

## 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	03/12/2019 12:30
Date Of Accident	01/12/2019 13:55
Exact Location Of Accident	PETALING JAYA TOWARDS SINGAPORE (ELITE HIGHWAY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1225Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOQ BIZ HUB PTE LTD
Co Reg No	201723514D
Email Address	WIND_DREAMZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92785219
Alternative Phone No	OFFICE-92785219

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80466499 MCX
Cover Note Number	

### Driver

Name of Driver	LIM SIONG CHIAN
NRIC No	S9080945H
Date Of Birth	05/04/1990
Occupation	INDOOR
Date Of Driving Pass	24/11/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92785219
Fax Number	
Contact Number	OFFICE-92785219
EEmail Address	WIND_DREAMZ@HOTMAIL.COM

Address	21 JALAN MEMBINA #08-48
Postcode	163021
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	CHAIN COLLISION
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	8
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)	2
Passenger 1	NAME: : GIRLFRIEND GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFIK SUBANG JAYA
Police Station Address	<b>ROAD:</b> IBU PEJABAT POLIS DAERAH SUBANG JAYA , <b>POSTCODE:</b> 47610 , <b>COUNTRY:</b> MALAYSIA
Police Station Contact	<b>TEL NO:</b> 03-78627222 - <b>FAX NO:</b> 03-56319815
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO TRAFIK SUBANG JAYA/023915/19

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WVP8217
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number WMK9892  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN  
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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SMH4489B  
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 OTHER VEHICLE PROPERTY 6

Vehicle Registration Number WKW8228  
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 OTHER VEHICLE PROPERTY 7

Vehicle Registration Number JPB4846  
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)

## 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: 3/12/19

03/12/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

PERMUKH JOYA LAWAS S'POK (FELINE HIGHWAY)

- A) SLD1225Z
- B) WVP 8271
- C) WMK 9892
- D) UNKNOWN
- E) UNKNOWN
- F) SMH 4489B
- G) WK10 8228
- H) 7PB 4846



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*REFER TO POLICE REPORT.*  
*SUBANG 7042/023915/19*

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

(Signature)

Driver's Signature  
 (If driver is not the policyholder)

Date & Time: 3/12/19

Reporting Centre Personnel's Signature  
 Name:

NRIC/FIN No.:

*03/12/2019*  
*Ref. 7042/023915/19*



### Sketch Plan #3

POLIS DIRAJA MALAYSIA

BESTY 68907  
162300281305004505  
Tunai

RUMAH KUALA TUNAI  
Kamalan Rayatan  
Rumoh 1122  
Jumlah  
Tarikh Rayatan  
Pengeluaran Baki  
Nama  
RUMOH R/P  
Alamat  
Rumah Bukit Suci  
1. 162300281305004505

4044 RD  
02/19/2019  
1SD BENIHAN  
SIRI SIANG CHIAN  
1. 1 SDM BUKIT 1/1  
Jamil Sultanah  
ALPOT KEMERANGAN  
01915/19

PRG

FOL316

PK  
ILUS DAERAH SUBANG JAYA,  
ALAYSIA,  
AN KEWAJIPAN USJI S,  
JAYA, SELANGOR

40 CHAN  
15627  
SUBANG JAYA/023915/19/  
19 @ 17 42

ngan Ketua Pejabat Pertanyaan

1) SJN MUHAMMAD HAZWAN BIN SHAARI  
MAN - Jabatan KDNKA  
No Telefon Bimbit 019-2597731  
USAG HAZWAN BIN SHAARI (SJN MUHAMMAD)  
ILEG PENTAKAT (RAH LELAKSIAN)  
CAR SUKSES KETIDAKSUKSES  
DASAR KURN

ngan Pegawai Penyiasat

No Badan Pangkat

Juru Gambar :  
Nama \_\_\_\_\_  
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 / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1.Salinan Repot Polis
2.Gambar Kenderaan
3.Rajah Kasar Kemalangan
4.Keputusan Siasatan
5.Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah : \_\_\_\_\_

