

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 | 28/01/2019 12:42 |
| Date Of Accident | 27/01/2019 13:15 |
| Exact Location Of Accident | JALAN KUNING 2 JOHOR BAHRU MALAYSIA |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLF5210D |
| Insured/Policyholder | |
| Name Of Registered Owner | WANG BING |
| NRIC No | S2699896D |
| Email Address | WB.WANG.BING@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-93257198 |
| Alternative Phone No | OTHERS-93257198 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | FORD |
| Model | FOCUS TITANIUM |
| Exact Purpose for which vehicle was being used at time of accident | SHOPPING |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-------------------------------|
| Name of Insurance Company | UNITED OVERSEAS INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DHOM120031121701 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | WANG BING |
| NRIC No | S2699896D |
| Date Of Birth | 08/09/1965 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/07/2006 |
| Driving Experience | 12 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93257198 |
| Fax Number | |
| Contact Number | OTHERS-93257198 |
| Email Address | WB.WANG.BING@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 91 TANGLIN HALT ROAD #24-304 |
| Postcode | 142091 |
| 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 - U-TURN |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|----------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JPW826 (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? | 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CAWANGAN TRAFIK |
| Police Station Address | ROAD: IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM , POSTCODE: 81750 , COUNTRY: MALAYSIA |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

ON 27/01/2019 AT ABOUT 13:15HRS I CAME OUT FROM PELANGI SHOPPING CENTRE CARPARK EXIT AND DRIVED AROUND 100 METRES IN LEFT 1ST LANE. THEN TRIED TO MAKE A U'TURN THE CAR FROM THE LEFT 2ND LANE HIT MY CAR.(TRAFIK JOHOR BAHRU(S)/002492/19)

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 | JPW826 |
| 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 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:

28/1/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

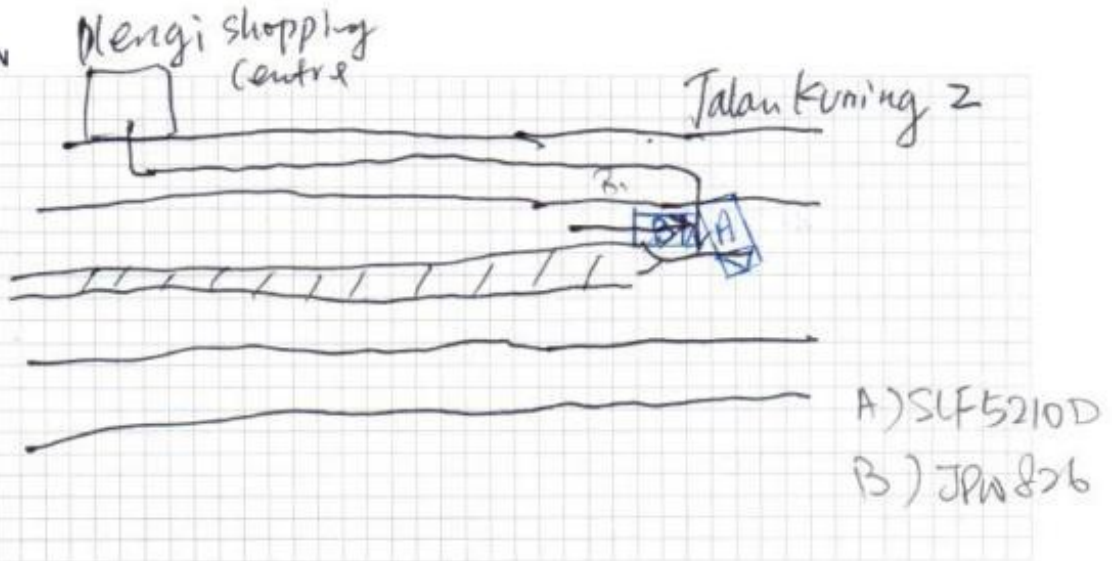
Name:

NRIC/FIN No.:

Kesdi Linares

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I came out from Plengi Shopping Centre carpark exit, and drove around one hundred meters in the left 1st lane. Then I tried to "U Turn", the car from the left 2nd lane hit my car.

