#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/05/2019 17:46
Date Of Accident	31/05/2019 03:00
Exact Location Of Accident	AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL9825R
Insured/Policyholder	
Name Of Registered Owner	KUAN CHI SENG
NRIC No	S7775202A
Email Address	CSK6960@GMAIL.COM
Mobile Phone No	(FOREIGN) +601-27735005
Alternative Phone No	OTHERS-81092414
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR01032
Driver	
Name of Driver	KUAN CHI SENG
NRIC No	S7775202A
Date Of Birth	31/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) +601-27735005
Fax Number	
Contact Number	OTHERS-81092414

CSK6960@GMAIL.COM

BLK 521 WOODLANDS DRIVE 14 Address

#05-335

Postcode 730521

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** 

THEFT Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? NO

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name QUEENSTOWN N.P.C

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT D/20190531/2044 AND TRAFIK SETIS INDAH/007053/19

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES

NO

Was there any audio recorded?

#### Accident Sketch Plan

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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) of:
  - 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:

Beporting Centre Personnel's Sig Name:

NRIC/FIN No.

#### **Accident Sketch Plan**

SKETCH PLAN		
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LARATION declare the foregoing part	ticulars are true in every respect.	
	second a dre true in every respect.	1110
A.		Reporting Centre Personnel's Fignature, A
yholder's Signature & Time:	Driver's Signature	Reporting Centre Personnel's bignature
w.time;	(If driver is not the policyholder) Date & Time:	Name: Dell Marie

#### POLICE REPORT





1 of 2

Report No. D/20190531/2044

#### POLICE REPORT (NP299)

Police Station Of Origin Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Date/Time Report Made 31/05/2019 16:33	Vide Re	port No.		Station Diary No 65
Name Of Informant KUAN CHI SENG	E7985.00.000		DLANDS DRIVE	14 #05-335
ID Type / ID No. NRIC NO / S7775202A	Contact Home/C		Mobile 81092414	
Nationality MALAYSIAN	Email A	ddress		
Occupation SMRT BUS DRIVER	Sex Male	Age 41	Date of Birth 31/08/1977	Race Chinese
Institution/School Name	Langua; English	ge		
Date/Time Of Incident 30/05/2019 18:00 - 31/05/2019 03:00	08-21 A	81100 JO	ITE APARTMENT HOR BAHRU	TAMAN MOUNT

#### Brief details.

On 30/05/2019 at about 1800hrs, I parked my motorbike, registration number FBL9825R, at the motorbike parking lot located at 08-21 Austin Suite Apartment Taman Mount Austin 81100 JB. During that point of time, my motorbike was intact. On 31/05/2019 at about 0300hrs, I came to my motorbike but I could not find my motorbike. I made a searched but to no avail. I made a check with the security officer at my apartment but was told that they are not aware of the stolen bike. Two weeks ago, I sent my

Signature Of Officer Recording The Report:	Signature Of Informant:
D / Sgt 1 NOORHIDAYAT BIN WAHID	1 Pr.
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2019 16:33
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Staff Sgt JAZREEL WEE JIA YAN Contact No.: 68727230	Classification Of Case:

#### POLICE REPORT



2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190531/2044

motorbike for servicing at Jalan Austin Perdana 2/24 Taman Mount Austin (unknown workshop name). The issue is about damaged keyhole.

I made a police report in JB ref {Setiaindah/007053/19}. I am lodging this report for claiming purposes. My motorbike is one, Yamaha Sniper, Red Color, T150.

	Vehicle Registration	Engine No.	Chasis No.	S'pore Car	Status
5.3	Number				
1	FBL9825R	G3E6E0235780	MH3UG0740G003	Yes	Stolen Overseas

Signature Of Officer Recording The Report: Signature Of Informant: D / Sgt 1 NOORHIDAYAT BIN WAHID Signature Of Interpreter: Date/Time: Not applicable 31/05/2019 16:33 Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Staff Sgt JAZREEL WEE JIA YAN Contact No.: 68727230 Classification Of Case: Authentication Stamp

#### JB POLICE REPORT



# POLIS DIRAJA MALAYSIA REPOT POLIS

No Personel: S24079

No K/P (Baru) : ---

Bahasa Asal : ---

SETIA INDAH

Daerah

: J/BAHRU SELATAN

Kontinjen

JOHOR

No Repot

: SETIAINDAH/007053/19

Tarikh

: 31/05/2019

Waktu

: 0435 AM

Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama: NORSHAHIRAH BINTI SUHAIMI

