Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 10/12/2019 17:23

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.

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	AIG ASIA PACIFIC INSURANCE 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
EMail 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 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 reportings may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Mangement 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 yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

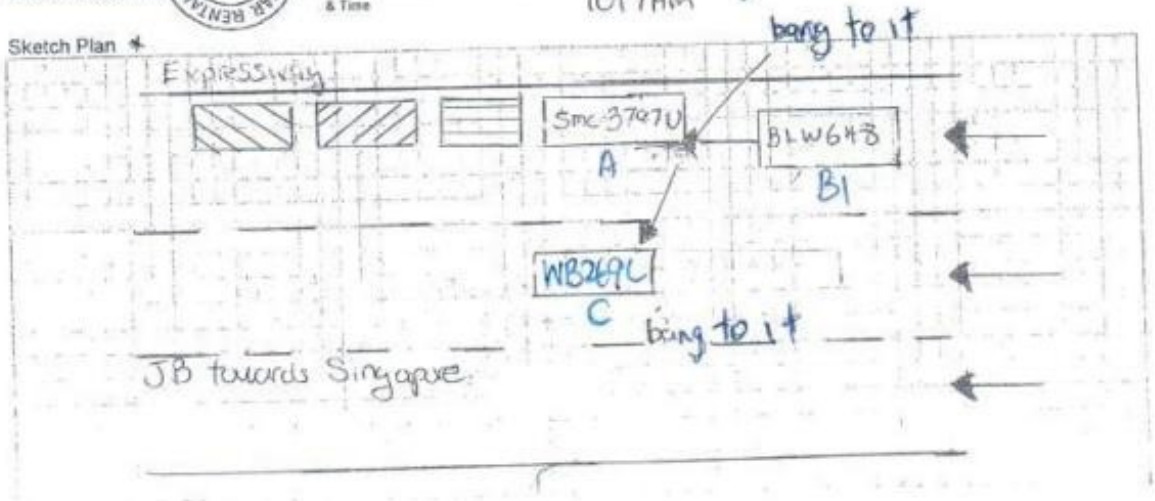
GOLDBELL CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 10/12/2019 1017Am

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstance of the Accident *

I was heading back to Singapore from KL on 8 dec 2019 at 1150 am. The road condition was dry. I was driving on the first lane and expressl brake ~~out~~ due to the car accident ahead
My vehicle was slow down in lane 1, A vehicle (SLW 6488) 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 safe distance and manage to prevent to collide the front vehicle
Nobody was injured in this vehicle
(SI Police Report T/2991209/2019

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

GOLDBELL GMB RENTAL PTE LTD

Policyholder's Signature / Driver's Signature

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

10/12/2019

Witnessed by Reporting Centre Personnel

POLICE REPORT

SINGAPORE POLICE FORCE

T/20191209/2043

Report No. T/20191209/2043

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

REPORT OF A TRAFFIC ACCIDENT

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

Informant's Particulars

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

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

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

Report No: T/20191209/2043

CONTINUATION OF REPORT

Driver			
Name	LAI MING WEI	ID No	S9179045I
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 Serempang Malaysia. It was a company car belonging to Eco Lab.
I met into a accident with BLW648 WB269L 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.

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

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

POL.316

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

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : LAI MING WEI
No Kad Pengenalan / Paspot : 910501016418
No Repot Polis : TRAFIK NILAI/019206/19
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 ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :

.....
Pengesahan Kaunter Pembekalan Dokumen :

