#### 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 <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.

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	ACCIDENT STATEMENT
Date Of Report	13/08/2019 16:19
Date Of Accident	12/08/2019 14:15
Exact Location Of Accident	SLIP RD FROM JLN AYER MOLEK TOWARDS JLN IBRAHIM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH710L
Insured/Policyholder	
Name Of Registered Owner	LAI KOK LOONG (LI GUOLONG)
NRIC No	S7509794H
Email Address	LEONLAI7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97630809
Alternative Phone No	OTHERS-97630809
Vehicle Particulars	
Manufacturer	BMW
Model	5201
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	A 29087453 QMX
Cover Note Number	
Driver	
Name of Driver	LAI KOK LOONG (LI GUOLONG)

NRIC No S7509794H

Date Of Birth 01/04/1975

Occupation INDOOR

Date Of Driving Pass 12/11/1999

Driving Experience 19 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97630809

Fax Number

Contact Number OTHERS-97630809

EMail Address LEONLAI7@HOTMAIL.COM

**BLK 475A UPPER SERANGOON CRESCENT** Address

#13-503 531475

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? YES

JHE8478 (PRIVATE CAR) Foreign Vehicle Registration Number

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

Passenger 1 NAME: : WIFE

> GENDER: : FEMALE

Passenger 2 NAME: : FRIEND

> GENDER: : MALE

Passenger 3 NAME: : FRIEND

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

ON 12/08/2019 AT ABOUT 14:15HRS I WAS DRIVING MY CAR SKH710L FROM K.L HEADING TOWARDS SINGAPORE.WHEN AT THE SLIP ROAD OF JALAN AYER MOLEK I WAS ABOUT TO TURN LEFT TOWARDS JALAN IBRAHIM A CAR JHE8478 CAME FROM BEHIND AND HIT ON TO THE REAR OF MY CAR.NOBODY INJURED BUT MY CAR BUMPER SCRATCH AND SENSOR GOT SOME PROBLEM AND OTHER DAMAGE WHICH I DID NOT KNOW THAT ALL.

Attachment(s)

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

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

JHE8478

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR NURUL ISMA BINTI ISMAIL

870620035212 +60129102400

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 6. 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
- 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)
  - (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.
- 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 Sign

Date & Time: /3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

#### **Accident Sketch Plan**

ETCH PLAN	
JAI	ON IBRAHIM
	NE STEEL STE
A) 314-	1102 (3)
A) SKH- B) JHE	2472
10) 0110	
SCRIBE CIRCUMSTANCES O	OF THE ACCIDENT JACON BYTHE MOUSEK
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	18 May 18
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J.	
CLARATION	
/e declare the foregoing particu	lars are true in every respect.
Daz.	13/08/2018
licyholder's Signature	Driver's Signature Reporting Centre Personger's Signature
te & Time:	(If driver is not the policyholder) Name:



# POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

: TRAFIK JOHOR BAHRU(S)

Pegawai Penyiasat : R130812

Daerah

: J/BAHRU SELATAN

Kontinjen

: JOHOR

No Repot

: TRAFIK JOHOR BAHRU(S)/020778/19

Tarikh Waktu

: 13/08/2019 : 1136 AM

Bahasa Diterima : B. Malaysia

**Butir-butir Penerima Repot** 

Nama: NURUL ASHIKIN BINTI AHMAD SUKUR

No Personel: R188378

Pangkat: KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru): --

No Polis/Tentera: ---

No Paspot: ---

Bahasa Asal : ---

Alamat: ---

Butir-butir Pengadu Nama: LAI KOK LOONG

No K/P (Baru): ---

No Polis/Tentera: ---

No Paspot: K1085917P

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 01/04/1975

Umur: 44 tahun 4 bulan

Keturunan: Cina Pekerjaan: SWASTA

Warganegara: Singapore

Alamat Tempat Tinggal: BLK 475A UPPER SERANGOON CRESCENT #13-503, SINGAPORE, 531475

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

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 6597630809

#### Pengadu Menyatakan:-

PADA 12/08/2019 JAM LEBIH KURANG 1415HRS, SEMASA SAYA MEMANDU M/KAR NO:SKH710L DARI KUALA LUMPUR HENDAK PERGI KE SINGAPORE APABILA SAMPAI DI SUSUR KELUAR JALAN AYER MOLEK ,KETIKA ITU M/KAR SAYA SEDANG PERLAHAN KELUAR KE SUSUR SEBELAH KIRI JALAN IBRAHIM PADA MASA YANG SAMA SEBUAH M/KAR NO:JHE8478 YANG DATANG DARI ARAH BELAKANG TELAH MELANGGAR M/KAR SAYA DARI ARAH BELAKANG.SAYA TIDAK CEDERA KEROSAKAN M/KAR DI BAHAGIAN BELAKANG, BUMPER, REVERSE SENSOR, LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: PEJ. SALINAN REPO

Tandatangan Jurubahasa(Jika ada)

SENAR

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

R4188663 | 13/08/2019 12:28:46 PM

TICAL BOLES

THAPIK JOHUR BAH

http://10.1.1.199/prs/eoffice/viewpol55real.asp?type=printedsalinan&salinan=ya&jenissali... 8/13/2019

















