

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	12/03/2019 15:20
Date Of Accident	09/03/2019 21:00
Exact Location Of Accident	JLN KOLEJ MANIPAL
Country/State of Loss	MALAYSIA/NEGERI SEMBILAN DARUL KHUSUS

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1143K
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105921725
Cover Note Number	-

Driver

Name of Driver	KHASDINO BIN RAHMAT
NRIC No	S7734877H
Date Of Birth	23/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81148056
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 299A COMPASSVALE ST #06-138
Postcode	541299
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	NBY8069 (PRIVATE CAR)
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?	
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: : NGAI SOW WERNG
	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 NILAI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG , SUDDENLY I FELT AN STRONG IMPACT FROM BEHIND. THE IMPACT PUSH MY VEH MOVE FORWARD HIT ONTO VEH C WHICH WAS INFRONT OF ME. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO NBY8069) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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	NBY8069
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 BJD5311
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

Diagram illustrating the accident sketch plan on a grid. The plan shows three vehicles labeled A, B, and C, and the location is noted as Jln Koley Manipal.

Vehicle positions (indicated by triangles):

- C
- A
- B

Vehicle details:

- A = SRN 1143K
- B = NEY 8069
- C = BTD 5311

Location: Jln Koley Manipal

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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:

[Signature]

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

[Signature]

POLICE REPORT

Salinan Repot Polis

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POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK NILAI
Daerah : NILAI
Kontinjen : NEGERI SEMBILAN
No Repot : TRAFIK NILAI/001856/19
Tarikh : 09/03/2019
Waktu : 2234 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R127971
No Repot Bersangkut : TRAFIK NILAI/001854/19

Butir-butir Penerima Repot

Nama : HENG KOK HONG
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot : ---
Alamat : ---

No Personel : R191054
Pangkat : KONST/P
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera : ---

Butir-butir Pengadu

Nama : KHASDINO BIN RAHMAT

No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Melayu
Pekerjaan : SWASTA
No Polis/Tentera : ---
Tarikh Lahir : 23/12/1977
Warganegara : Singapore
Umur : 41 tahun 2 bulan
No Paspot : K0120797E

Alamat Tempat Tinggal : SMART HOTEL NO 14 JLN TAMAN 2, KAMAYAN SQUARE SEREMBAN, 70200, NEGERI SEMBILAN

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---
No Tel (Pejabat) : ---
No Tel (HP) : 0109088232
Emel : ---

Pengadu Menyatakan:-

PADA 09/03/2019 JAM LEBIH KURANG 2100 HRS, SAYA MEMANDU MOTOKAR NOMBOR SKN1143K NISSAN DARI SEREMBAN MENUJU KE DESA KOLEJ. PADA KETIKA ITU, APABILA SAYA SAMPAI DI JALAN MANIPAL, TIBA-TIBA SEBUAH MOTOKAR NOMBOR NBY8069 DARI ARAH BELAKANG TELAH MELANGGAR KENDERAAN SAYA. M/KAR SAYA MENGELONGSOR KE HADAPAN MELANGGAR SEBUAH M/KAR BJD5311. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN, KEROSAKAN MOTOKAR SAYA IALAH BUMPER DAN BONET DEPAN BELAKANG, LAMPU KIRI KANAN DEPAN BELAKANG, LAIN-LAIN KEROSAKAN TIDAK PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R127971 | 09/03/2019 10:51:33 PM

(AZMAN B. J. GORIP) SJI 127971
PEN. PEGAWAI PENYIASAT BSPT
IBU PEJABAT POLIS DAERAH NILAI
NEGERI SEMBILAN

POLICE REPORT

Repot Polis

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POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK NILAI
Daerah : NILAI
Kontinjen : NEGERI SEMBILAN
No Repot : TRAFIK NILAI/001857/19
Tarikh : 09/03/2019
Waktu : 2303 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R127971
No Repot Bersangkut : TRAFIK NILAI/001854/19

Butir-butir Penerima Repot

Nama : HENG KOK HONG
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot: ---
Alamat: ---

No Personel : R191054 Pangkat : KONST/P
No K/P (Baru) : --- No Polis/Tentera: ---
Bahasa Asal : ---

Butir-butir Pengadu

Nama : KHASDINO BIN RAHMAT
No K/P (Baru) : --- No Polis/Tentera : --- No Paspot : K0120797E
No Sijil Beranak : ---
Jantina : Lelaki Tarikh Lahir : 23/11/1977 Umur : 41 tahun 3 bulan
Keturunan : Melayu Warganegara : Malaysia
Pekerjaan : SWASTA
Alamat Tempat Tinggal : SMART HOTEL NO 14 JLN TAMAN 2, KAMAYAN SQUARE SEREMBAN, 70200, NEGERI SEMBILAN
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 0109088232
Emel : ---

Pengadu Menyatakan:-

BERSANGKUT REPOT 1856/19 SAYA INGIN MEMBUAT PEMBETULAN MENGENAI TARIKH LAHIR IAITU 23/11/1977 DAN BUKAN 23/12/1977. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R127971 | 09/03/2019 11:14:54 PM

(AZMAN B. MOHD GORIP) 5/12/77
PEN. PEGAWAI PENYIASAT BSPT
IBU PEJABAT POLIS DAERAH NILAI
NEGERI SEMBILAN

Accident Photo



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