Butir-butir Jurubahasa (Jika Ada)

Nama: -No Paspot: ---

Alamat: ---

Butir-butir Pengadu Nama: KUAN CHI SENG

No K/P (Baru): 770831145595

No Sijil Beranak : ---

Jantina: Lelaki

Keturunan: Cina

Pekerjaan: PEMANDU BAS (SMRT) Alamat Tempat Tinggal: 08-21 AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100 JOHOR BAHRU

Alamat Ibu/Bapa: NO 4 JALAN WANGSA 1/4 TAMAN WANGSA CHERAS 43200 KAJANG SELANGOR MALAYSIA

Alamat Pejabat : ---No Tel (Rumah): ---

Emel: --

No Polis/Tentera: ---

Tarikh Lahir: 31/08/1977

Warganegara: Malaysia

No Tel (Pejabat): ---

No Tel (HP): 012-7735005

No Paspot: \$7775202A

Umur: 41 tahun 9 bulan

Pangkat: KONST/S

No Polis/Tentera: ---

Pengadu Menyatakan:-

PADA 30/05/2019 JAM L/KURANG 1830 HRS SAYA TELAH MELETAKKAN M/SIKAL JENIS YAMAHA SNIPER (T150) NO PENDAFTARAN FBL 9825R DI KAWASAN PARKING M/SIKAL YAMAHA WARNA PUTIH MERAH DI KAWASAN PERUMAHAN 08-21 AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100 JOHOR BAHRU KAWASAN PERUMAHAN 08-21 AUSTIN SUITE APARTMENT TAMAN MOUNT AUSTIN 81100 JOHOR BAHRU DALAM KEADAAN BAIK DAN BERKUNCI PADA 31/05/2019 JAM LIKURANG 0300 HRS SEMASA SAYA MAHU MENDAPATKAN SEMULA M/SIKAL DAN SAYA TELAH SEDARI M/SIKAL TELAH TIADA PUAS SAYA CARI TETAPI TIDAK JUMPA UNTUK MAKLUMAN SAYA ADA BERTANYAKAN KEPADA PENGAWAL KESELAMATAN DI PONDOK LALUAN KELUAR MASUK APARTMEN TERSEBUT KEMUDIAN PENGAWAL KESELAMATAN DI PONDOK LALUAN KELUAR MASUK APARTMEN TERSEBUT KEMUDIAN PENGAWAL KESELAMATAN MENGATAKAN TIDAK TAHU SEBELUM INI 2 MINGGU LEPAS SAYA ADA MENGHANTAR SERVIS M/SIKAL DI BENGKEL MOTORSIKAL DI JALAN AUSTIN PERDANA 2/24 TAMAN MOUNT AUSTIN (NAMA BENGKEL TIDAK PASTI) BERTANYAKAN MASALAH LINTUK MEMASUKKAN KUNCI DI M/SIKAL TILUJAN SAYA BUAT LAPORAN PASTI) BERTANYAKAN MASALAH UNTUK MEMASUKKAN KUNCI DI M/SIKAL TUJUAN SAYA BUAT LAPORAN HILANG M/SIKAL DAN MAHU TINDAKAN PIHAK SELANJUTNYA DAN RUJUK PIHAK BERKENAAN.

Butir-butir Kenderaan Hilang:

No: 1

Buatan: YAMAHA

Nama Kenderaan : SNIPER T150 No Pendaftaran : FBL9825R Model (Tahun dikeluarkan) : 2017

