZHENGHAO
No K/P (Baru) : —
No Sijil Beranak : —
Jantina : Lelaki
Keturunan : Melayu
Pekerjaan : SWASTA
Alamat Tempat Tinggal : BLK 186B BEDOK NORTH STREET 4 #02-26 SINGAPORE, 462186
Alamat Ibu/Bapa : —
Alamat Pejabat : —
No Tel (Rumah) : —
Emel : —

No Polis/Tentera : —

No Pasport : K0145718H

Tarikh Lahir : 27/09/1988
Warganegara : Singapore

Umur : 29 tahun 5 bulan

No Tel (Pejabat) : —

No Tel (HP) : 91188490

Pengadu Menyatakan:-

PADA 17/3/2018 JAM LEBIH KURANG 2218 HRS SAYA MEMANDU SEBUAH MKAR NO SUK7701P DARI TAMAN SENTOSA HENDAK KE SINGAPURA, KETIKA DI KM 10.4 JALAN JOHOR BAHRU KOTA TINGGALKAN TRAFIK BERGERAK PERLAHAN, TIBA TIBA SAYA DAPATI MKAR SAYA TELAH DI LANGGAR DARI BELAKANG OLEH SEBUAH MKAR NO JRL3736, SAYA TIDAK CEDERA, KEROSAKAN MKAR SAYA BUMPER BELAKANG, BONET, BELAKANG EKZOS, REVERSE SENSOR, LAIN LAIN KEROSAKAN TIDAK PASTI. LAJUSKAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa No 006425

Tandatangan Penerima Repot

ID Pencetak | Tarikh @ Masa Cetak

R197723 | 17/03/2018 11:01:33 PM

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



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 : MNA18038198 Vehicle Registration No: SLK7701P
Name(as shown in NRIC) : Lai Zhenghao NRIC/FIN/Passport No : S8838263C
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 58 Punggol Walk #08-18 Singapore(828779)
Contact (Tel) : _____ Mobile No. : 91188490
Email Address : _____
Date of Accident : 17/3/18 Time of Accident : 22:20
Place of Accident : Along Jalan Pandan
Insurance Company : NTUC

(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 Country / State of loss

Policyholder / Driver's Signature
Date:


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