Pengesahan Kaunter Pembekalan Dokumen : \_\_\_\_\_

Tandatangan Pegawai Kaunter Pembekalan Dokumen \_\_\_\_\_

# Sketch Plan #4

Salinan Repot Polis

Page 1 of 1

**POLIS DIRAJA MALAYSIA**  
REPOT POLIS

**Balai** : Jabatan KDN/KA  
**Daerah** : Jabatan KDN/KA  
**Kantinjen** : BUKIT AMAN  
**No Repot** : TRAFIK SUBANG JAYA/023915/19 (K023903/2019)  
**Tarikh** : 01/12/2019  
**Waktu** : 1742 PM  
**Bahasa Diterima** : B. Malaysia

**Pegawai Penylasat** : R194821  
**No Repot Bersangkut** : TRAFIK SUBANG JAYA/023900/19

**Butir-butir Penerima Repot**  
**Nama** : MUHAMMAD HAZWAN BIN SHAARI  
**Butir-butir Jurubahasa (Jika Ada)**  
**Nama** : ---  
**No Pasport** : ---  
**Alamat** : ---

**Butir-butir Pengadu**  
**Nama** : LIM SIONG CHIAN  
**No K/P (Baru)** : 900405015627  
**No Sijil Beranak** : ---  
**Jantina** : Lelaki  
**Keturunan** : Cina  
**Pekerjaan** : JURU JUAL  
**Alamat Tempat Tinggal** : 270 TAMAN SAUJANA PARIT SEMERAH, 82000 JOHOR  
**Alamat Ibu/Bapa** : ---  
**Alamat Pejabat** : ---  
**No Tel (Rumah)** : ---

**No Personel** : R194821  
**No K/P (Baru)** : ---  
**Bahasa Asal** : ---

**Pangkat** : SJN  
**No Polis/Tentera** : ---  
**No Pasport** : ---  
**Umur** : 29 tahun 7 bulan  
**Tarikh Lahir** : 05/04/1990  
**Warganegara** : Malaysia

**No Tel (Pejabat)** : ---  
**No Tel (HP)** : 017-7459917

**Pengadu Menyatakan:-**  
PADA 01/12/2019 JAM LEBIH KURANG 1355HRS, SAYA MEMANDU MKAR NO. SLD1225Z JENIS MERCEDES DARI PETALING JAYA MENGHALA KE SINGAPORE MELALUI URAYA ELITE. APABILA SAMPAI DI KM 13.1 (S), KETIKA ITU SAYA MEMANDU DI LORONG KANAN. WAKTU ITU KEADAAN CUACA HUJAN. TIBA-TIBA KENDERAAN DI HADAPAN SAYA MEMBREK MENGEJUT SAYA SEMPAT MEMBREK DAN BERHENTI, TIBA-TIBA SEBUAH MKAR NO. WVP8217 JENIS K/FORTE TELAH MELANGGAR MKAR SAYA DI BAHAGIAN BELAKANG DAN MENYEBABKAN MKAR SAYA MENGELUNGSUR KE HADAPAN LALU MELANGGAR MKAR NO. SMH4489B JENIS T/PREVIA. KEMUDIAN, TIBA-TIBA MKAR SAYA TELAH DILANGGAR SEKALI LAGI DARI ARAH BELAKANG MENYEBABKAN MKAR SAYA MENGELUNGSUR LAGI KE HADAPAN LALU MELANGGAR PULA MKAR NO. WKW8226 JENIS M/C200. SAYA TIDAK MENGALAMI KECEDERAAN. KEROSAKAN MKAR BUMPER BELAKANG, SENSOR, LAMPU BELAKANG, BONET BELAKANG, FENDER BELAKANG, BUMPER HADAPAN, BONET HADAPAN, RADIATOR, AIRCOND, LAMPU HADAPAN, GRILL, FENDER HADAPAN KIRI DAN KANAN DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

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

ID Pencetak | Tarikh @ Masa Cetak : R1153783 | 02/12/2019 12:05:06 PM

SALINAN YANG DISAHKAN  
TIDAK BOLEH DIJUAL  
DI MENDAKAH

KETUA POLIS DAERAH BERGANG

<http://10.1.1.199/prs/coffice/viewpol55real.asp?type=printedsalinan&salinan=ya&jenis...> 2/12/20



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

