

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	21/05/2019 11:15
Date Of Accident	17/05/2019 10:10
Exact Location Of Accident	KM166.7 NORTH SOUTH HIGHWAY TOWARDS KL
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3689H
Insured/Policyholder	
Name Of Registered Owner	SF INFINITY SERVICES
Co Reg No	53388703L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96526176

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH-1.8 (A)

Exact Purpose for which vehicle was being used at time of accident

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
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Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-007725
Cover Note Number	

Driver

Name of Driver	SHAHRIIL BIN SAMSI
NRIC No	S1745500A
Date Of Birth	29/05/1966
Occupation	INDOOR
Date Of Driving Pass	27/03/1989
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96526176
Fax Number	
Contact Number	
EEmail Address	SAFAR866@YAHOO.COM.SG

Address	BLK 362 WOODLANDS AVENUE 5 #11-414 SINGAPORE
Postcode	730362
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
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?	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)	7
Passenger 1	NAME: : PAX 1 GENDER: : MALE
Passenger 2	NAME: : PAX 2 GENDER: : MALE
Passenger 3	NAME: : PAX 3 GENDER: : MALE
Passenger 4	NAME: : PAX 4 GENDER: : FEMALE
Passenger 5	NAME: : PAX 5 GENDER: : FEMALE
Passenger 6	NAME: : PAX 6 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	POLIS DIRAJA MALAYSIA
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGB6628G

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)

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 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: Penven
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

	<p><u>Vehicle</u></p> <p>A - SMF 3689H</p> <p>B - SG 66286</p> <p><u>Legend</u></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Vehicle </div> <div style="text-align: center;">  Motorcycle </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/5/2019 around 10:10 am, I was driving my car SMF3689H from Johor to Kuala Lumpur. At North South Highway mark 166.7 km, a car in front of me SG 66286 suddenly stop. I immediately applied my brake but the car continue to move forward as it was raining and the road is wet. It hit the back of the said vehicle.

DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

Driving License & IC Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S1745500A**

Name: **SHAHRIIL BIN SAMSI**

Birth Date: **29 May 1966**

Issue Date: **15 Jan 2003**

1000111206K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1745500A**


Name: **SHAHRIIL BIN SAMSI**

Race: **BOYANESE**

Date of Birth: **29-05-1966** Sex: **M**

Country of Birth: **SINGAPORE**

شهريل بن سمسى



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **27 Mar 1989**

Licence No. **S1745500A**


NP 428A

3295655

NRIC No **S1745500A**

Blood Group: - Date of issue: **22-01-2003**

Address: **APT BLK 362 WOODLANDS AVENUE 5 #11-414 SINGAPORE 730362**





POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK LEDANG
 Daerah : LEDANG
 Kontinjen : JOHOR
 No Repot : TRAFIK LEDANG/001662/19
 Tarikh : 18/05/2019
 Waktu : 1518 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R123051
 No Repot Bersangkut : TRAFIK
 LEDANG/001651/19

Butir-butir Penerima Repot

Nama : MOHD ISA BIN KAHAR RASU
 Butir-butir Jurubahasa (Jika Ada)

No Personel : R163662

Pangkat : L/KPL

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : SHAHRIL BIN SAMSI

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : E4797866N

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 29/05/1966

Umur : 52 tahun 11 bulan

Keturunan : Melayu

Warganegara : Singapore

Pekerjaan : PENOLONG JURUTERA

Alamat Tempat Tinggal : APT BLK 362 WOODLANDS AVENUE 5 #11-414 SINGAPORE, 730362

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6596526176

Pengadu Menyatakan:-

PADA 17/05/2019 JAM LEBIH KURANG 10.10 PAGI, SAYA MEMANDU M/KAR NO SMF 3689 H DARI JOHOR HENDAK KE KUALA LUMPUR, SAMPAI DI KM 166.7 LEBUH RAYA U/SELATAN ARAH (U), KETIKA ITU CUACA HUJAN DAN SAYA MEMANDU DI LORONG SEBELAH KANAN, TIBA-TIBA SEBUAH M/KAR NO SGB 8628 G YANG BERADA DI DEPAN SAYA TERUS BERHENTI, DAN SAYA TERUS BREK NAMUN M/KAR SAYA TETAP BERGERAK KE DEPAN DAN MELANGGAR DI BAHAGIAN BELAKANG M/KAR TERSEBUT. SAYA TIDAK ALAMI CEDERA, KEROSAKAN M/KAR SAYA BONET DEPAN ROSAK, PLAT LESEN DEPAN ROSAK DAN LAIN-LAIN KROSAKAN TIDAK PASTI LAGI. SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R4188663 | 20/05/2019 12:07:13 PM