POLICE REPORT TRAFIK JOMBA BARU (S)/002492/12

DECLARATION

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

Policyholder's Signature

Date & Time:

28/1/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/01/2019
Fahri Winters

POLICE REPORT(JB)



POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/002504/19
Tarikh : 27/01/2019
Waktu : 1625 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R130812
No Repot Bersangkut : TRAFIK JOHOR BAHRU
(S)/002492/19

Butir-butir Penerima Repot
Nama : MOHAMAD IZUDDIN B. ABD WAHAB
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Pasport : ---
Alamat : ---

No Personel : R205061 Pangkat : KONST/P
No K/P (Baru) : --- No Polis/Tentera : ---
Bahasa Asal : ---

Butir-butir Pengadu
Nama : WANG BING
No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Cina
Pekerjaan : SWASTA

No Polis/Tentera : ---
Tarikh Lahir : 08/09/1965
Warganegara : Singapore

No Pasport : K0416189E
Umur : 53 tahun 4 bulan

Alamat Tempat Tinggal : APT BLK 91 TANGLIN HALT ROAD #24-304 SINGAPORE , 142091
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 93257198
Emel : ---

Pengadu Menyatakan:-

PADA 27/01/2019 JAM LEBIH KURANG 1315HRS SAYA MEMANDU M/KAR NO SLF5210D DARI KAWASAN PARKING PLAZA PELANGI MENUJU KE COUNTRY GARDEN. PADA KETIKA ITU SAYA TIBA DI JALAN KUNING, SAYA BERADA DI LORONG PALING KIRI, SAYA MEMPERLAHANKAN M/KAR SAYA DAN MEMBERI ISYARAT UNTUK MEMBELOK (PUSINGAN "U") DAN MEGUBAH LORONG KE LORONG KANAN, TIBA-TIBA SEBUAH M/KAR NO JPW829 DARI ARAH BELAKANG DATAN DAN MELANGGAR TEPI SEBELAH KANAN M/KAR SAYA. SAYA MENGALAMI LUKA DI BAHAGIAN HIDUNG, LEBAM DI SIKU KANAN, DAN LUKA DI LENGAN KANAN. KEROSAKAN M/KAR SAYA ADALAH : PINTU KANAN DEPAN BELAKANG, PERMIN PINTU KANAN DEPAN BELAKANG, MUDGURD BELAKANG KANAN, DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R130812 | 27/01/2019 05:09:13 PM

SALINAN YANG DISAHKAN BENAR
(HANYA UNTUK TUNTUKAN SIVIL)

.....
KETUA TRAFIK DAERAH JOHOR BAHRU, JOHOR
TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERB CARLIS

POLICE REPORT(JB)

Pol.316

POL.316



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akaun Penerimaan Repot Polis :

Nama Pengadu : WANG BING
 No Kad Pengenalan / Paspot : K0416189E
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/002504/19
 Tarikh @ Masa Repot Polis : 27/01/2019 @ 16:25
 Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R130812) SJN ROSMADIE BIN RAMLI
 Tempat Tugas : JOHOR , J/BAHRU SELATAN
 No Telefon Pejabat : No Telefon Bimbit : 018-9416332
 Tarikh @ masa Perjumpaan :
 Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :
 Tarikh @ Masa Gambar Diambil :
 Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
 08:00 Pagi - 01:00 Tengah Hari
 02:00 Petang - 04:30 Petang
 Jumaat :
 08:00 Pagi - 12:30 Tengah Hari
 02:45 Petang - 04:30 Petang
 Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☒
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :


Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen


14 Hali (12/02/2019)

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2699896D




Name
WANG BING
王 兵
Race
CHINESE
Date of birth
08-09-1965 Sex
M
Country of birth
CHINA



3814572

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S2699896D**
Name
WANG BING
Birth Date **08 Sep 1965**
Valid Date **07 Jul 2006**



001430612J

3814572



NRIC No. **S2699896D**



Date of issue
21-12-2005

APT BLK 81 TANGLIN HALL ROAD #24-304
SINGAPORE 142081
NRIC No: **S2699896D** Date: **11/08/2014**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
07 Jul 2006

Class 3 Motor Cars \leq 3500kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg



Licence No: **S2699896D**



NP 425A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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