

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	09/07/2018 14:06
Date Of Accident	07/07/2018 11:10
Exact Location Of Accident	FIRST WORLD HOTEL MULTISTORY CARPARK
Country/State of Loss	MALAYSIA/PAHANG DARUL MAKMUR

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5285B
Insured/Policyholder	
Name Of Registered Owner	FOO CHEN HUI
NRIC No	S2575592H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97865622
Alternative Phone No	OFFICE-97865622

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100506366-01
Cover Note Number	

Driver

Name of Driver	FOO CHEN HUI
NRIC No	S2575592H
Date Of Birth	28/03/1967
Occupation	INDOOR
Date Of Driving Pass	19/05/1990
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97865622
Fax Number	
Contact Number	OFFICE-97865622
Email Address	NOEMAIL

Address	BLK 183B BOON LAY AVENUE #11-726
Postcode	642183
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WMV1304 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	4
Passenger 1	NAME: : CHONG KHEE YHEE GENDER: : FEMALE
Passenger 2	NAME: : FOO BO JUN COLLIN GENDER: : MALE
Passenger 3	NAME: : FOO HUEY WEN CELINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GENTING HIGHLANDS , BENTONG, PAHANG
Police Station Address	ROAD: - , POSTCODE: 0 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	WMV1304
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)	

Accident Sketch Plan

SKETCH PLAN

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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/are 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 situated 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 (c) 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:

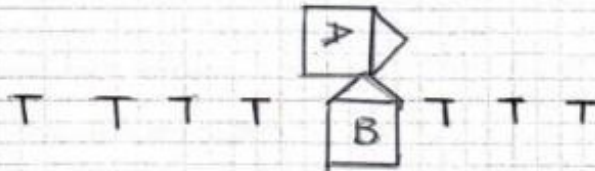
Driver's Signature:
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Premises of First World Hotel



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/07/2018 at about 11:10hrs at MSCP of first world hotel. I was travelling on the carpark driveway and suddenly a vehicle (B) exited out from the side way without proper lookout and without stopping for my oncoming traffic and hence collided onto my right portion of my vehicle (A) causing damages to my vehicle.

(A) SLM5285B

(B) WMV1304

DECLARATION

(We declare the foregoing particulars true in every respect)

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/IN No.:

Police Report

Salinan Repot Polis

Page 1 of 2



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : GOH TONG JAYA
Daerah : HULU SELANGOR
Kontinjen : SELANGOR
No Repot : TRAFIK BENTONG/002960/18
Tarikh : 07/07/2018
Waktu : 1238 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R120985

Butir-butir Penerima Repot

Nama : MOHAMMAD FIRDAUS BIN MOHD MOKHTAR

No Personel : R193646

Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : FOO CHEN HUI

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : K0438550E

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 28/03/1967

Umur : 51 tahun 3 bulan

Keturunan : Cina

Warganegara : Singapore

Pekerjaan : ENGINEER

Alamat Tempat Tinggal : APT BLK 183B BOON LAY AVENUE 11-726 SINGAPORE, 642183

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 97865622

Emel : ---

Pengadu Menyatakan:-

PADA 07/07/2018 JAM LEBIH KURANG 1110HRS SEMASA SAYA MEMANDU KENDERAAN JENIS NISSAN QASHQAI NO PENDAFTARAN: SLM5285B DI KAWASAN LETAK KENDERAAN FIRST WORLD HOTEL TIBA DI SATU PERSIMPANGAN TELAH DATANG (1)M/KAR JENIS HONDA ACCORD NO PENDAFTARAN: WMV1304 DIPANDU (1)(C) NAMA: LIM KANG HAI KPT: 821126-02-5085 TELAH KELUAR SECARA TIBA-TIBA TANPA MEMBERI ISYARAT MEMBELOK DAN SAYA CUBA MENGELAK TETAPI KENDERAAN TERSEBUT TELAH MELANGGAR BAHAGIAN HADAPAN SEBELAH KANAN KENDERAAN SAYA AKIBAT DARI KEJADIAN ITU M/KAR SAYA MENGALAMI KEROSAKAN DI BAHAGIAN RIM HADAPAN SEBELAH KANAN CALAR, PINTU HADAPAN SEBELAH KANAN ROSAK, STERING TELAH ROSAK DAN LAIN-LAIN KEROSAKAN BELUM PASTI DAN SAYA TIADA MENGALAMI KECEDERAAN SETERUSNYA SAYA DATANG KE BALAI BUAT LAPORAN UNTUK RUJUKAN PIHAK INSURANS SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R193646 | 07/07/2018 12:53:56 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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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: S665500206 / 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 : MUA118088135 Vehicle Registration No: SLM 52858
Name (as shown in NRIC) : Foo Chen Hui NRIC/FIN/Passport No : S25755924
(*~~Vehicle Driver~~/ Vehicle Owner) (*) Please delete as appropriate
Address : Blk 1833 Boon Lay Avenue #11-726 Singapore (642183)
Contact (Tel) : _____ Mobile No. : 97865622
Email Address : _____
Date of Accident : 2/1/18 Time of Accident : 11:10
Place of Accident : First World Hotel Multi-story carpark.
Insurance Company : Alfa

(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 (Malaysia) Pahang Darul Ma'cmmur)
2. Amend WAS any foreign vehicle involved in this accident (yes)

Policyholder / Driver's Signature
Date:

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