

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	14/02/2019 09:10
Date Of Accident	08/02/2019 18:00
Exact Location Of Accident	JOHOR BAHRU IMMIGRATION CUSTOM TWDS SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5434Y
Insured/Policyholder	
Name Of Registered Owner	MR LIM KEE ENG
NRIC No	S0371008D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98341080
Alternative Phone No	OTHERS-98341080

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3073721800
Cover Note Number	

Driver

Name of Driver	MR LIM KEE ENG
NRIC No	S0371008D
Date Of Birth	29/05/1950
Occupation	INDOOR
Date Of Driving Pass	11/04/1968
Driving Experience	50 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98341080
Fax Number	
Contact Number	OTHERS-98341080
Email Address	NOEMAIL

Address	BLK 256 SIMEI STREET 1 #06-525
Postcode	520256
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK JOHOR BAHRU
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE 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	SJT9221X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

Vehicle Registration Number

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


IMPORTANT NOTICE

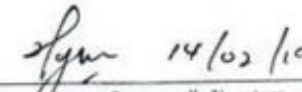
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

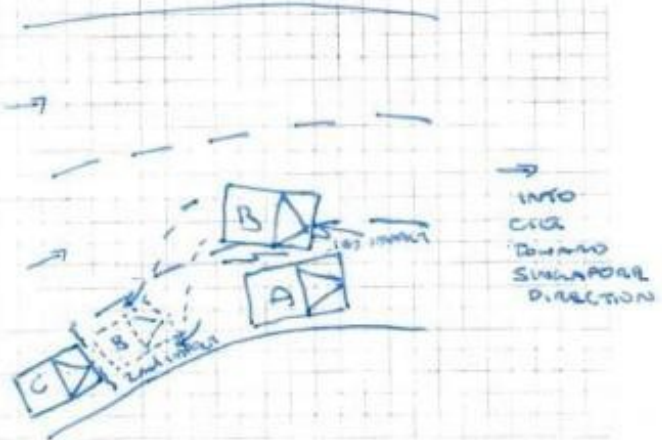

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 14/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN

VEHICLE A - SKD 5434 Y
 VEHICLE B - SJT 9221 X
 VEHICLE C - SJK 5753 B

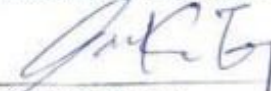


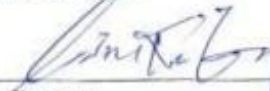
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING TOWARD CIG MALAYSIA TOWARD SINGAPORE DIRECTION.
I WAS ON THE EXTREME RIGHT LANE.
WHILE BEFORE ENTERING INTO THE CUSTOM, SUDDENLY A VEHICLE
CUT INTO MY LANE AND HIT INTO THE LEFT SIDE PORTION
OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A
VEHICLE WITH LICENSE PLATE NUMBER (SJT 9221 X) COLLIDED TO
THE LEFT SIDE OF MY VEHICLE, AND WHEN HE TRYING TO
REVERSE TO STOP AT THE SIDE, HE REVERSE AND HIT ONTO
ANOTHER VEHICLE AT THE BACK WITH CAR PLATE NUMBER (SJK 5753 B)
AND AFTER EXCHANGING OF DETAILS WE PROCEED TO (TEAFIR JOMOR
BAHEU) TO FILE A REPORT, AND THE DRIVER OF (SJT 9221 X)
ADMITTED IT WAS HIS FAULT THAT COLLIDED TO MY VEHICLE.
THE REPORT MADE AT JOMOR MALAYSIA IS ATTACHED TO THE REPORT
FOR REFERENCE.
VEHICLE A - SKD 5434 Y
VEHICLE B - SJT 9221 X
VEHICLE C - SJK 5753 B

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:

 14/02/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report

Salinan Repot Polis

Page 1 of 1



POLIS DIRAJA MALAYSIA REPOT POLIS

Batal : TRAFIK JOHOR BAHRU(S)
Daerah : JOBAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/003473/19
Tarikh : 08/02/2019
Waktu : 1845 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R130080
No Repot Bersangkut : TRAFIK JOHOR BAHRU
(S)/003472/19

Butir-butir Penerima Repot

Nama : MOHAMAD JASRUL BIN JAFFRI FRANCIS

No Personal : R173929

Pangkat : L/KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : —

No K/P (Baru) : —

No Polis/Tentera : —

No Pasport : —

Bahasa Asal : —

Alamat : —

Butir-butir Pengadu

Nama : LIM KEE ENG

No Polis/Tentera : —

No Pasport : E5789144L

No K/P (Baru) : —

No Sijil Beranak : —

Jantina : Lelaki

Tarikh Lahir : 29/05/1950

Umur : 68 tahun 8 bulan

Keturunan : Melayu

Warganegara : Malaysia

Pekerjaan : SME/ATA

Alamat Tempat Tinggal : APT BLK 256 SIMEI STREET 1 408-525, SINGAPORE, 520255

Alamat Ibu/Bapa : —

Alamat Pejabat : —

No Tel (Rumah) : —

No Tel (Pejabat) : —

No Tel (HP) : 6686341080

Pengadu Menyatakan:-

PADA 08/02/2019 LEBIH KURANG JAM 1800HRS SAYA MEMANDU MOTOKAR NO SKD5434Y DARI JOHOR BAHRU HENDAK KE SINGAPURA, PADA KETIKA ITU APABILA SAMPAI DI TAMBAK JOHOR SAYA SEDANG BERGERAK TERUS DI LORONG KANAN, TIBA-TIBA SEBUAH MOTOKAR NO SJT9221X DARI LORONG KIRI TUKAR LALUAN KE LORONG KANAN DAN MASUK KE LALUAN SAYA SECARA MENGEJUT. SAYA CUBA BREK DAN ELAK TETAPI KENDERAAN TERSEBUT BERLANGGAR DENGAN KENDERAAN SAYA. SAYA TIDAK CEDERA. MOTOKAR SAYA ROSAK DI BAHAGIAN BUMPER DEPAN KIRI. LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R4188063 | 10/02/2019 11:32:34 AM

Identification Card

