

## 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	15/02/2019 15:07
Date Of Accident	05/02/2019 12:10
Exact Location Of Accident	JB TWDS PEKAN RENGAM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT29X
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#### Insured/Policyholder

Name Of Registered Owner	MR TOK SOON SIONG (ZHUO SHUNXIONG)
NRIC No	S7901348Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96826466
Alternative Phone No	OFFICE-96826466

#### Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE GTS
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	DMPCSN1805241800
Cover Note Number	

#### Driver

Name of Driver	TOK SOON SIONG (ZHUO SHUNXIONG)
NRIC No	S7901348Z
Date Of Birth	10/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/03/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96826466
Fax Number	
Contact Number	OFFICE-96826466
Email Address	NOEMAIL

Address	BLK 1 JALAN ULU SEMBAWANG #01-04
Postcode	758930
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?	YES
Foreign Vehicle Registration Number	JNX2290 (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)	4
Passenger 1	NAME: : SOO KAH LAI GENDER: : FEMALE
Passenger 2	NAME: : JAVIER TOK GENDER: : MALE
Passenger 3	NAME: : JYZEL TOK GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KLUANG (MALAYSIA)
Police Station Address	<b>ROAD:</b> KLUANG MALAYSIA , <b>POSTCODE:</b> S66270 , <b>COUNTRY:</b> MALAYSIA
Police Station Contact	<b>TEL NO:</b> 029-1193885 - <b>FAX NO:</b>
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	JNX2290
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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:

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

A= SL729X  
B= JNX1290

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

### 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.:

### Accident Sketch Plan

MY VEHICLE WAS TRAVELLING IN THE MOST RIGHT LANE AND WAITING FOR THE LIGHT TO TURN GREEN BEFORE MAKING A U-TURN. SUDDENLY VEHICLE B FROM THE 2<sup>ND</sup> LANE MOVED TOWARDS MY CAR AND I TRIED TO AVOID IT BY SHIFTING MY VEHICLE TO THE RIGHT, BUT VEHICLE B STILL COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE.



# Police Report

Salinan Repot Polis

Page 1 of 1



## POLIS DIRAJA MALAYSIA REPOt POLIS

Batal :  
Daerah :  
Kontinjen :  
No Repot :  
Tarikh :  
Waktu :  
Bahasa Diterima :  
TRAJIK KLUANG  
KLUANG  
JOHOR  
TRAJIK KLUANG/001013/TS  
05/02/2019  
1210 PM  
B. Malaysia

Pegawai Penyiasat : R122414  
No Repot Berangkut : TRAJIK  
KLUANG/001012/T9

Butir-butir Penerima Repot  
Nama : OTHMAN BIN SAMURI  
Butir-butir Jurubahasa (Jika Ada)  
Nama :  
No Pasport :  
Alamat :  
No Personal : R121341  
Pangkat : KPL  
No K/P (Baru) :  
Bahasa Asal :  
No Polis/Tentera :  
No Pasport : S7901348Z  
Umur : 40 tahun 0 bulan

Butir-butir Pengadu  
Nama : TOK SOON SIONG  
No K/P (Baru) :  
No Sijil Beranak :  
Jantina : Lelaki  
Keturunan : Cina  
Pekerjaan : SWASTA SINGAPOR  
Alamat Tempam Tinggal : APT BLK 1 JLN SEMBAWANG 01-04 SINGAPORE, 758930  
Alamat Ibu/Bapa :  
Alamat Pejabat :  
No Tel (Rumah) :  
Emel :  
No Tel (Pejabat) :  
No Tel (HP) : 65068264466

Pengadu Menyatakan:-  
PADA 05/02/2019 JAM LEBIH KURANG 1115 HRS SAYA MEMANDU KERETA NO.SLT 29X PERJALANAN DARI  
J.BAHRU HENDAK KE PEKAN RENGAM.SAMPAI DI LAMPU ISYARAT KPG MALAYU SIMPANG RENGAM  
SAYA MEMANDU DI LORONG KANAN.TIBA-TIBA KERETA NO.JNX 2290 DARI LORONG KIRI TERUS MASUK  
KE LALUAN SAYA HENDAK MEMBELOK KE KANAN LALU DEPAN KIRI KERETA SAYA TERLANGGAR TEPI  
KANAN KERETA TERSEBUT.AKIBAT DARI ITU KERETA SAYA ROSAK BUMPER DEPAN KIRI,LAMPU DEPAN  
KIRI ROSAK,RIMTAYAR DEPAN KIRI ROSAK,MAGGUAD DEPAN KIRI KEMEK LAIN-LAIN KEROSAKAN SAYA  
TIDAK PASTI.INILAH REPOt SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R121341 | 05/02/2019 12:15:41 PM

MOHD RAJIA HAKAH  
(S.JN 122414)  
PEN. PEGAWAI PENYIASAT  
TRAJIK KLUANG

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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