

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 | 12/06/2019 10:26 |
| Date Of Accident | 06/06/2019 20:15 |
| Exact Location Of Accident | PLUS HIGHWAY FROM JALAN DUTA TO SUNGEI BULOH |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SKQ9582H |
| Insured/Policyholder | |
| Name Of Registered Owner | SIME DARBY SERVICES PTE LTD |
| Co Reg No | 197501065W |
| Email Address | FABIANDESILVA88@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91867244 |
| Alternative Phone No | OFFICE-98180582 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | BMW |
| Model | 218I |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | B 29100055 MCY |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | DE SILVA FABIAN GILBERT |
| NRIC No | S8852590F |
| Date Of Birth | 21/12/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/01/2018 |
| Driving Experience | 1 YEAR AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91867244 |
| Fax Number | |
| Contact Number | OTHERS-98180582 |
| EEmail Address | FABIANDESILVA88@GMAIL.COM |

| | |
|---|---------------------------------------|
| Address | BLK 402 HOUGANG AVENUE 10 #12-1176 |
| Postcode | 530402 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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 | VCS4455 (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? | 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) | 3 |
| Passenger 1 | NAME: : PASSENGER GENDER: : FEMALE |
| Passenger 2 | NAME: : PASSENGER GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | KETUA TRAFIK DAERAH |
| Police Station Address | ROAD: IBU PEJABAT POLIS DAERAH PETALING JAYA , POSTCODE: 46050 , COUNTRY: MALAYSIA |
| Police Station Contact | TEL NO: 6003-7966222 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE TRAFIK PETALING JAYA/022097/19

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 | VCS4455 |
| Vehicle Make/Model/Colour | PRODUA ALZA |
| 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: 12:50pm 10/06/09

Reporting Centre Personnel's Signature
Name: Resh
NRIC/FIN No: 12/06/2009

Accident Sketch Plan

SKETCH PLAN



A) SKQ 9582H
B) VCS 4455

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There was a green car broken down with a burst tyre on the right lane of the highway. I hit the brakes and narrowly avoided hitting the green car in front. The white car behind however hit into the rear left of my vehicle. Within a few mins the traffic police arrived took pictures of the incident and we proceeded to the police station to make a report. We were told that in 14 day the "Keratusan" would be out. The traffic police did mention that it is a very straight forward case as the vehicle hit from the back.

TRAFIK PETALING JOYA / 022102/19

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMAC Sketch Plan Form_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: Boshes 10/06/19

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

POLICE REPORT

Pol.316

POL.316



**CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH PETALING JAYA
JALAN PENCHALA
46050 PETALING JAYA
03-79662298**

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : DE SILVA FABIAN GILBERT
No Kad Pengenalan / Paspot : S8852590F
No Repot Polis : TRAFIK PETALING JAYA/022102/19
Tarikh @ Masa Repot Polis : 06/06/2019 @ 22:20
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyasat :

Nama Pegawai Penyasat : (R194840) SJN MOHD ANAS BIN MOHAMAT SALLEH
Tempat Tugas : BUKIT AMAN , Jabatan KDN/KA
No Telefon Pejabat : No Telefon Bimbit : 017-2045450
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :
(MOHD ANAS BIN MOHAMAT SALLEH) SJN 194840
Pen. Pegawai Penyasat Trafik Lebuhraya
Zon Tengah Sektor (2)
Cawangan Siasatan / Perundangan
Jabatan Siasatan Dan Penguatkuasaan Trafik
Ibu Pejabat Polis Bukit Aman

Tandatangan Pegawai Penyasat

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 - 12:15 Tengah Hari
02.45 Petang - 04.30 Petang

Cuti Umum dan Sabtu/Ahad : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

- | | |
|---------------------------|-------------------------------------|
| 1. Salinan Repot Polis | <input checked="" type="checkbox"/> |
| 2. Gambar Kenderaan | <input type="checkbox"/> |
| 3. Rajah Kasar Kemalangan | <input type="checkbox"/> |
| 4. Keputusan Siasatan | <input type="checkbox"/> |
| 5. Lain-lain Dokumen | <input type="checkbox"/> |

POLICE REPORT



POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : Bukit Aman
Daerah : Bukit Aman
Kontinjen : BUKIT AMAN
No Repot : TRAFIK PETALING JAYA/022102/19
Tarikh : 06/06/2019
Waktu : 2220 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R194840
No Repot Bersangkut : TRAFIK PETALING JAYA/022097/19

Butir-butir Penerima Repot

Nama : MOHD ANAS BIN MOHAMAT SALLEH
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Pasport : ---
Alamat : ---

No Personel : R194840
Pangkat : SJN
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera : ---

Butir-butir Pengadu

Nama : DE SILVA FABIAN GILBERT
No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Melayu
Pekerjaan : SUPERVISOR
Alamat Tempat Tinggal : APT BLK 402 HOUGANG AVENUE 10 # 12-1176, SINGAPORE, 530402
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : 0
No Tel (Pejabat) : ---
No Tel (HP) : 014-6610842
Emel : ---

No Polis/Tentera : ---
Tarikh Lahir : ---
Warganegara : Malaysia
Umur : 31 tahun 0 bulan

Pengadu Menyatakan:-

ON 6TH JUNE 2019 AS I WAS DRIVING AT THE PLUS HIGHWAY FROM JALAN DUTA TO SUNGAI BULOH RAMP C BUKIT LANJAN AROUND 2015 HOURS, A GREEN HATCHBACK CAR TYRE BURST AND SKID ON THE HIGHWAY TO THE RIGHT LANE, IN TURN I BRAKED IN MY LANE AFTERWHICH THE VEHICLE BEHIND ME, A WHITE PRODU ALZA (VCS4455) HIT THE LEFT REAR BUMPER OF MY VEHICLE BMW 218I (SKQ9582H). THE CARS CAME TO A STOP AND I TOOK PICTURES OF THE ACCIDENT. NO INJURIES REPORTED AT THE SCENE OF ACCIDENT AND THE CAR WAS STILL IN DRIVEABLE CONDITION. THAT'S IS MY REPORT.

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

(MOHD ANAS BIN MOHAMAT SALLEH) SJN 194840
 Pen. Pegawai Pemadam Trafik Lebuhraya
 Zon Tengah Sektor (2)
 Cawangan Susatan / Perundangan
 Jabatan Susatan Dan Pengangkutan Trafik
 Ibu Pejabat Polis, Bukit Aman

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



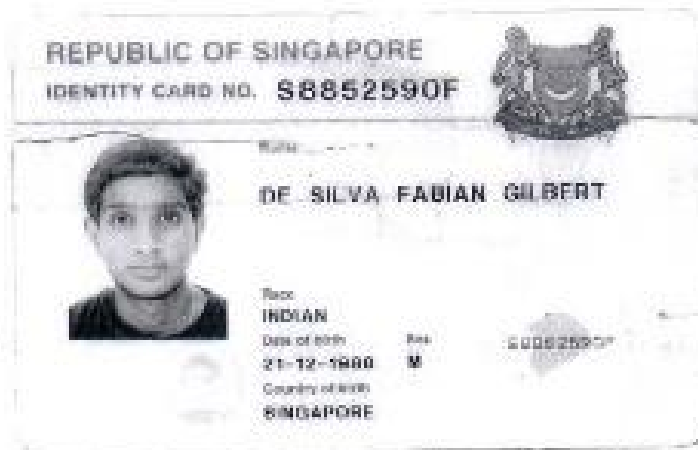
Accident Photo



Accident Photo



Accident Photo



For LKK/NAC Use Only



Accident Photo



For LKK/NAC Use Only