Jenis : MOTOSIKAL Warna : PUTIH Sukatan: 150

No. Cesis JPJ : MH3UG0740G0039000

No. Injin JPJ: G3E6E0235780

Berkunci : Ya

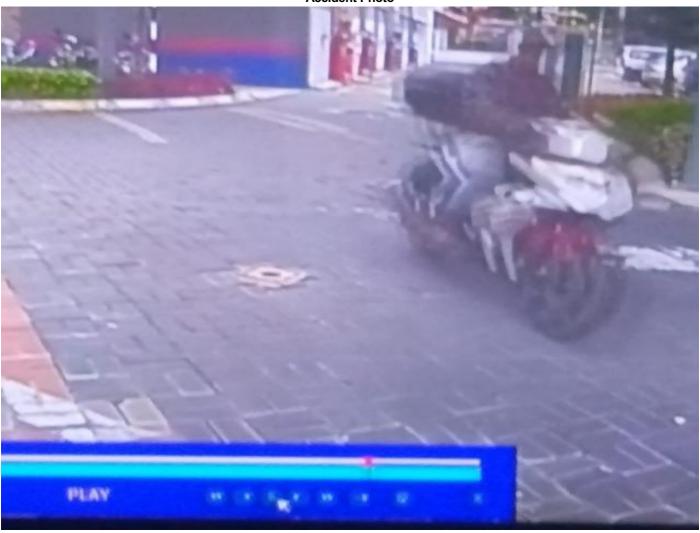
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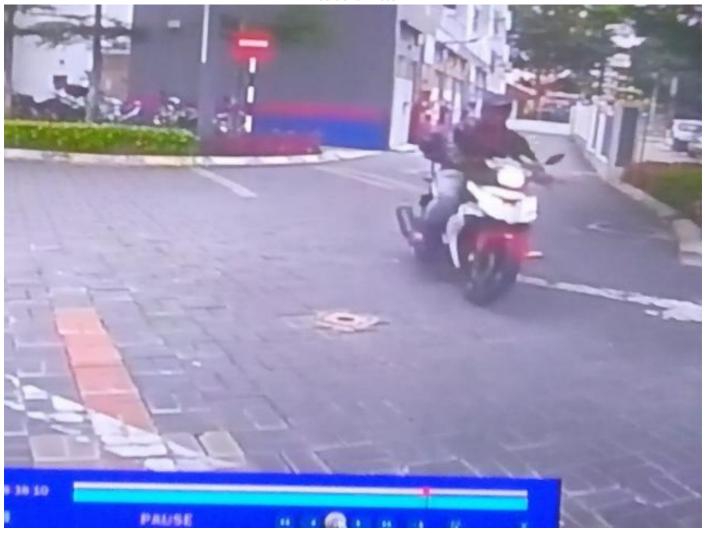
SEKIAN LAPORAN SAYA

#### JB POLICE REPORT

Tandatangan Pengadu:	Tandatangan Jurubahasa(Jika ada) :	Tandatangan Penerima Repot:	
Salinan Repot Pertama		PEJABAT PERTANYAAN BALAI POLIS TAMAN SETIA INDAH JOHOR BAHRU SELATAN	
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#### **Identification Card**





# For LKK/NAC Use Only





#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Refflex Quay \$18-00 Singapore 048580
Tel(65) 6224 0010 Fax (65) 6224 0030
Operating Hours & Monday to Friday, 09:00 - 17:00
UEN: \$665500200 / G37 Ref. No. 10400017738

