

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	22/02/2019 13:59
Date Of Accident	22/02/2019 09:45
Exact Location Of Accident	JALAN KERIS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7328M
Insured/Policyholder	
Name Of Registered Owner	PANG SIEW PHENG
NRIC No	S7133557G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98527152
Alternative Phone No	OFFICE-98527152

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80410356 QMX
Cover Note Number	-

Driver

Name of Driver	PANG SIEW PHENG
NRIC No	S7133557G
Date Of Birth	24/09/1971
Occupation	INDOOR
Date Of Driving Pass	19/11/1990
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98527152
Fax Number	
Contact Number	OFFICE-98527152
EEmail Address	NOEMAIL

Address	BLK 186 BUKIT BATOK WEST AVE 6 #03-177
Postcode	650186
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VBS8350 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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: : CHUNG LAI HENG 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(S)
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	VBS8350
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 INJURED PERSON 1

Name	PANG SIEW PHENG
Approximate Age	
Injuries Sustain	NECK N SHOULDER N BACK PAIN
Injured person in which vehicle?	SKC7328M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHUNG LAI HENG
Approximate Age	
Injuries Sustain	NECK N SHOULDER N BACK PAIN
Injured person in which vehicle?	SKC7328M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

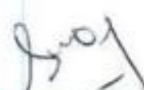
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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

John Keri's.

SKC
A: ~~SKC~~ 7328 M.
B: VBS2350.

A
A
A
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/02/14 at about 9:45am. I was travelling along Jalan Keri's. I was stationary due to front traffic. suddenly vehicle A B hit my rear.

Attached with Malaysia Police report.

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.:

Downloaded from: [http://www.mot.gov.my](#)

POLICE REPORT



POLIS DIRAJA MALAYSIA REPOt POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : JOBAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/004641/19
Tarikh : 22/02/2019
Waktu : 0953 AM
Bahasa Diterima : B. Malaysia

Pegawai Penyelat : R102049
No Repot Bersangkut : TRAFIK JOHOR BAHRU (S)/004640/19

Butir-butir Penerima Repot
Nama : HASRIN B ABD RAHMAN
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot : ---
Alamat : ---

No Personel : R117756
Pangkat : KPL
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera : ---

Butir-butir Pengadu
Nama : PANG SIEW PHENG
No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Cina
Pekerjaan : SENDIRI
Alamat Tempat Tinggal : BLK 186 BT BATOK WEST AEV 6 #03-177 SINGAPORE. 650186
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
Emel : ---

No Polis/Tentera : ---
Tarikh Lahir : 24/09/1971
Warganegara : Singapore
Umur : 47 tahun 4 bulan
No Tel (Pejabat) : ---
No Tel (HP) : 98527152

Pengadu Menyatakan:-
PADA 22/02/2019 JAM LEBIH KURANG 0945HRS SAYA MEMANDU M/KAR NO SCK7328M DARI SINGAPURA HENDAK KE TAMAN SERI TEBRAU. APABILA SAMPAI DI JALAN KERIS MASA ITU M/KAR NO TIDAK PASTI DIHADAPAN SAYA BERHENTI, SAYA TERUS BREK TIBA-TIBA M/KAR NO VBS8350 DARI ARAH BELAKANG MELANGGAR M/KAR SAYA. KEROSAKAN M/KAR SAYA BAHAGIAN BELAKANG BUMPER, SENSOR BELAKANG, PANEL BONET, DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

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

ID Pencetak | Tarikh @ Masa Cetak : R117756 | 22/02/2019 10:08:20 AM

POLICE REPORT

Pol.316

Page 1 of 1



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

POL.316

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : PANG SIEW PHENG
 No Kad Pengenalan / Paspot : E6318720F
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/004641/19
 Tarikh @ Masa Repot Polis : 22/02/2019 @ 09:53
 Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R102049) SIN MOHD YUSOFF BIN ADON
 Tempat Tugas : JOHOR , J/BAHRU SELATAN
 No Telefon Pejabat : No Telefon Bimbit : 013-9829871
 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

Waktu Pejabat :

Ahad - Rabu :
 8.00 Pagi - 1.00 Tengah Hari
 2.00 Petang - 4.00 Petang
 Khamis :
 8.00 Pagi - 1.00 Tengah Hari
 2.00 Petang - 2.30 Petang
 Rehat - 1.00 T/Hari - 2.00 Petang
 Jumaat, Sabtu - Tutup
 Cuti Umum / Khas - Tutup

https://10.1.1.61/prs/office/en_pol316.asp?repotid=021400/004641/19

22/2/2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

