

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	10/12/2019 14:23
Date Of Accident	08/12/2019 10:50
Exact Location Of Accident	KM 279 FROM KL TOWARDS SINGAPORE (N/S EXPRESSWAY)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3797U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MINGWEI.LAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85355862
Alternative Phone No	OFFICE-85355862

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	LAI MING WEI
NRIC No	S9179045I
Date Of Birth	01/05/1991
Occupation	INDOOR
Date Of Driving Pass	02/01/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85355862
Fax Number	
Contact Number	OTHERS-85355862
EEmail Address	MINGWEI.LAI@GMAIL.COM

Address	BLK 183C BOON LAY AVENUE #05-732
Postcode	643183
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	BLW648 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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: : TAN ZHENZHI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191209/2043 AND TRAFIK NILAI/0102016/19

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	BLW648
Vehicle Make/Model/Colour	PROTON SAGA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD SYAFIQ BIN AZAMAN
NRIC/Passport Number	960208075633

Contact Number	+60 16-5809604
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	WB269L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HANEYZAT BIN MOHD MAHSOP
NRIC/Passport Number	760408-10-5351
Contact Number	
Address	BLK N SAWAH SEMPADAN TANJONG KARANG SELANGOR
Postcode	45500
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :
Passenger 3	NAME: : GENDER: :
Passenger 4	NAME: : GENDER: :

Accident Sketch Plan

SKETCH PLAN

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 willful 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law firms/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/are 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.



Policyholder's Signature / Date & Time

[Signature] 091219

Driver's Signature (if driver is not the policyholder) / Date & Time

1017AM

[Signature] 10/12/2019

Witnessed by Reporting Centre Personnel

Sketch Plan *

Expressway

SME-3707U

BLW648

A ← B1

WB269L

C ←

JB towards Singapore

bang to it

bang to it

Accident Sketch Plan

Describe Circumstance of the Accident *

I was heading back to Singapore from KL on 8 dec 2019 at 1450 am.
The road condition was dry. I was driving on the first lane and
exerted brake ~~and~~ due to the car accident ahead.

My vehicle was slow down in lane 1. A vehicle (BLW 648)
coming from behind was driving at a very fast speed. He stepped on
his E-brake but his vehicle lost control. In the end his vehicle
~~knocked~~ hit against my vehicle from behind.

I have kept an ~~one~~ car distance and manage to prevent to
collide the front vehicle.

Nobody was injured in this vehicle.

(81) Police Report T/2091209/2043

Declaration

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



Policyholder's Signature / Name

*

Li

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

10/12/2019

Witnessed by Reporting Center Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191209/2043

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20191209/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2019 12:03	Vide Report No.:	Station Diary No.: 145
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: LAI MING WEI		Address: APT BLK 618 JURONG WEST STREET 65 #05-428 SINGAPORE 640618	
ID Type / ID No.: NRIC NO / S9179045I		Contact No.: Home/Office: Mobile: 85355862	
Nationality: MALAYSIAN		Email:	
Sex: Female	Age: 28	Date of Birth: 01/05/1991	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/12/2019 10:50	Type of Location:
Location: Woodlands Crossing				
Accident happen in Nilai Malaysia. No investigation required				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC3797U	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191209/2043

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3
Report No: T/20191209/2043

CONTINUATION OF REPORT

Driver			
Name	LAI MING WEI	ID No	S91790451
Related Vehicle	SMC3797U (Car)	Contact No	85355862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was driving SMC3797U in Seremang Malaysia. It was a company car belonging to Eco Lab. I met into a accident with BLW645 WB259L and my rear bumper was damaged as a result of the incident. I made a police report in Malaysia. I have informed my company and they asked me to make a police report for my company record purpose. I understand no police investigation will occur as this incident happen in Malaysia and it is solely for my record purpose.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191209/2043

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20191209/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 2 KOH ZHI ZHONG ABRAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/12/2019 12:03

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

POLICE REPORT

12/8/2019

iPRS

POL.316



Bahagian Siasatan dan Penguatkuasaan Trafik,
Ibu pejabat Polis Daerah Nilai,
71800 Nilai,
Negeri Sembilan.
06-7991222

Resit Aduan Penerimaan Repot Polis :

Nama Pengadu : LAI MING WEI
No Kad Pengenalan / Paspot : 910501016418
No Repot Polis : TRAFIK NILAI 010206/19
Tarikh @ Masa Repot Polis : 08/12/2019 @ 11:57
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R127125) SJN AZMI BIN OMAR
Tempat Tugas : BUKIT AMAN , Bukit Aman
No Telefon Pejabat : No Telefon Bimbit : 019-3023255

Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

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 - 12:00 Tengah Hari
03:00 Petang - 4:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1.Salinan Repot Polis	<input 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"/>

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan
Dokumen :

Tandatangan Pegawai Kaunter
Pembekalan Dokumen

Accident Photo

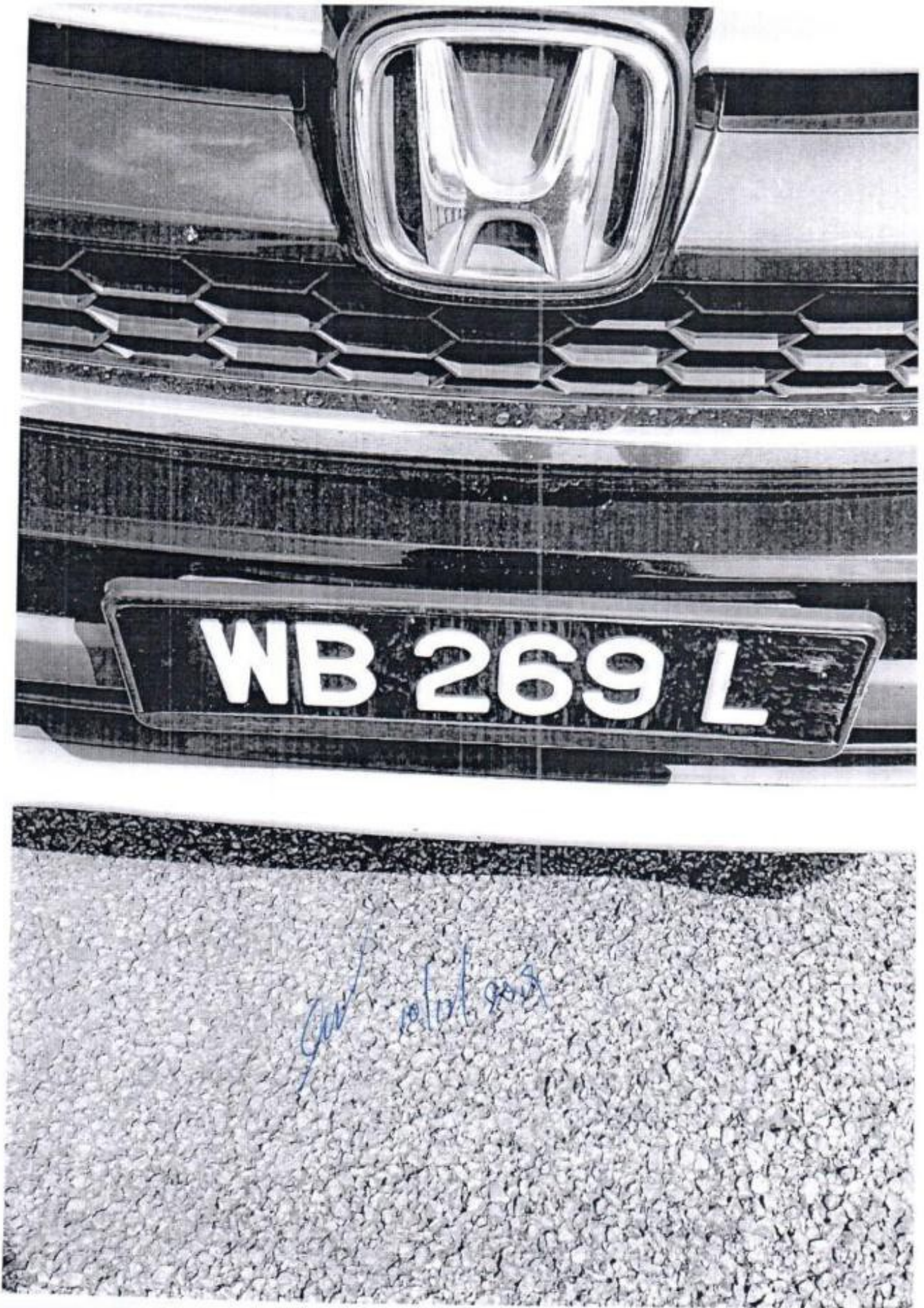


Accident Photo



cmw 10/12/2015

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



Accident Photo



Accident Photo

