

## 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	10/12/2018 15:55
Date Of Accident	08/12/2018 11:05
Exact Location Of Accident	2ND LINK E (MALAYSIA SIDE)TWDS MALAYSIA CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7452X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIONG HUI YUN SHIRLEY
NRIC No	S9009865I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81510004
Alternative Phone No	OTHERS-81510004

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	5105654112
Cover Note Number	

### Driver

Name of Driver	SIM CHUAN KIM ( SHEN QUANJIN )
NRIC No	S8938032D
Date Of Birth	26/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81510004
Fax Number	
Contact Number	OTHERS-81510004
EEmail Address	NOEMAIL

Address	BLK 217 PETIR ROAD #12-399
Postcode	670217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : J/20181209/2003

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ3933L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## 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:

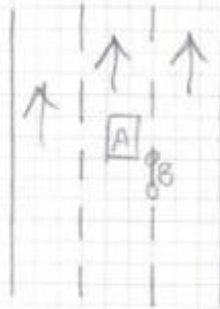
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Sketch Plan #2

### SKETCH PLAN

Second Link Expressway  
(Malaysia side) towards  
Malaysia Checkpoint



A - SJM7452X  
B - FB53933L

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
5/2018/209/2003

### 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.:

10/12/2018

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



J/20181209/2003

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20181209/2003

Police Station Of Origin  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Date/Time Report Made 09/12/2018 00:37		Vide Report No.		Station Diary No. 4
Name Of Informant SIM CHUAN KIM		Address APT BLK 217 PETIR ROAD #12-399 SINGAPORE 670217		
ID Type / ID No. NRIC NO / S8938032D		Contact No. Home/Office                      Mobile 81510004		
Nationality SINGAPORE CITIZEN		Email Address		
Occupation Courier Service		Sex Male	Age 29	Date of Birth 26/10/1989
Institution/School Name		Race Chinese		
Date/Time Of Incident 08/12/2018 11:05		Location Of Incident Second Link Expressway (Malaysia) MALAYSIA		

**Brief details.**

On 8th December 2018, at about 1106hrs, I was driving at the center lane of a 3 lane road of Second Link Expressway (Malaysia side) towards Malaysia Checkpoint. At that point of time, it was a slow moving heavy traffic. Later, I felt an impact from the rear right side and soon after, spotted a motorbike riding pass. I have camera installed in my vehicle, bearing SJM7452X, Mitsubishi Lancer. Upon viewing the camera footage, it captures a Singapore registered motorbike, bearing FBJ3933L, filtering the lane from the rear. As the motorbike was filtering and riding pass my vehicle at the right side, it captured the

Signature Of Officer Recording The Report: J / Sr Staff Sgt MOHAMMAD SUFIAN BIN WAHID	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2018 00:37
Officer In-Charge Of Case: J / Jurong West N.P.C / SI KUAN JIAN MING, JEREMY Contact No.: 67910000	Classification Of Case:

Authentication Stamp





# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



J/20181209/2003

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181209/2003

motorbike left side box grazed the rear right side of my vehicle. Due to that, my vehicle suffers several minor scratches. I am lodging this report for my insurance claim purpose.

Signature Of Officer Recording The Report:

J / Sr Staff Sgt MOHAMMAD SUFIAN BIN WAHID

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/12/2018 00:37

Officer In-Charge Of Case:  
J / Jurong West N.P.C /  
SI KUAN JIAN MING, JEREMY  
Contact No.: 67910000

Classification Of Case:

Authentication Stamp



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



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