

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 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. 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	16/10/2018 09:55
Date Of Accident	23/09/2018 20:30
Exact Location Of Accident	KULAI HENDAK TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE5228T
Insured/Policyholder	
Name Of Registered Owner	WONG SOW KANG
NRIC No	S7964651B
Email Address	SOWKANG5228@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82825961
Alternative Phone No	OFFICE-82825961

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	REPORTING ONLY
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	5078407196-02
Cover Note Number	-

Driver

Name of Driver	WONG SOW KANG
NRIC No	S7964651B
Date Of Birth	09/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82825961
Fax Number	
Contact Number	OFFICE-82825961
Email Address	SOWKANG5228@GMAIL.COM

Address	BLK 523 BEDOK NORTH ST 3 #13-362
Postcode	460523
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNW7335 (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)	1

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO ATTACHED 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	JNW7335
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	UNKNOWN
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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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 = SGE 5228T
B = JNW 7335
C = Unknown.

Kulai twds Singapore

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

ON THE 23/09/2018 AROUND 2030HRS, I WAS DRIVING ALONG KULAI TOWARDS SINGAPORE. WHEN ON THE 27.5KM LEBUHRAYA UTARA SELANTAN. SUDDENLY THE VEH (BEARING NO JNW7335) JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH REAR PORTION.

POLICE REPORT

Salinan Repot Polis

Page 1 of 1



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK KULAJAYA
Daerah : KULAJAYA
Kontinjen : JOHOR
No Repot : TRAFIK KULAJAYA/008954/18
Tarikh : 23/09/2018
Waktu : 2148 PM
Bahasa Diterima : B. Malaysia

Pegawai Penylasat : G22914
No Repot Bersangkut : TRAFIK KULAJAYA/008952/18

Butir-butir Penerima Repot

Nama : MOHD ALIEF BIN SAMAT
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Pasport : ---
Alamat : ---

No Personel : R193588
Pangkat : KONST/P
No K/P (Baru) : ---
Bahasa Asal : ---

Butir-butir Pengadu

Nama : WONG SOW KANG
No K/P (Baru) : 790409015865
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Cina
Pekerjaan : SWASTA
Alamat Tempat Tinggal : 121 KAMPUNG TERATAI JEMENTAH, JEMENTAH, 85200, JOHOR
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
Emel : ---

No Polis/Tentera : ---
No Pasport : ---
Tarikh Lahir : 09/04/1979
Umur : 39 tahun 5 bulan
Warganegara : Malaysia
No Tel (Pejabat) : ---
No Tel (HP) : 6562825961

Pengadu Menyatakan:-

PADA 23/09/2018 JAM LEBIH KURANG 2030HRS SAYA MEMANDU M/KAR NO. SGE5228T JENIS H/CIVIC DARI KULAI HENDAK KE SINGAPURA. PADA KETIKA ITU, SEMASA BERADA DI LORONG KM 27.5 LEBUHRAYA UTARA-SELATAN(S) TIBA-TIBA SEBUAH MPV NO. JNW7335 JENIS P/EXORA (MILIK KEMENTERIAN KESIHATAN MALAYSIA) TELAH BREK MENGEJUT. SAYA BREK DAN CUBA ELAK TETAPI TERLANGGAR JUGA BAHAGIAN BELAKANG MPV ITU. SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA BAHAGIAN DEPAN BUMPER, BONET, PANEL, SET LAMPU, TANGKI AIR/AIRCOND, MUDGUARD DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SAYA BUAT LAPORAN UNTUK RUJUKAN PIHAK INSURAN DAN PIHAK YANG BERKENAAN. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R193588 | 23/09/2018 09:56:25 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



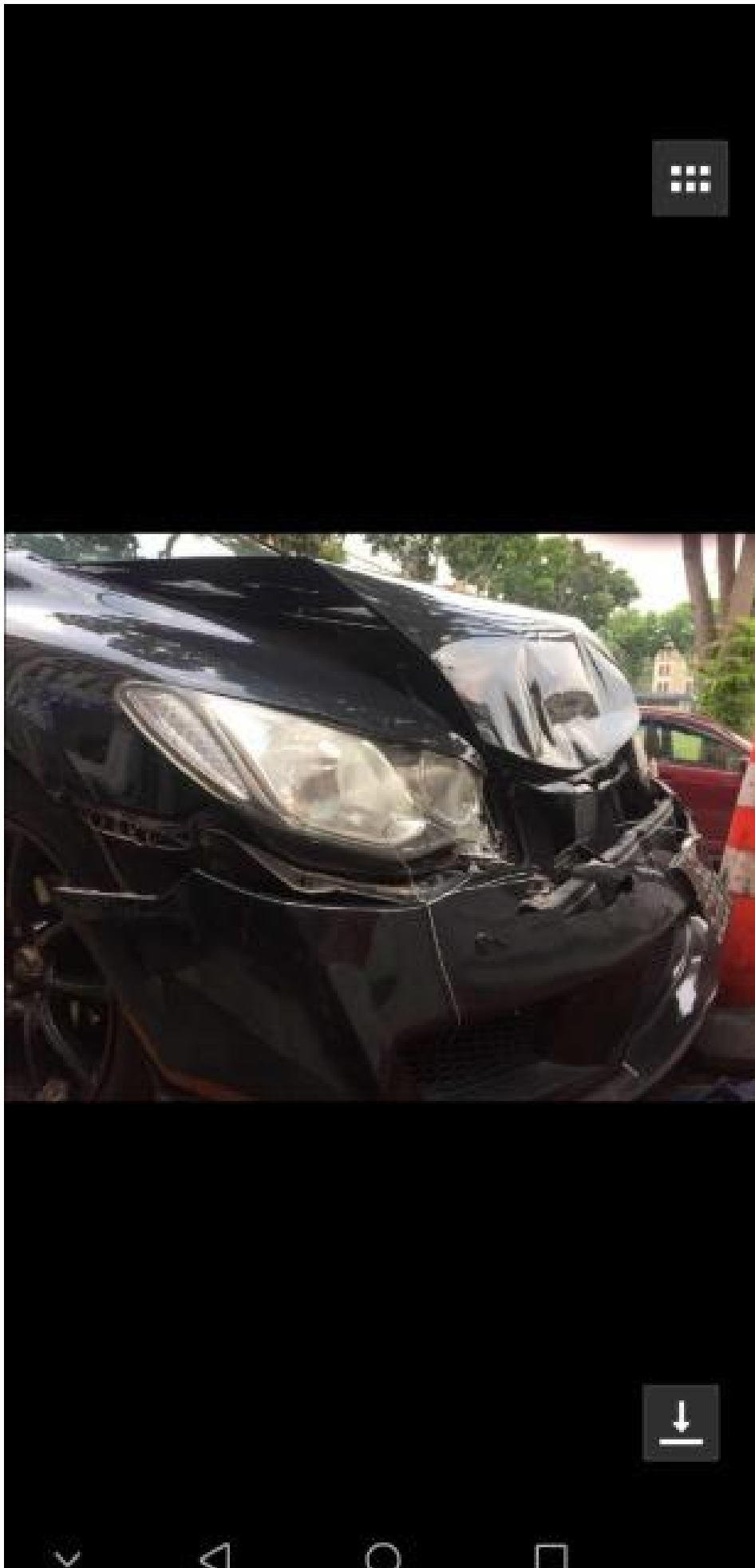
Accident Photo



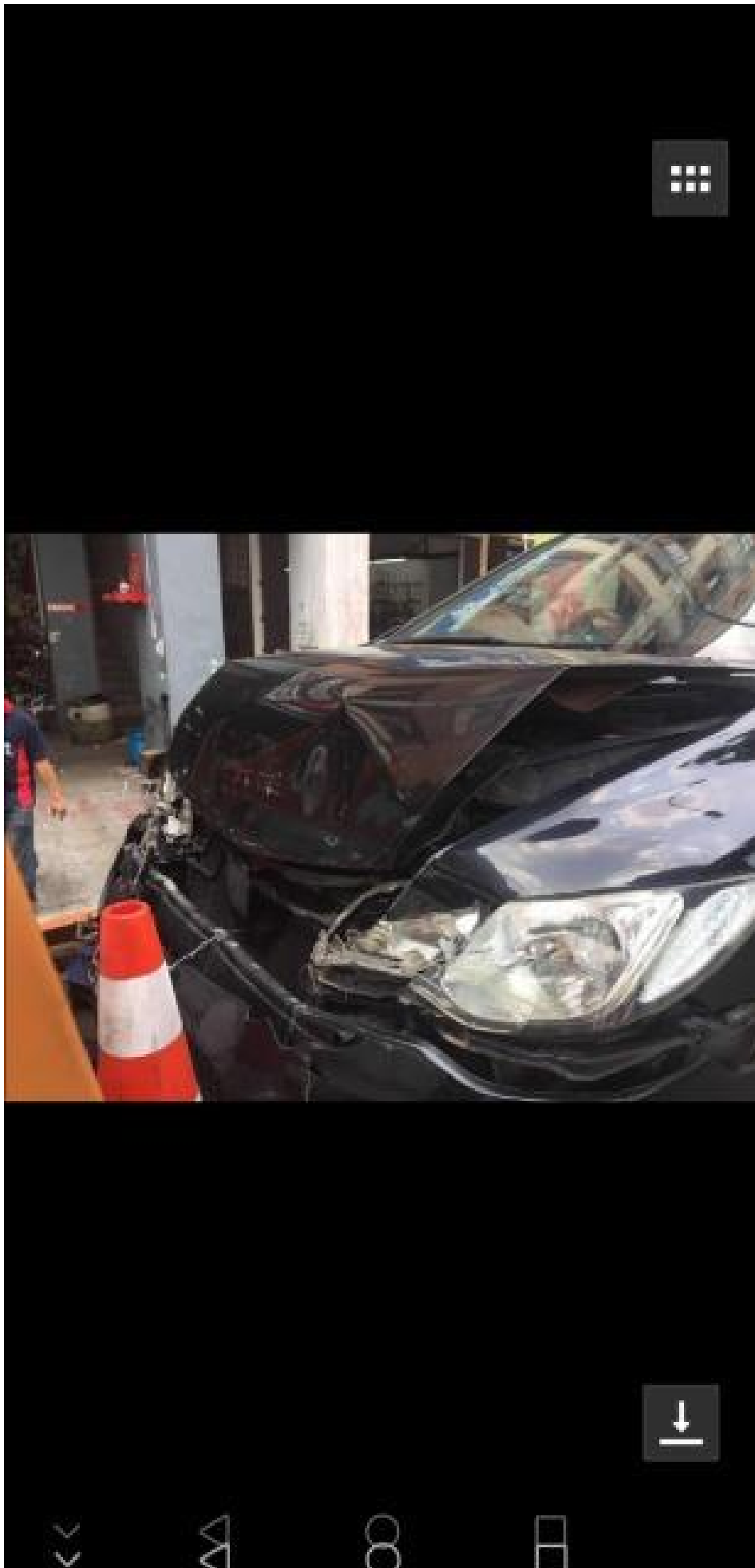
Accident Photo



Accident Photo



Accident Photo



Accident Photo

