

## 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	22/04/2019 19:10
Date Of Accident	19/04/2019 16:20
Exact Location Of Accident	JALAN RASAH
Country/State of Loss	MALAYSIA/NEGERI SEMBILAN DARUL KHUSUS

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX1260A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAU CHING LEE
NRIC No	S8571847I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94775783
Alternative Phone No	OFFICE-94775783

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X 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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00009518
Cover Note Number	

### Driver

Name of Driver	YAU CHING LEE
NRIC No	S8571847I
Date Of Birth	16/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94775783
Fax Number	
Contact Number	OFFICE-94775783
EEmail Address	NOEMAIL

Address	93 YISHUN STREET 81 #06-05
Postcode	768451
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	NCJ9108 (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)	2
Passenger 1	NAME: : JEREMY GOH GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PENGADUAN POLIS - TRAFIK
Police Station Address	<b>ROAD:</b> SEREMBAN PEJEBAT TRAFIK POLIS , <b>POSTCODE:</b> 100101 , <b>COUNTRY:</b> MALAYSIA
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	NCJ9108
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

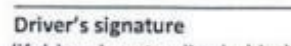
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- 8) **Consent under the Personal Data Protection Act (PDPA)**

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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

  
Policy holder's signature  
Date / time:

  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN

A: SGX1260A  
B: NLJ 9108

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


refer to police report

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policy holder's signature  
Date & time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date & time:

  
reporting centre personnel's signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan



## POLIS DIRAJA MALAYSIA REPOT POLIS

Batal : TRAFIK SEREMBAN  
 Daerah : SEREMBAN  
 Kontinjen : NEGERI SEMBILAN  
 No Repot : TRAFIK SEREMBAN/006881/19  
 Tarikh : 19/04/2019  
 Waktu : 1031 PM  
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R129954  
 No Repot Bersangkut : TRAFIK SEREMBAN/006679/19

### Butir-butir Penerima Repot

Nama : AZRUL BIN ABDUL LATIF  
 Butir-butir Jurubahasa (Jika Ada)  
 Nama : ---  
 No Pasport : ---  
 Alamat : ---

No Personal : R202493

Pangkat : KONST/P

No K/P (Baru) : ---  
 Bahasa Asli : ---

No Polis/Tentera : ---

### Butir-butir Pengadu

Nama : YAU CHING LEE  
 No K/P (Baru) : ---  
 No Sijil Beranak : ---  
 Jantina : Lelaki  
 Keturunan : Cina  
 Pekerjaan : SWASTA

No Polis/Tentera : ---

No Pasport : S85716471

Tarikh Lahir : 19/07/1985  
 Warganegara : Singapore

Umur : 33 tahun 9 bulan

Alamat Tempat Tinggal : 93YISHUN STREET 81 #06-05 SINGAPORE, 768451  
 Alamat Ibu/Bapa : ---  
 Alamat Pejabat : ---  
 No Tel (Rumah) : ---  
 Email : ---

No Tel (Pejabat) : ---

No Tel (HP) : 01135156860

### Pengadu Menyatakan:-

ON 19 APRIL 2019, TIME AROUND 1618 HRS, I DROVE A CAR PLATE NUMBER SGX1260X TYPE TOYOTA AXIO WITH 1 PASSANGER FROM SINGAPORE TO SEREMBAN. WHEN ARRIVED AT TRAFIC LIGHT JALAN RASAH, NEAREST BANK SIMPANAN NASIONAL, I STOPPED AT MEDIUM LINE, BECAUSE LIGHT TURN RED. SUDDENLY, A CAR PLATE NUMBER NCJ 9108 TYPE NISSAN SLPHY FROW BACK HIT MY REAR VEHICLE. I HAVE NO INJURED. ACCORDING FROM THAT ACCIDENT, MY CAR GOT DAMAGED AT: REAR BUMPER, REAR LAMP BOTH CRASH, REAR BOOT DAMAGED, AND ANY DAMAGED NOT SURE YET. THIS IS MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada) :

Tandatangan Penerima Repot:

\_\_\_\_\_

KONST 202493 AZRUL B. ABD. LATIF  
 BAHAGIAN SIASATAN & PENGUATKUASAAN  
 TRAFIK IPD SEREMBAN

IPD Pencetak | Tarikh @ Masa Cetak

: R202493 | 19/04/2019 06:51:10 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