PEJ. SALINAN REPORT
 TRAFIK JOHOR BAHRU (S)
 SALINAN YANG DISAHKAN BENAR
 (HANYA UNTUK TUNTUTAN SIVIL)

KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

Accident Photo



Accident Photo



Accident Photo



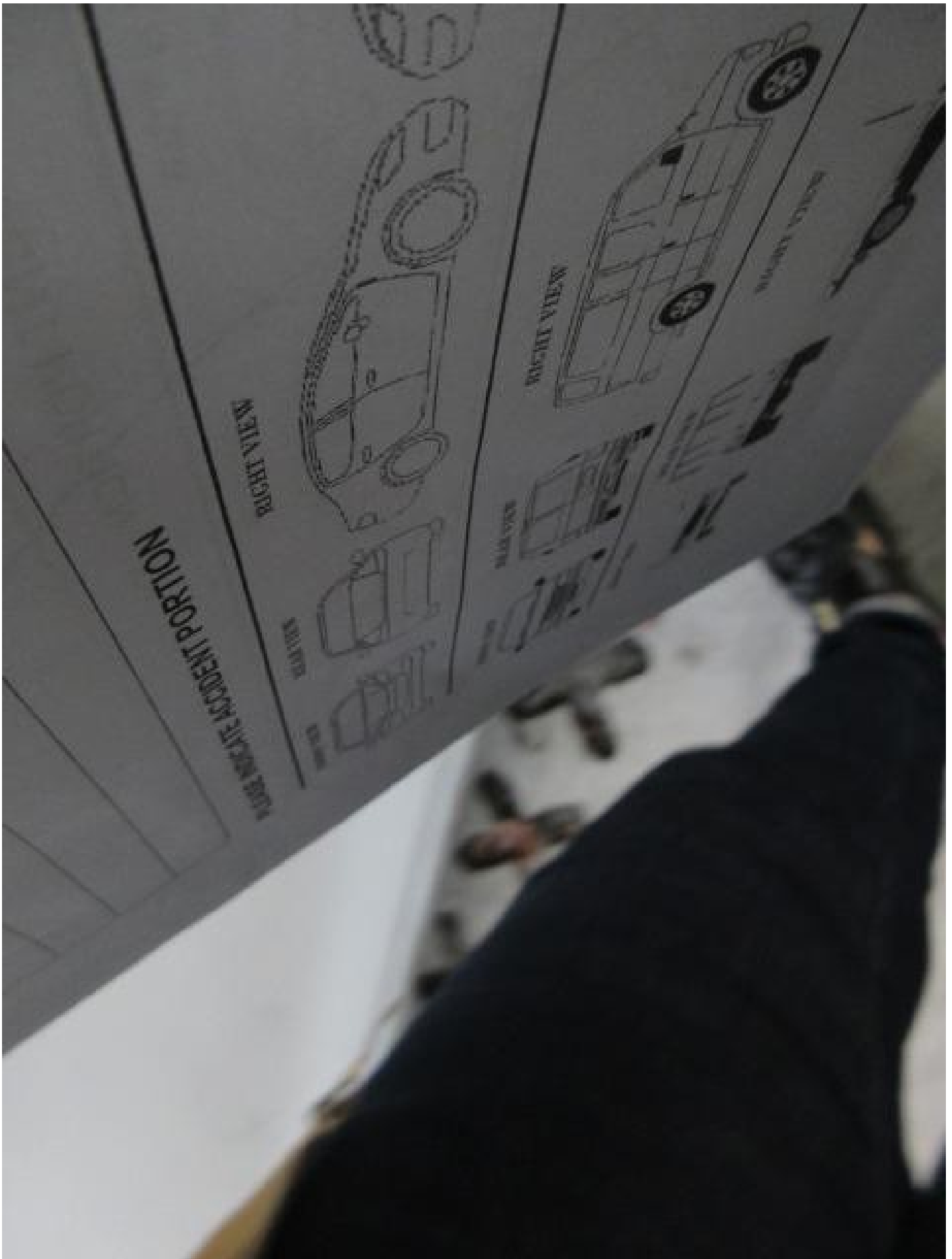
Accident Photo

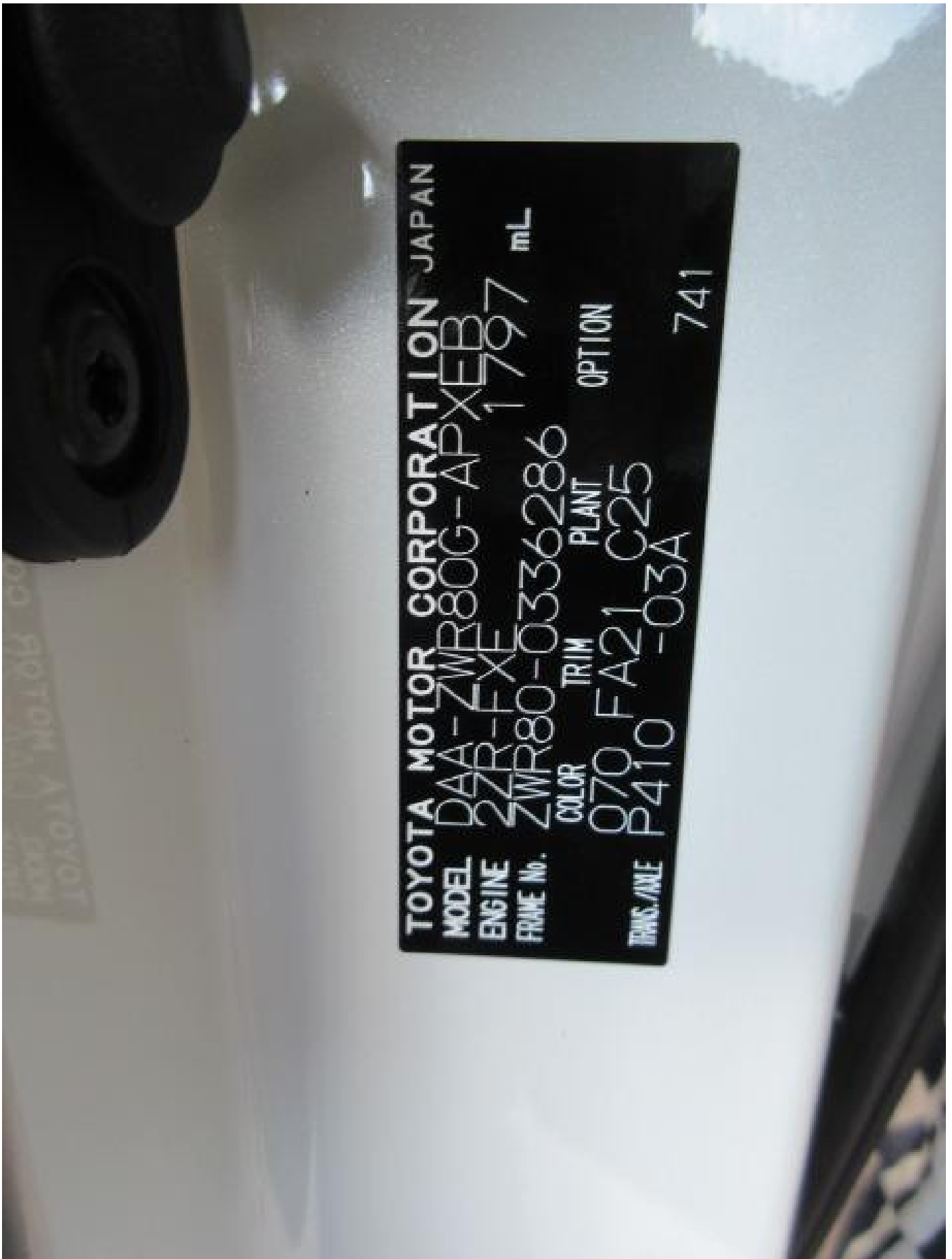


Accident Photo



Accident Photo





Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA219065056 Vehicle Registration No: SMF 3689H
Name (as shown in NRIC) : Shahri BM Samsi NRIC/FIN/Passport No : S1745500A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96526176
Email Address : _____ ()
Date of Accident : 17/5/19 Time of Accident : 1010
Place of Accident : km 166.7 North South Highway
Insurance Company : EQ

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Reporting change to OD claim
policyholder name: SP Infinity Services

[Signature]
Policyholder / Driver's Signature
Date: 22/5/19

[Signature]
Reporting Centre Personnel's Signature
Name: perven
NRIC/FIN No.:
Date: