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

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	ACCIDENT STATEMENT
Date Of Report	20/02/2019 14:34
Date Of Accident	18/02/2019 04:50
Exact Location Of Accident	MELAKA TO SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE418Y
Insured/Policyholder	
Name Of Registered Owner	FU CHEN LOK
NRIC No	S8708241E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98230937
Alternative Phone No	OFFICE-98230937
Vehicle Particulars	
Manufacturer	NISSAN
Model	GT-R 3.8 A
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?	YES
If No, Please state action to be taken	
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	DMPCSN1817761800
Cover Note Number	-
Driver	
	ELL OUEN LOW

Name of Driver **FU CHEN LOK** NRIC No S8708241E Date Of Birth 18/03/1987 Occupation **INDOOR Date Of Driving Pass** 11/11/2005

13 YEARS AND 3 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-98230937

Fax Number

Contact Number OFFICE-98230937

EMail Address NOEMAIL Address 54 KEW DRIVE

Postcode 467976

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 - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JMY7253 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

3

NO

Was any body injured in the Accident?

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 [OTHER] TRAFIK KULAIJAYA

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED 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 UNKNOWN

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JMY7253

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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- 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.
- 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.
- 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)
 - 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:
 - 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
 - (iii) 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

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declare the foregoing partic	rulars are true in every respect.		
declare the foregoing partic	ulars are true in every respect.		
	ulars are true in every respect.		eporting Centre Personnel's Signature

Accident Sketch Plan

I WAS TRAVELLING ALONG MELAKA TOWARDS SINGAPORE AT THE HIGHWAY, I WAS ON THE SECOND LANE FROM THE LEFT, WHEN SUDDENLY VEH B FROM THE EXTREME LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION, MY VEH LOST CONTROL SPIN TO THE RIGHT SIDE AND HIT ONTO THE ROAD BARRIER, THEN COME TO A STOP FACING AGAINST THE TRAFFIC, AFTER THE IMPACT MY VEH CANNOT BE DRIVEN AND I ALIGHTED FROM MY VEH, STAND ON THE ROAD SIDE MAKE MY CALL. AFTER 15 MIN LATER, ANOTHER VEH C (BEARING NO JMY7253) COME FROM THE FIRST LANE AND HIT ONTO MY VEH FRONT PORTION.



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai

: TRAFIK KULAIJAYA

Pegawai Penyiasat : R123905

Daerah Kontinjen KULAIJAYA

: JOHOR

No Repot

: TRAFIK KULAIJAYA/001564/19

Tarikh Waktu

: 18/02/2019 0739 AM

Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama: MOHD ALIEF BIN SAMAT

No Personel: R193588

Pangkat: KONST/P

Nama: ---

Butir-butir Jurubahasa (Jika Ada)

No K/P (Baru) : ---

No Polis/Tentera: ---

No Paspot: ---

Bahasa Asal: ---

Alamat: ---

Butir-butir Pengadu Nama: FU CHEN LOK

No K/P (Baru): ---

No Polis/Tentera : ---

No Paspot: E6107493E

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 18/03/1987

Umur: 31 tahun 11 bulan

Keturunan : Cina

Warganegara: Singapore

Pekerjaan: SWASTA

Alamat Tempat Tinggal: 54 KEW DRIVE, SINGAPORE, 467976

Alamat Ibu/Bapa: ---Alamat Pejabat : ---

No Tel (Rumah) :---

No Tel (Pejabat): ---

No Tel (HP): 6598230937

Pengadu Menyatakan:-

PADA 18/02/2019 JAM LEBIH KURANG 0450HRS SAYA MEMANDU BERSEORANGAN M/KAR NO. SKE418Y JENIS NISSAN DARI MELAKA HENDAK KE SINGAPURA. PADA KETIKA ITU, SEMASA BERADA DI LORONG KIRI KM 19.7 LEBUHRAYA UTARA-SELATAN(S) DALAM KEADAAN HUJAN LEBAT TIBA-TIBA M/KAR SAYA HILANG KAWALAN DISEBABKAN JALAN LICIN MENYEBABKAN M/KAR SAYA HILANG KAWALAN LALU TERLANGGAR BESI PEMBAHAGI KANAN JALAN DAN BERPUSING. PADA MASA YANG SAMA DATANG SEBUAH M/KAR NO. JMY7253 JENIS P/SAGA DARI ARAH BELAKANG TELAH TERLANGGAR BAHAGIAN DEPAN KIRI M/KAR SAYA. SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA BAHAGIAN DEPAN BUMPER. PANEL, CERMIN BESAR, BONET, TANGKI AIR/AIRCOND, MUDGUARD, TAYAR/ARM/RIM, SENSOR, CERMIN BESAR DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SAYA BUAT LAPORAN UNTUK RUJUKAN PIHAK INSURAN DAN PIHAK YANG BERKENAAN. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot.

4.4

ID Pencetak | Tarikh @ Masa Cetak

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SALIMAN YANG DISAH N BENAR

http://10.1.1.199/prs/coffice/viewpol55real.asp?type=printedsalinan&salinan=ya&jenissalina... 18-Feb-19

DRIVING DOC















































