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 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.

aforesald.		
	ACCIDENT STATEMENT	
Date Of Report	01/08/2019 14:50	
Date Of Accident	22/05/2019 17:30	
Exact Location Of Accident	19 JALAN RAWA 22	
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGD1205R	
Insured/Policyholder		
Name Of Registered Owner	SOON SENG TECK	
NRIC No	S0104907J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97331205	
Alternative Phone No	OFFICE-97331205	
Vehicle Particulars		
Manufacturer	HONDA	
Model	ODYSSEY 2.4 EXV-S CVT SR NAVI RES	
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	REPORTING ONLY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	A28957106QMY	
Cover Note Number		
Driver		
Name of Driver	SOON SENG TECK	
NRIC No	S0104907J	
Date Of Birth	31/01/1951	
Occupation	INDOOR	

Occupation **INDOOR** Date Of Driving Pass 23/03/1981

38 YEARS AND 1 MONTH **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-97331205

Fax Number

Contact Number OFFICE-97331205

EMail Address NOEMAIL Address 1 TANAH MERAH KECHIL ROAD

#14-02

Postcode 466663

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

-

2

NO

NO

YES

NO

NO

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? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KLUANG (MALAYSIA)

Police Station Address ROAD: KLUANG MALAYSIA , POSTCODE: S66270 , COUNTRY:

MALAYSIA

Police Station Contact **TEL NO**: 029-1193885 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number AHH9500

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

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Accident Sketch Plan

SKETCH PLAN

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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:
 - 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		
Jalan Rawa 32	8 A	4. Shiding B. A HH 4500
DESCRIBE CIRCUMSTANG	CES OF THE ACCIDENT	
Refer to Hote	ment.	
DECLARATION /We declare the foregoing pa	erticulars are true in every respect.	1. 71
olicyholder's Signature Date & Time:	Ofiver's Signature (If driver is not the policy) Date & Time:	Reporting Centre Personnel stignature holder) Name: NRIC/FIN No.:

Accident Sketch Plan

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS THERE WAS A ROAD BLOCK AHEAD. I DID NOT NOTICED THAT VEHICLE B WAS STATIONARY STOPPED. I COULDN'T BRAKE MY VEHICLE IN TIME AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION. I WISH TO STATE THAT IT WAS GO ON TRAFFIC.



POLIS DIRAJA MALAYSIA

Balai

TRAFIK KLUANG

KLUANG

Kontinjen

No Repot

JOHOR

Tarikh

TRAFIK KLUANG/004117/19 22/05/2019

Waktu

1828 PM

Bahasa Diterima B. Malaysia

Butir-butir Penerima Repot

Nama: ASWADI BIN WAHAB

Butir-butir Jurubahasa (Jika Ada)

No Personel: R163775

Pangkat: SJN

Nama:--

No Paspot: --

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

No Polis/Tentera: --

Alamat: --

Butir-butir Pengadu

Nama: SOON SENG TECK No K/P (Banu): --

No Polis/Tentera : --

No Paspot: E5668851H

Pogawai Penylasat : R153775

No Sijil Beranak : --

Jantina : Lelaki

Tarikh Lahir: 31/01/1951

Umur: 68 tahun 3 bulan

Keturunan : Cina Pekerjaan: SWASTA Warganegara : Singapore

Alamat Tempat Tinggal: 23-8,BLOCK D1 PJU 1/41,DATARAN PRIMA,PETALING JAYA, 47301, SELANGOR

Alamat Ibu/Bapa: --Alamat Pejabat : --

No Tel (Rumah): -

No Tel (Pejabat): -

No Tel (HP): 0122021205

Ernel: --

Pengadu Menyatakan:-

PADA 22/05/2019 JAM LIKURANG 1730 HRS SAYA DARI KUALA LUMPUR HENDAK BALIK KE SINGAPORE DENGAN MEMANDU MIKAR NO.SGD 1205 R JENIS HONDA ODYSEY SEORANG DIRI APABILA SAMPAI DI KM 74.8 LEBUH RAYA UTARA SELATAN ARAH SELATAN SAYA MEMANDU DI LORONG KIRI .TIBA-TIBA M/KAR NO. AHH 9500 DI HADAPAN SAYA BREK ,SAYA PUN BREK NAMUN TERLANGGAR JUGA BAHAGIAN BELAKANG MIKAR TERSEBUT SAYA TIADA CEDERA MANAKALA MIKAR SAYA MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DAN BONET HADAPAN KEMEK DAN LAIN -LAIN KEROSAKAN SAYA BELUM PASTI LAGI INILAH LAPORAN SAYA

Tandatangan Jurubahasa(Jika ada):

Tandatangen Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

R163775 | 22/05/2019 06:45:33 PM

SALINAN YAKS DIAKUI SAH NORK BOLEH DIG NKAN DI MAHKAMAH

I SWAD BY WAPARI SUN 182775 SUNISM, SASATAK LE BUYPAYA

https://10.10.10.61/prs/eoffice/viewpol55real2.asp?type-printed&salinan-ya&jenissalinan-S... 5/22/19





























Accident Photo

