

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	17/12/2018 17:03
Date Of Accident	16/12/2018 21:30
Exact Location Of Accident	PARADIGM MALL CARPARK EXIT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9296K
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Insured/Policyholder

Name Of Registered Owner	KOH WEN RONG, DEREK
NRIC No	S8719767J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93894669
Alternative Phone No	OFFICE-93894669

Vehicle Particulars

Manufacturer	SUBARU
Model	XV 2.0I-S EYESIGHT AWD CVT
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	1800040265
Cover Note Number	

Driver

Name of Driver	KOH WEN RONG, DEREK
NRIC No	S8719767J
Date Of Birth	06/07/1987
Occupation	INDOOR
Date Of Driving Pass	23/06/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93894669
Fax Number	
Contact Number	OFFICE-93894669
Email Address	NOEMAIL

Address	BLK 235 BUKIT BATOK EAST AVENUE 5 #11-01
Postcode	650235
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JDU9292 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : LIEW POH LIENG GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181217/2101.

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	JDU9292
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 INJURED PERSON 1

Name	KOH WEN RONG, DEREK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX9296K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIEW POH LIENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX9296K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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)**

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:

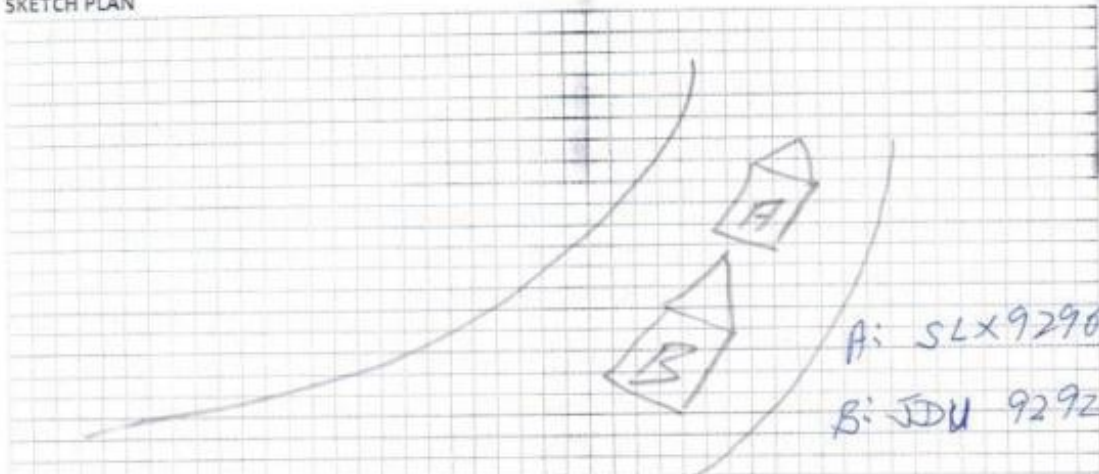
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report 1/2018/217/2101

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

RENTAL Insurance Form 018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181217/2101

1 of 3

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

Report No: T/20181217/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 14:33	Vide Report No.:	Station Diary No.: 77
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Informant's Particulars

Name of Informant: KOH WEN RONG, DEREK			Address: APT BLK 235 BUKIT BATOK EAST AVENUE 5 #11-01 SINGAPORE 650235		
ID Type / ID No.: NRIC NO / S8719767J			Contact No.: Home/Office: Mobile: 93894669		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 06/07/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SYSTEM ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/12/2018 21:30	Type of Location: Car Park
Location: JALAN AHMAD IBRAHIM				
Accident occurred at Johor Bahru, Paradigm Mall Carpark exit.				
Weather: In Indoor Carpark		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
JDU9292	Car				Slightly Damaged	0
SLX9296K	Car	SUBARU	XV 2.0I-S EYESIGHT AWD CVT	Grey	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20181217/2101

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

2 of 3
Report No. T/20181217/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX9296K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800040265	17/04/2018	16/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	KOH WEN RONG, DEREK		ID No. S8719767J
Related Vehicle	NIL		Contact No. 93894669
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the above mentioned time and date, while I was in Malaysia, Johor Bahru Paradigm Mall Carpark wanting to exit, a Malaysian car bearing the plate no. "JDU 9292" had collided into the rear of my car. Both cars suffered slight damage. No injuries to both parties.

I had exchanged particulars with the driver. The following are his details :-

Name: Tan Kim Chun

Hp: 8732 2888

Address: No. 108 Jalan Hang Tuah 4/7 Taman Muhibbah 86000 Kluang Johor

I am lodging a report to facilitate in my insurance claim.

Police Report



SINGAPORE
POLICE FORCE



T/20181217/2101

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

3 of 3

Report No. T/20181217/2101

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 SITI NURDIANA BINTE KHAIRUDDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2018 14:33

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Police Report



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(U) Pegawai Penyiasat : R114601
Daerah : J/BAHRU UTARA
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(U)/019973/18
Tarikh : 16/12/2018
Waktu : 2249 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : SHAHARUDIN B HJ OMAR No Personel : R92710 Pangkat : KPL
Butir-butir Jurubahasa (Jika Ada)
Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---
No Pasport : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu

Nama : KOH WEN RONG DEREK
No K/P (Baru) : --- No Polis/Tentera : --- No Pasport : S8719767J
No Sijil Beranak : ---
Jantina : Lelaki Tarikh Lahir : 06/07/1987 Umur : 31 tahun 5 bulan
Keturunan : Cina Warganegara : Singapore
Pekerjaan : IT
Alamat Tempat Tinggal : BLK 235 BUKIT BATOK EAST AVE 5 11-01 SIGAPURA, 650235
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 6593894669
Emel : ---

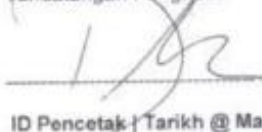
Pengadu Menyatakan:-

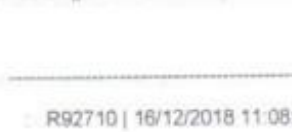
PADA 16/12/2018 JAM LEBIH KURANG, SAYA MEMANDU MOTOKAR NOMBOR SLX9296K DARI PARADIGMALL MAHU KE JOHOR BAHRU. PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM 13 JALAN JOHOR BAHRU-AIR HITAM APABILA SAYA MAHU KELUAR DARI PARADIGMALL TIBA TIBA SEBUAH MIKAR JDU 9292 LANGGAR BELAKANG MIKAR SAYA, SAYA TIDAK CEDERA, KEROSAKKAN MIKAR BUMPER, SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:







ID Pencetak | Tarikh @ Masa Cetak : R92710 | 16/12/2018 11:08:48 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

