

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 | 10/09/2019 15:26 |
| Date Of Accident | 03/03/2019 10:20 |
| Exact Location Of Accident | LEBUHRAYA SENAI |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SFA2330H |
| Insured/Policyholder | |
| Name Of Registered Owner | INM CONSTRUCTION PTE LTD |
| Co Reg No | 201023236C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81123175 |
| Alternative Phone No | OFFICE-81123175 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | BMW |
| Model | - |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5086580962-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SUN MO LEE |
| NRIC No | S2628253E |
| Date Of Birth | 26/03/1950 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/11/1994 |
| Driving Experience | 24 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81123175 |
| Fax Number | |
| Contact Number | OFFICE-81123175 |
| EEmail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 75 MARINE DRIVE #02-21 |
| Postcode | 440075 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|--|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | BNV7789 (PRIVATE CAR) |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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) | 5 |
| Passenger 1 | NAME: : OH HEE SU GENDER: : MALE |
| Passenger 2 | NAME: : LEE YOU JIK GENDER: : MALE |
| Passenger 3 | NAME: : LEE BOK SOON GENDER: : FEMALE |
| Passenger 4 | NAME: : OH ANGELLA GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SERI ALAM, JB |
| Police Station Address | ROAD: JOHORE BAHRU , POSTCODE: 0 , COUNTRY: MALAYSIA |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

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 | BNV7789 |
| 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) | |

DETAILS OF INJURED PERSON 1

| | |
|---|------------|
| Name | SUN MO LEE |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SFA2330H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|-----------|
| Name | OH HEE SU |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SFA2330H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|-------------|
| Name | LEE YOU JIK |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SFA2330H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 4

| | |
|---|--------------|
| Name | LEE BOK SOON |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SFA2330H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |

Address

Postcode

DETAILS OF INJURED PERSON 5

Name OH ANGELLA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFA2330H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.



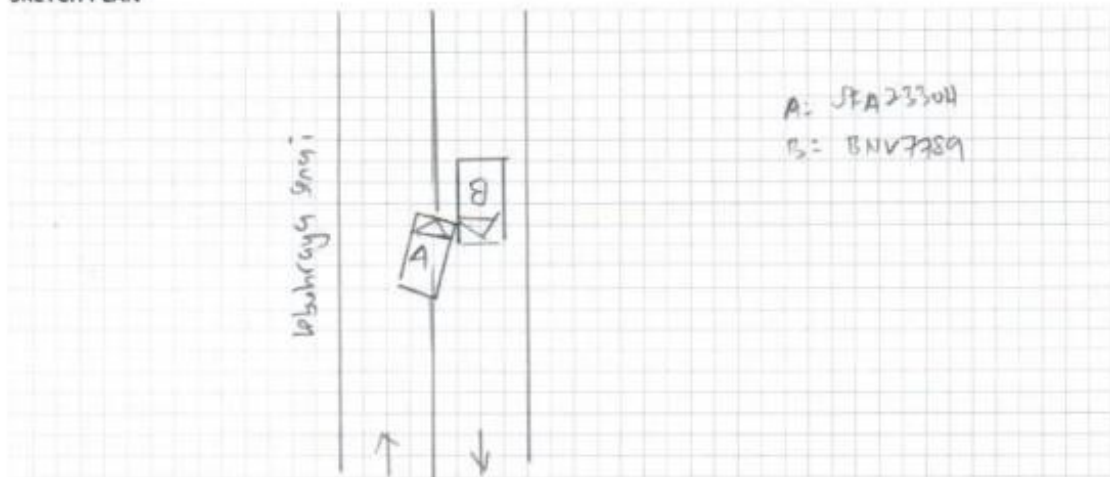
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Person's Signature
Name:
NRIC/FIN No.:


Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.



DECLARATION

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



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

ON STATED DATE AND TIME, WHILE I OVERTAKING THE FRONT VEHICLE AND
ACCIDENTALLY HIT VEHICLE B FRONT RIGHT PORTION.



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK SERI ALAM
Daerah : SERI ALAM
Kontinjen : JOHOR
No Repot : TRAFIK SERI ALAM/002535/19
Tarikh : 03/03/2019
Waktu : 2158 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R97701
No Repot Bersangkut : TRAFIK SERI ALAM/002503/19

Butir-butir Penerima Repot

Nama : MOHD ZAKI IQBAL BIN HANAPI
Butir-butir Jurubahasa (Jika Ada)

No Personel : R161902

Pangkat : L/KPL

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : SUN MO LEE

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : M33575735

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 26/03/1950

Umur : 68 tahun 11 bulan

Keturunan : Korea

Warganegara : Korea

Pekerjaan : -

Alamat Tempat Tinggal : APT BLK 75 MARINE DRIVE #02-21 SINGAPORE, 440075

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 81123175

Emel : ---

Pengadu Menyatakan:-

PADA 03/03/2019 JAM L/KURANG 1020 HRS SEMASA SAYA MEMANDU M/KAR NO PENDAFTARAN SFA2330H DALAM PERJALANAN DARI SINGAPORE KE DESARU. SEMASA SAYA MELALUI KM 46.1 LEBUHRAYA SENAI DESARU TIBA TIBA M/KAR SAYA TELAH HILANG KAWALAN LALU MASUK KE LALUAN BERTENTANGAN LALU BERLANGGAR DENGAN SEBUAH M/KAR NO PENDAFTARAN AHV2960 YANG DATANG DARI ARAH HADAPAN DAN TELAH TERLAJAK DAN TERLANGGAR TEMBOK BATU. DALAM KEMALANGAN TERSEBUT SAYA MENGALAMI KECEDEeraan PATAH KAKI KANAN,LUKA DAN LEBAM TANGAN KANAN, MANAKALA M/KAR SAYA MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN,BONET DEPAN,LAMPU DEPAN KIRI KANAN,ARM RIM TAYAR DEPAN KIRI KANAN,MUDGUARD DEPAN KIRI KANAN, PINTU KANAN DEPAN BELAKANG,CERMIN BESAR DEPAN, AIRBAG KIRI KANAN,AIRBAG BUMBUNG,KUISYEN KIRI KANAN DAN LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak / Tarikh @ Masa Cetak : R161902 / 03/03/2019 10:13:55 PM

PEJ. SALINAN REPOI
TRAFIK SERI ALAM
SALINAN YANG DISAHKAN BENAR
(HANYA UNTUK INTUTAN SIVIL)

.....
KETUA, TRAFIK DAERAH SERI ALAM, JOHOR
TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

Accident Photo



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