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 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	21/01/2019 19:35
Date Of Accident	19/01/2019 15:35
Exact Location Of Accident	BT INDAH HWY TWDS PERSIARAN INDAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJA367T
Insured/Policyholder	
Name Of Registered Owner	LEAP TYRE
Co Reg No	53329757E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96875411
Alternative Phone No	OFFICE-96875411
Vehicle Particulars	
Manufacturer	MINI
Model	JOHN COOPER WORKS HB 1.6 AT SR HID ABS
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
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800061644
Cover Note Number	
Driver	
Name of Driver	YEO CHERN SHIN (YANG ZHENGXING)
NRIC No	S8810451Z
Date Of Birth	27/03/1988
Occupation	INDOOR
Date Of Driving Pass	28/12/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96875411
Fax Number	
Contact Number	OFFICE-96875411
EMail Address	NOEMAIL

Address	BLK 386 TAMPINES STREET 32 #06-101
Postcode	520386
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	JTE675 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
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	TRAFIK ISKANDAR PUTERI
Police Station Address	**ROAD**: TRAFIK ISKANDAR PUTERI , **POSTCODE:** 00000 , **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	JTE675
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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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 the 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.

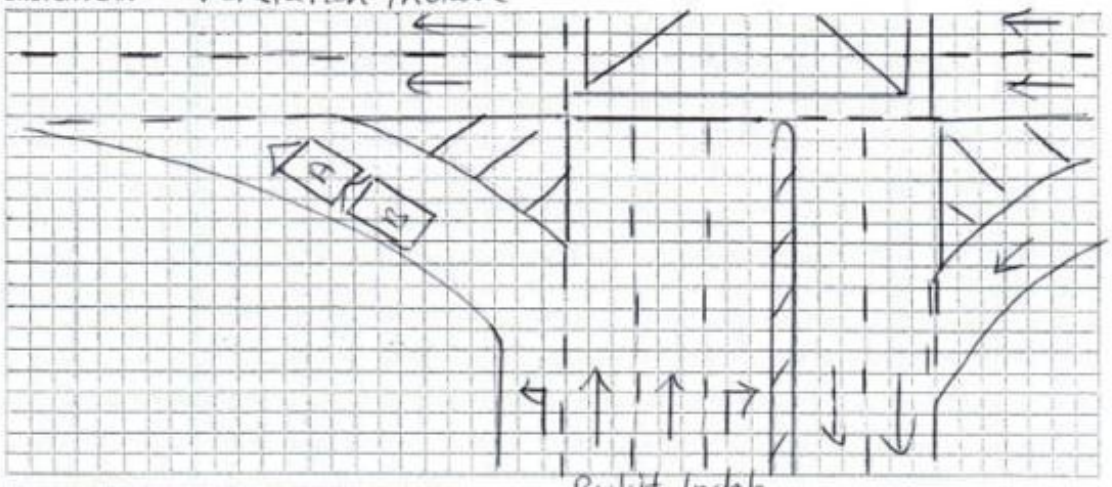
Policyholder's Signature
Date & Time:

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 Persiaran Indah



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/01/2019 at about 1534 hrs at slip road from Bukit Indah Highway towards Persiaran Indah . I was travelling on the above mentioned slip road and came to a stop while giving way to the main traffic along Persiaran Indah . Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SJA 367 T
(B) JTE 675

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:

Police Report

(A)

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai	: TRAFIK ISKANDAR PUTERI	Pegawai Penyiasat	: R175641
Daerah	: ISKANDAR PUTERI	No Repot Bersangkut	: TRAFIK IPUTERI/000739/19
Kontinjen	: JOHOR		
No Repot	: TRAFIK IPUTERI/000740/19		
Tarikh	: 19/01/2019		
Waktu	: 1738 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot

Nama : ROSMAWATI BT SAMSUDDIN **No Personel :** R164771 **Pangkat :** KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : --- **No K/P (Baru) :** --- **No Polis/Tentera:** ---

No Paspot: --- **Bahasa Asal :** ---

Alamat: ---

Butir-butir Pengadu

Nama : YEO CHERN SHIN (YANG ZHENGXING)

No K/P (Baru) : --- **No Polis/Tentera :** --- **No Paspot :** S8810451Z

No Sijil Beranak : ---

Jantina : Lelaki **Tarikh Lahir :** 27/03/1988 **Umur :** 30 tahun 9 bulan

Keturunan : Cina **Warganegara :** Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : BLK 386 TAMPINES ST 32, #06-101 SINGAPORE, 520386

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 6596875411

Emel : ---

Pengadu Menyatakan:-

PADA 19/01/2019 JAM LEBIH KURANG 1534 PETANG, SAYA MEMANDU MOTOKAR NOMBOR SJA367T DARI DANGA UTAMA MENUJU KE SINGAPURA. PADA KETIKA ITU, APABILA SAYA SAMPAI DI JALAN PERSIARAN INDAH TAMAN BUKIT INDAH, SAYA MEMPERLAHANKAN KENDERAAN SAYA. PADA MASA YANG SAMA, TIBA-TIBA SEBUAH MOTOKAR NOMBOR JTE675 YANG DATANG DARI ARAH BELAKANG TELAH MELANGGAR BELAKANG KENDERAAN SAYA. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR SAYA IALAH PADA BAHAGIAN BELAKANG, BUMPER, SENSOR, EKZOS, LAMPU KIRI DAN LAIN-LAIN KEROSAKAN SAYA BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R164771 | 19/01/2019 05:59:14 PM

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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