

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	26/03/2018 11:19
Date Of Accident	22/03/2018 15:00
Exact Location Of Accident	ABOUT 9.3KM NORTHBOUND 2ND LINK HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN9919J
Insured/Policyholder	
Name Of Registered Owner	YONG MEI YOKE VIOLA
NRIC No	S1363856Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91019919
Alternative Phone No	OTHERS-91019919

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B200 TURBO
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? YES

If No, Please state action to be taken

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	DMPCSN3099651701
Cover Note Number	

Driver

Name of Driver	YONG KIM YOONG RAYMOND
NRIC No	S1140718H
Date Of Birth	22/09/1951
Occupation	INDOOR
Date Of Driving Pass	26/07/1973
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96670230
Fax Number	
Contact Number	
Email Address	RKYYONG@GMAIL.COM

Address	261 ARCADIA ROAD #02-03
Postcode	289853
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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)	2
Passenger 1	NAME: : LEE CHUEN CHONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK ISKANDAR PUTERI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to attachment/police report.

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	LAMPPOST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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	YONG KIM YOONG RAYMOND (NRIC: S1140718H)
Approximate Age	66
Injuries Sustain	WHIPLASH
Injured person in which vehicle?	SGN9919J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	261 ARCADIA ROAD #02-03
Postcode	289853

DETAILS OF INJURED PERSON 2

Name	LEE CHUEN CHONG (NRIC: S0038394E)
Approximate Age	
Injuries Sustain	WHIPLASH
Injured person in which vehicle?	SGN9919J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	10 MERINO CRESCENT
Postcode	

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 liability.
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 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)**

(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.

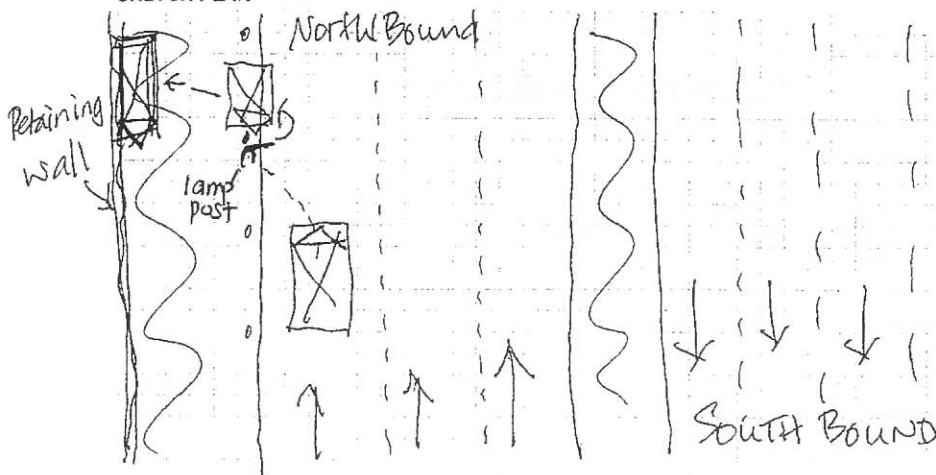
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: S6927273H

To the best of my recollection:— 2nd Link Highway (Not drawn to scale)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment / police report.

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: 2:6 MAR 2018

Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: S6927273H



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK ISKANDAR PUTERI
 Daerah : ISKANDAR PUTERI
 Kontinjen : JOHOR
 No Repot : TRAFIK IPUTERI/002810/18
 Tarikh : 22/03/2018
 Waktu : 1635 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R175641

Butir-butir Penerima Repot

Nama : MOHAMMAD TAWFIK BIN KAMARUDDIN
 No Paspot : ---
 Alamat : ---
 No K/P (Baru) : ---
 Bahasa Asal : ---
 Pangkat : KONST/P
 No Polis/Tentera : ---

Butir-butir Pengadu

Nama : YONG KIM YOONG RAYMOND
 No K/P (Baru) : ---
 No Sijil Beranak : ---
 Jantina : Lelaki
 Keturunan : Cina
 Pekerjaan : PESARA
 Alamat Tempat Tinggal : 02-03,261 ARCADIA ROAD SINGAPORE, 289853
 Alamat Ibu/Bapa : ---
 Alamat Pejabat : ---
 No Tel (Rumah) : ---
 Emel : ---
 No Polis/Tentera : ---
 Tarikh Lahir : 22/09/1951
 Warganegara : Singapore
 No Paspot : E4075631L
 Umur : 66 tahun 6 bulan
 No Tel (Pejabat) : ---
 No Tel (HP) : 6596670230

Pengadu Menyatakan:-

PADA 22/03/2018 JAM LEBIH KURANG 1445HRS, SAYA MEMANDU MOTOKAR NOMBOR SGN9919J DARI PTP MENUJU KE PUTERI HARBOUR. PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM 9.3 LEBUHRAYA LINK, KEDUA, TIBA-TIBA DAPATI TELAH HILANG KAWALAN PEMANDUAN LALU TELAH TERBABAS KE KIRI JALAN MELANGGAR TIANG LAMPU (NO TIANG : FPH4 Y1 12). DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR SAYA IALAH PADA BAHAGIAN BUMPER/BONET DEPAN, SET LAMPU DEPAN KIRI KANAN, FENDER/MUDGUARD/RIM/ARM DEPAN KIRI KANAN, TANGKI AIR/COMPRESSOR,BAHAGIAN KOMPONEN ENJIN, AIRBAG KIRI KANAN. LAIN KEROSAKAN MASIH BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

SALINAN REPOT
 TRAFIK IPU ISKANDAR PUTERI
 R197046 22/03/2018 04:45:36 PM
 SALINAN YANG DISAHKAN BENAR
 (HANYA UNTUK TUNTUTAN SIVIL)

KETUA TRAFIK DAERAH ISKANDAR PUTERI JB
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

Report of Accident and Claims

Date of Accident: 22/03/2018

Time: approximately 3pm

Location: Johor Bahru, Johor Malaysia. (about 9.3km, Northbound, 2nd Link Highway. From Tanjong Kupang Toll Plaza towards Gelang Patah Interchange.)

Number of persons in car: 2 from Singapore

Driver: Yong Kim Yoong Raymond (NRIC: S1140718H) age: 66yrs

Passenger: John Lee Chuen Chong (NRIC: S0038394E)

Description of Event:

I was driving from Singapore to Johor Bahru on the 2nd Link Highway on the slow lane at the above location.

I momentarily lost control and the car banged into the lamp post, which fell down. And the car spun around and came to a stop on hitting the retaining wall.

The 2 air bags on impact were deployed. Both the passenger and I suffered injuries.

I am attaching pictures of damaged car and lamp post for your reference. Also attached is a scan copy of the police report I made at Gelang Patah Police Station and a fine of Rm300/= was paid.

Yours,



Raymond Yong

23/03/18.