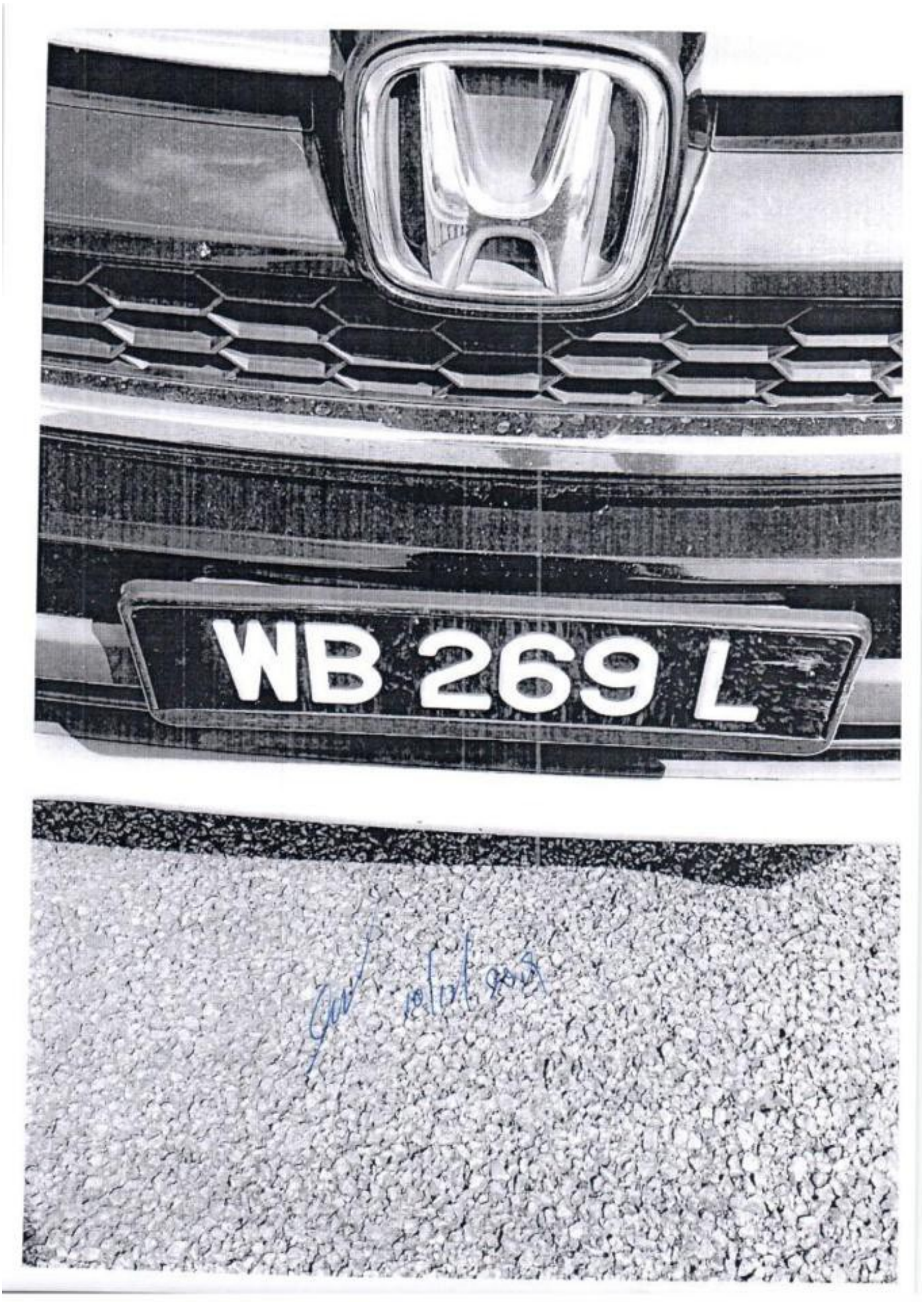
.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

Accident Photo

Accident Photo

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

Addendum Sheet

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 366500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAIG4191623O4 Vehicle Registration No: SMC 3797 4

Name(as shown in NRIC) : LOI MING WAI NRIC/FIN/Passport No : S9179645J

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No.: 85355862

Email Address :

Date of Accident : 08/12/2019 Time of Accident : 10:50

Place of Accident : KM 279 FROM KL TOWARDS S'PORE E S'BOUND (N/S EXPRESS)

Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED SHOULD BE AIG AND NOT MSIG

Policyholder / Driver's Signature
Date:

10/12/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: