

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	16/04/2018 13:35
Date Of Accident	15/04/2018 15:15
Exact Location Of Accident	MELAKA TO SINGAPORE (E2)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ529L
Insured/Policyholder	
Name Of Registered Owner	LIN XINYI
NRIC No	S8632399J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91086915
Alternative Phone No	OFFICE-91086915

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
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	5087605600
Cover Note Number	-

Driver

Name of Driver	PHYO THET ZAW
NRIC No	G5021582U
Date Of Birth	26/07/1979
Occupation	INDOOR
Date Of Driving Pass	10/04/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91086915
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 334C YISHUN ST 31 #04-121
Postcode	763334
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	HEAVY RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JJF2838 (PRIVATE CAR)
Number of vehicles involved in the accident	7
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)	3
Passenger 1	NAME: : LIN XINYI GENDER: : FEMALE
Passenger 2	NAME: : TAYLOR GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

ON 15/04/2018 AROUND 1515 HRS, I WAS DRIVING MY VEH CAR PLATE NUMBER SJZ529L MODEL HYUNDAI AVENTE FROM MELAKA TO SINGAPORE. WHEN THAT TIME I WAS DRIVING ON THE RIGHT LANE AT KM35.7 LEBUH RAYA UTARA SELANTAN ARAH SELATAN, I STOP MY VEH DUE TO THE VEH C (JMW6708) MODEL CAMRY WHICH WAS IN FRONT OF ME STOP. SUDDENLY VEH B (JJF2838) MODEL NISSAN SENTRA COLLIDED ONTO MY VEH REAR PORTION. DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH C REAR PORTION. I WAS NO INJURY BUT MY WIFE FEEL PAIN ON HER NECK AND BACK. MY VEH WAS SUFFER DAMAGE ON FRONT AND BACK. THAT ALL

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	JJF2838
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JMW6708
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number WC6584X
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLH6507G
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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number WA3383K
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 OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SKH9798A
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	LIN XINYI
Approximate Age	
Injuries Sustain	NECK N BACK
Injured person in which vehicle?	SJZ529L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PHYO THET ZAW
Approximate Age	
Injuries Sustain	NECK N BACK
Injured person in which vehicle?	SJZ529L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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



Melaka to Singapore
(E2)

A = 332 529 L
 B = J3F 2938
 C = 3MW 6708
 D = WC 6584X
 E = 31H 6507 G
 F = WA 3383 K
 G = SKH 9798 A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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

Salinan Repot Polis

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POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK KULAIJAYA
Daerah : KULAIJAYA
Kontinjen : JOHOR
No Repot : TRAFIK KULAIJAYA/003613/18
Tarikh : 15/04/2018
Waktu : 1725 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R131361
No Repot Bersangkut : TRAFIK
KULAIJAYA/003611/18

Butir-butir Penerima Repot
Nama : MAXEN GREG VINCENT
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot: ---
Alamat: ---

No Personel : R194588
Pangkat : KONST/P
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera: ---

Butir-butir Pengadu
Nama : PHYO THET ZAW
No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Myanmar
Pekerjaan : PROJECT MANAGER
Alamat Tempat Tinggal : APT BLK 334C YISHUN STREET 31 #04-121 , SINGAPORE , 763334
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
Emel : ---

No Polis/Tentera : ---
No Paspot : MB289295
Tarikh Lahir : 26/07/1979
Umur : 38 tahun 8 bulan
Warganegara : Myanmar

No Tel (Pejabat) : ---
No Tel (HP) : 6591086915

Pengadu Menyatakan:-

PADA 15/04/2018 JAM LEBIH KURANG 1515HRS SAYA MEMANDU M/KAR NO.SJZ529L JENIS H/AVANTE DARI MELAKA KE SINGAPURA.PADA KETIKA ITU,SEMASA SAYA BERADA DI LORONG KANAN KM 35.7 LEBUH RAYA UTARA SELATAN ARAH SELATAN.SAYA MEMBERHENTIKAN M/KAR KERANA SEBUAH M/KAR NO.JMW6708 JENIS T/CAMRY YANG BERADA DI HADAPAN SAYA TELAH BERHENTI,TIBA-TIBA DATANG SEBUAH M/KAR NO.JJF2838 JENIS N/SENTRA DARI ARAH BELAKANG TELAH MELANGGAR BAHAGIAN BELAKANG M/KAR DAN MENYEBABKAN M/KAR SAYA TELAH TERGANJAK KE DEPAN LALU MELANGGAR BAHAGIAN BELAKANG M/KAR YANG BERADA DI HADAPAN SAYA ITU.SAYA TIDAK CEDERA,MANAKALA,ISTERI SAYA (NAMA:LIN XINYI ID:S8632399J)MENGALAMI KECEDERAAN SAKIT DI BAHAGIAN LEHER,SAKIT-SAKIT DI BAHAGIAN BELAKANG.KEROSAKAN M/KAR SAYA DI BAHAGIAN DEPAN BUMPER.BAHAGIAN BUMPER,EKZOS,BONET DAN LAIN-LAIN KEROSAKAN BELUM PASTI.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak : Tarikh @ Masa Cetak

: R194588 | 15/04/2018 05:41:02 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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