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

PARTICULARS OF PERSON MAKING THE AMENDMENTS:  Original Report No: *** **NAUGO 71276**  Name(sushewala NAIG): *** **KUAW CHI SAUG**  NARC/FIN/Passport No: *** *** **STT SAOZA**  (*Vehicle Oriver/Vehicle Owner) (*) Please delete as appropriate  Address : Singapore( )  Contact (Tel): *** *** *** *** *** *** *** *** *** *		ADDENDUM , 1 3
Name(is shownin Natic): KUAN CHT SALS  NRIC/FIN/Passport No: STTTS 702 A  ("Vehicle Drive" / Vehicle Owner) (") Please deletess appropriate  Address: Singapore(  Contact (Tei): Mobile No.: 81692/14  Email Address:  Date of Accident: 1918 M. M. Address  Place of Accident: 1918 M. M. Address  Insurance Company: M. M. MENDMENTS:  These made a report on the a bove mentioned accident and would like to include additional information or make the following amendments:  AND MANK: KUAN CHT SMML  Policyholder / Driver's Signature	PARTICULARS OF	PERSON MAKING THE AMENDMENTS:
(*Vehicle Driver's Signature  (*Vehicle Driver's Signature  **Please deletess appropriate  Address : Singapore( )  Mobile No. 1	Original Report N	Aquicia VaRistLatiou Not
Address :	Name(as shownin Ni	Vun. 141 VE415
Contact (Tel)  Email Address  Date of Accident: 3105 2009  Place of Accident: MISTIM MINH ARBEMMENT. Jamen Majur Avenum Insurance Company: MSLV  ADDITIONALINFORMATION (AMENDMENTS)  These made a report on the above mentioned accident and would like to Include additional information or make the following amendments:  The sum of Accident: C3: BD  ADDITIONALINFORMATION (AMENDMENTS)  These made a report on the above mentioned accident and would like to Include additional information or make the following amendments:  The sum of Accident: C3: BD  ADDITIONALINFORMATION (AMENDMENTS)  These made a report on the above mentioned accident and would like to Include additional information or make the following amendments:  The sum of Accident: C3: BD  ADDITIONALINFORMATION (AMENDMENTS)  These made a report on the above mentioned accident and would like to Include additional information or make the following amendments:  The sum of Accident: C3: BD  ADDITIONALINFORMATION (AMENDMENTS)  These made a report on the above mentioned accident and would like to Include additional information or make the following amendments:  The sum of Accident: C3: BD  ADDITIONALINFORMATION (AMENDMENTS)  The sum of Accident (AMENDMENTS)  The sum o	Vehicle Driver	Vehicle Owner) (*) Please deletess appropriate
Date of Accident: 3105 Date Time of Accident: 2:00  Place of Accident: MSUN APPRIMENT JAMEN MANN PURIM  ADDITIONAL INFORMATION (AMENDMENTS)  These made a report on the above mentioned accident and would like to include additional information or make the following amendments:  JARAKO MANK: KURAL CH SMA  Policyholder/ Driver's Signature  Report the Centre Paragrapher's Signature	Address	:Singapore( )
Policyholder / Driver's Signature  Time of Accident: C3: 80  Place of Accident: MSUM SUITA APPENDENT. James Ingum Augus  Time of Accident: C3: 80  Policyholder / Driver's Signature  Time of Accident: C3: 80  Time of Accident:	Contact (Tel)	Mobile No. 1 81.692414
Policyholder / Driver's Signature  AUSTIM SUITA APPENDIAN . James Inquiri Austim Suita Austin	Email Address	1-121-0
Insurance Company: MSLV  ADDITIONALINFORMATION (AMENDMENTS:) I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:  INSURIO NAME: KURAL CH SMAL  Policyholder / Driver's Signature  Report of the above mentioned accident and would like to include additional information or make the following amendments:  INSURIO NAME: KURAL CH SMAL  Policyholder / Driver's Signature  Report of the above mentioned accident and would like to include additional information or make the following amendments:  Report of the above mentioned accident and would like to include additional information or make the following amendments:  Report of the above mentioned accident and would like to include additional information or make the following amendments:  Report of the above mentioned accident and would like to include additional information or make the following amendments:  Report of the above mentioned accident and would like to include additional information or make the following amendments:  Report of the above mentioned accident and would like to include additional information or make the following amendments:  Report of the above mentioned accident and would like to include additional information or make the following amendments:  Report of the above mentioned accident and would like to include additional information or make the following amendments:	Date of Accident	
ADDITIONALINFORMATION (AMENDMENTS:) It have made a report on the above mentioned accident and would like to include additional information or make the following amendments:  JURINO MANK: KUARU CH SMUL  Policyholder / Driver's Signature  Reporting Centre Parsonne's Signature	Place of Accident	: Main Internation in the second in the second in second
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:  IN ANNO MANK: KUAN CH SMMS.  Policyholder/ Driver's Signature  Reporting Centre Parsonnel's Signature	Insurance Compa	my: MSLG
inave made a report on the above mentioned sceldent and would like to include additional information or make the following amendments:  IN SURFO MANK: KURAN CH SIMM.  Policyholder / Driver's Signature  Reporting Centre Parsonnel's Signature		
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	JAN SAIRCH(I)	NAME: KUAN CHI SMUS
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#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$66550020G / 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 : MNA 419071376 \_Vehicle Registration No: FRL 9805 R Name(as shown in NRSC): KMAKU CHI SENIG. \_NRIC/FIN/PassportNo : S 7775202 A (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate # 05 - 375. : APT BUE 521, WOOLAKID DRIVE 14, Address Singapore(モルジン) Contact (Tel) 4111 POIS Mobile No.:\_ 81093414 Email Address (SK 6960 @ gongil com. Date of Accident 30.15. 20101 Time of Accident: Austin Guill Apartment, Place of Accident MOUNT AKSTIN . 87100 Johns Bharu. Insurance Company: Green Amuican Insurance rompany (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or 21 Sulanca O Hough GRAP AMARICAN & 1607 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name: Roll Watty Date: 2410/19 NRIC/FINNO .: 22/10/201 16:25 .

Date: