SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 | 18/10/2018 12:48 | |
| Date Of Accident | 16/10/2018 14:10 | |
| Exact Location Of Accident | LEBUHRAYA SELATAN ARAH SELATAN HIGHWAY | |
| Country/State of Loss | SINGAPORE | |
| | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLS7196E | |
| Insured/Policyholder | | |
| Name Of Registered Owner | SIME DARBY SERVICES PTE LTD | |
| Co Reg No | 197501065W | |
| Email Address | KURISU_100@HOTMAIL.COM | |
| Mobile Phone No | (LOCAL) +65-83821055 | |
| Alternative Phone No | OFFICE-83821055 | |
| Vehicle Particulars | | |
| Manufacturer | HONDA | |
| Model | ODESSEY | |
| 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 | COMMERCIAL VEHICLE | |
| Vehicle Category Insurance Company | COMMERCIAL VEHICLE | |
| | MSIG INSURANCE (SINGAPORE) PTE. LTD. | |
| Insurance Company | | |
| Insurance Company Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. | |
| Insurance Company Name of Insurance Company Type Of Coverage | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO 83008083 | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO 83008083 TEO WEI WEI KRISTINE | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO 83008083 TEO WEI WEI KRISTINE S7931654G | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO 83008083 TEO WEI WEI KRISTINE S7931654G 10/10/1979 | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO 83008083 TEO WEI WEI KRISTINE S7931654G 10/10/1979 INDOOR | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO 83008083 TEO WEI WEI KRISTINE S7931654G 10/10/1979 INDOOR 13/04/2007 | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO 83008083 TEO WEI WEI KRISTINE S7931654G 10/10/1979 INDOOR 13/04/2007 11 YEARS AND 6 MONTHS | |
| Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender | MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY NO 83008083 TEO WEI WEI KRISTINE S7931654G 10/10/1979 INDOOR 13/04/2007 11 YEARS AND 6 MONTHS FEMALE | |

KURISU_100@HOTMAIL.COM

BLK 575 HOUGANG STREET 51 Address

#16-49

Postcode 530575

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

NO

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number W8456Q (PRIVATE CAR)

Number of vehicles involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 6

Passenger 1 : LUI MUI LIAN NAME:

> GENDER: : FEMALE

Passenger 2 NAME: : ANG KIM HONG

> GENDER: : FEMALE

Passenger 3 NAME: : LUI SHU HANG GINA

> GENDER: : FFMALE

Passenger 4 NAME: : DYLAN CHAN KHENG HOI

> GENDER: : MALE

Passenger 5 NAME: : PHOEBE CHAN CHENG WAI

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFIK KULAIJAYA

ROAD: IBU PEJABAT POLIS DAERAH KULAI JAYA, POSTCODE: 81000, Police Station Address

COUNTRY: MALAYSIA

TEL NO: - FAX NO: 07-6622522 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20181017/2000 AND TRAFIK KULAIJAYA/009712/18

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number W8456Q

Vehicle Make/Model/Colour PROTON ALZA BLACK

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHD NORMAN BIN A.HAMID

NRIC/Passport Number 840809016405 Contact Number +60142620282

NO, 3 JALAN MUHIBBAH 4

TAMAN MUHIBBAH SIMPANG RENGGAM JOHOR

Postcode 86200

Insurance Company Name

Nature Of Damage

Address

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number WSW6541
Vehicle Make/Model/Colour BMW

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SALMEY BIN ABDUL HALIM

NRIC/Passport Number 861112025453

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 law yers/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
- (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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

North-South Highway (Lebuhraya Utara Solatan Ariah Solatan)

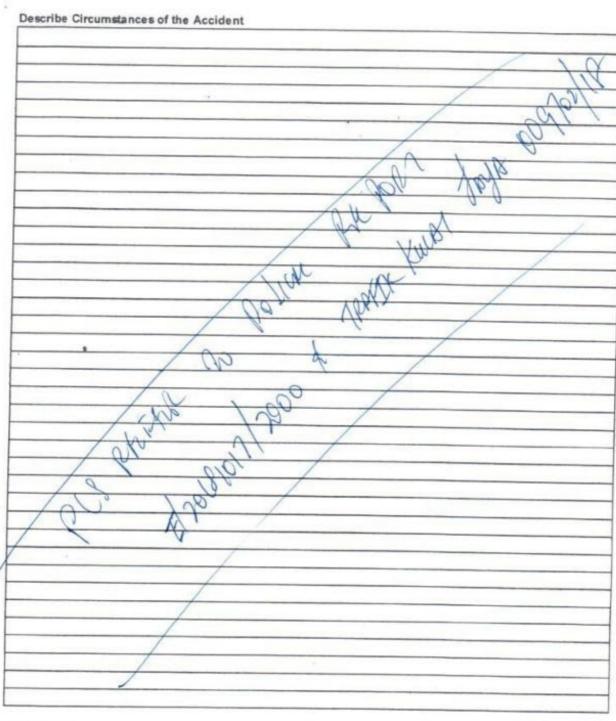
→

A) SLS TI96E

C) W8456 Q

B) WSW 6541

Accident Sketch Plan



Declaration

IWe declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

, Oe

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

POLICE REPORT





1 of 2

Report No. E/20181017/2000

POLICE REPORT (NP299)

Police Station Of Origin Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

| Date/Time Report Made . 17/10/2018 00:13 | Vide Report No. | | | Station Diary No. |
|--|--|-----------|-----------------------------|-------------------|
| Name Of Informant TEO WEI WEI KRISTINE | Address APT BLK 575 HOUGANG STREET 51 #16-49 SINGAPORE 530575 | | | |
| ID Type / ID No. NRIC NO / S7931654G | Contact No. Home/Office Mobile | | Mobile 83821055 | |
| Nationality | Email Address | | | |
| SINGAPORE CITIZEN Occupation RECRUITMENT AGENT | Sex Female | Age 39 | Date of Birth 10/10/1979 | Race Chinese |
| Institution/School Name | Language | | | |
| Date/Time Of Incident 16/10/2018 14:10 | Location Of Incident Lebuhraya Utara Selatan Arah Selatan Highway MALAYSIA | | | |

Brief details.

On 16/10/2018 at about 1410hrs, I was driving my vehicle (SLS7196E) from Malaka to Singapore along the Lebuhraya Utara Selatan Arah Selatan Highway on the first lane. Suddenly, one of the vehicle (W8456Q) started swerving left and right and swing back into a reversed direction on the same lane. As such, I did an emergency brake but collided into another vehicle (WSW6541) whom had also applied emergency brake.

| Signature Of Officer Recording The Report: E / Sgt 2 EVE LEE TENG | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: | Date/Time: 17/10/2018 00:13 |
| Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Staff Sgt DE COSTA ELAINE ELICIA Contact No.: | Classification Of Case: |
| Authentication Stamp | SN 061 |

POLICE REPORT





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20181017/2000

I then made a check and noted that my vehicle's bonnet, left headlight, right headlight, bumper and front panel was damage. Subsequently I also lodged a police report in Malaysia. I wish to state that I did not sustain any injuries. However there were 5 other passengers in my vehicle and one of the passenger has complained of chest pain. I am lodging report for insurance claim purposes.

Signature Of Informant: Signature Of Officer Recording The Report: E / Sgt 2 EVE LEE TENG Date/Time: 17/10/2018 00:13 Signature Of Interpreter: Not applicable Classification Of Case: Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Staff Sgt DE COSTA ELAINE ELICIA Contact No.: SN 061

Authentication Stamp





POLIS DIRAJA MALAYSIA

REPOT POLIS

Balal

: TRAFIK KULAIJAYA

Pegawai Penylasat

: R131361

Daerah

: KULAIJAYA

No Repot Bersangkut : TRAFIK

KULAIJAYA/009702/18

Kontinjen

: JOHOR

No Repot

TRAFIK KULAIJAYA/009712/18

Tarikh

: 16/10/2018

Waktu

: 1639 PM

Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama: ASMAN BIN ASRI

No Personel: R199017

Pangkat: KONST

Butir-butir Jurubahasa (Jika Ada)

No K/P (Baru): ---

No Polis/Tentera: ---

Nama: --No Paspot: ---

Alamat: ---

Bahasa Asal : ---

Butir-butir Pengadu

Nama: TEO WEI WEI KRISTINE

No K/P (Baru): ---

No Polis/Tentera: ---

No Paspot: E4633023B

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 10/10/1979 Warganegara: Singapore Umur: 39 tahun 0 bulan

Keturunan: Cina

Pekerjaan: SWASTA

Alamat Tempat Tinggal: BLK 575 HOUGANG ST 51 #18-49 SINGAPORE 530575, 530575

Alamat Ibu/Bapa: --

Alamat Pejabat : ---

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 6583821055

Emel: --

Pengadu Menyatakan:-

ON 16/10/2018, 14:10HRS. I WAS DRIVING SLS7196E FROM MALAKA TO SINGAPORE ALONG THE LEBUHRAYA UTARA SELATAN ARAH SELATAN HIGHWAY AT THE FIRST LANE. IN THE CAR THERE WAS A TOTAL OF 1 DRIVER AND 5 PASSENGERS. OF THE 5 PASSENGERS, 2 WERE CHILDREN UNDER THE AGE OF 12. AT ABOUT 29.8KM MARK, W8456Q WHO WAS ALSO TRAVELLING ON FIRST LANE IN FRONT OF WSW8541 SUDDENLY LOST CONTROL, STARTED SWERVING LEFT AND RIGHT AND SWING BACK INTO A REVERSED DIRECTION ON THE SAME LANE, WSW8541 AND OUR CAR SLS7196E DID AN EMERGENCY BREAK BUT WAS UNABLE TO STOP IN TIME DUE TO THE HEAVY RAIN, AS A RESULT, OUR BONNET, LEFT HEAD LIGHT BIGHT AND SUPER SIDE DOOR HEADLIGHT, RIGHT HEADLIGHT, EUMPER AND FRONT PANEL WAS DAMAGED. OUR DRIVER SIDE DOOR WAS UNABLE TO OPEN. THERE WAS SOUND WHILE WE DRIVE THE CAR AFTERWARDS. WE DO NOT KNOW IF ANYTHING ELSE WAS DAMAGED. THIS IS MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R191660 | 16/10/2018 05:40:47 PM

SALINAN YANG DISAHKAN BENAR (HANYA UNTUK TUNTUTAM SIVIL)

KETUA TRAPIK DAERAH IPO KULAHAYA, JOHOR

https://prs.rmp.gov.my/prs/eoffice/viewpol55real.asp?type=printedsalinan&salinan=y... 10/16/2018

































