

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	03/05/2018 12:07
Date Of Accident	29/04/2018 02:50
Exact Location Of Accident	ALONG NORTH-SOUTH EXPY TWDS SEREMBAN
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2170P
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.4Z A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5069958322-03
Cover Note Number	

Driver

Name of Driver	GOH WEI XIAN
Passport No/FIN	G2055527R
Date Of Birth	25/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(FOREIGN) 017-6859097
Fax Number	(FOREIGN) 017-6859097
Contact Number	
EEmail Address	NOEMAIL

Address	LOT 1426/46 TAMAN LINGGI NEGERI SEMBILAN
Postcode	71150
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	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GOH LING SI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KLUANG (MALAYSIA)
Police Station Address	ROAD: KLUANG MALAYSIA , POSTCODE: S66270 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 029-1193885 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG NORTH-SOUTH EXPY. SUDDENLY MY VEHICLE ENGINE WAS ON FIRE. AFTER THAT I NOTIFY THE FIREMAN THAT MY VEHICLE WAS BURNING.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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:

A handwritten signature in blue ink.

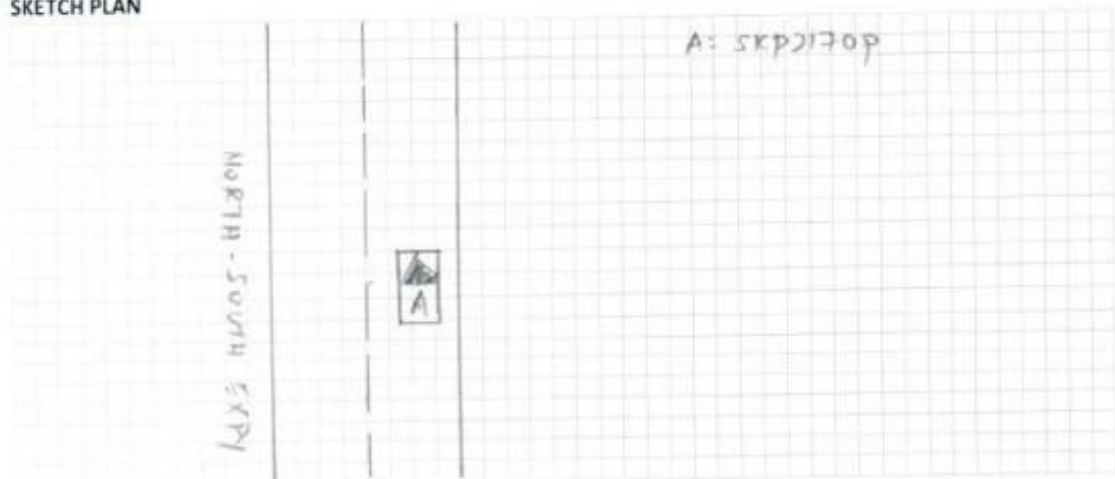
Driver's Signature
(If driver is not the policyholder)
Date & Time:

A handwritten signature in blue ink.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I/We declare the following 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

Jan Repot Polis

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POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : SIMPANG RENGAM
Daerah : KLUANG
Kontinjen : JOHOR
No Repot : SPG RENGAM/002398/18
Tarikh : 29/04/2018
Waktu : 0625 AM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : NORSAHANA BT MOHD RAMLI

No Personel : R137153

Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : GOH WEI XIAN

No K/P (Baru) : 910125055105

No Polis/Tentera : ---

No Pasport : ---

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 25/01/1991

Umur : 27 tahun 3 bulan

Keturunan : Cina

Warganegara : Malaysia

Pekerjaan : JURUTEKNIK AIRCOND

Alamat Tempat Tinggal : LOT 1424/46, TAMAN LINGGI, 71150 LINGGI, NEGERI SEMBILAN.

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 017-6859097

Emel : ---

Pengadu Menyatakan:-

PADA JAM LEBIH KURANG 0100 HRS 29/04/2018 SAYA BERSAMA KAKAK SAYA DALAM PERJALANAN DARI SINGAPURA MAHU BALIK KE SEREMBAN, NEGERI SEMBILAN DENGAN MEMANDU M/KAR SEWA NO. PENDAFTARAN: SKP2170P JENIS TOYOTA VELLFIRE. SEMASA SAMPAI DI KM 60.1 LEBUHRAYA UTARA SELATAN (ARAH UTARA) TIBA-TIBA ENJIN DEPAN BERASAP. KEMUDIAN SAYA BERHENTI DI TEPI LEBUH RAYA, TURUN DARI KERETA DAN TERUS BUKA BONET DEPAN. MASA ITU, SAYA LIHAT ADA PERCIKAN API DI BAWAH ENJIN. SELEPAS ITU, SAYA TERUS BERITAHU KAKAK SAYA SUPAYA KELUAR DARI KERETA DAN JAUHKAN DIRI DARI KERETA TERSEBUT. SELEPAS ITU, KERETA SEWA TERSEBUT TERUS TERBAKAR DAN BARANG-BARANG PERIBADI MILIK SAYA DAN KAKAK SAYA TIDAK DEPA TERSELAMATKAN. ANTARA BARANG DAN DOKUMEN YANG MUSNAH TERBAKAR IALAH:-

1. DOKUMEN SIJIL MILIK KAKAK SAYA NAMA: GOH LING SI KPT: 900202-05-5354

-SIJIL UPSR

-SIJIL PMR

-SIJIL SPM

-SIJIL STPM

-SIJIL UNIVERISITI TUNKU ABDUL RAHMAN

2. (1) UNIT PENGHAWA DINGIN JENAMA DAIKIN

3. TILAM SINGLE

4. (3) BEG PAKAIAN DAN (1) BEG KASUT

5. (5) BEG GALAS

6. (1) PERALATAN KOSMETIK

7. (1) UNIT LAPTOP CHARGER DAN (4) UNIT TELEFON CHARGER

8. (1) POWERBANK DAN PENDRIVE HARDISK

9. (1) UNIT BAGASI YANG MENGANDUNGI IRON PAKAIAN, PEMANAS AIR, STEAMER,

<https://prs.rmp.gov.my/prs/eoffice/viewpoi55real2.asp?p=R137153&r=020603/002398/18&type=...> 29/4/2018

Police Report

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10. (3) BALDI BERSAMA PERALATAN MANDI
11. (2) BANTAL
12. (2) UNIT SKALA TIMBANG
13. ALAT TULIS

DALAM KEJADIAN INI SAYA DAN KAKAK SAYA TIDAK MENGALAMI KECEDERAAN. TUJUAN LAPORAN DI BUAT MAHU RUJUK PIHAK INSURANS DAN SAYA JUGA MAHU DAPATKAN SEMULA SALINAN DOKUMEN KAKAK SAYA YANG SUDAH TERBAKAR. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

[Signature]

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

A

Salinan Repot Pertama

1

Accident Photo



Accident Photo



Accident Photo



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