

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	26/12/2019 17:16
Date Of Accident	24/12/2019 23:30
Exact Location Of Accident	OUTSIDE UNIT NO 67 JLN PALMA RAJA 4 JB MALAYSIA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC793A
Insured/Policyholder	
Name Of Registered Owner	MR SLKS & YOUNG CONSTRUCTION PTE LTD
Co Reg No	1XXXXX483G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	KIA
Model	FORTE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3040251900
Cover Note Number	

Driver

Name of Driver	LAI LI SHI
NRIC No	SXXXX355J
Date Of Birth	20/06/1990
Occupation	INDOOR
Date Of Driving Pass	27/10/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91855443
Fax Number	
Contact Number	
EEmail Address	WE_LLS@HOTMAIL.COM

Address	BLK 618 SENJA ROAD #13-78
Postcode	670618
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JGT8070 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK JOHOR BAHRU
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED 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	JGT8070
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)	

Accident Sketch Plan

SKETCH PLAN

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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 also 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 (a) 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:

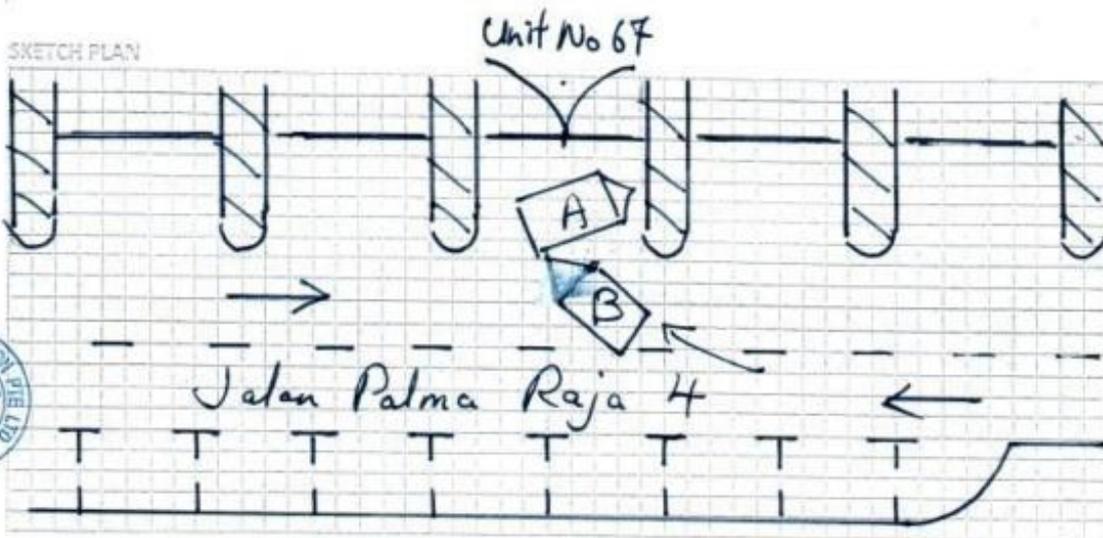
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Driver's Signature
(if driver is not the policyholder)
Date & Time:

ofym 26/12/19

Report Centre Personnel's Signature
Name:
NRIC/IN No.:

Individual Statement



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/12/2019 at about 2330 hrs at Premises of Unit no. 67 Jalan Palma Raja 4, Taman Dato Chellam, Malaysia JB. My vehicle was stationary parked at outside the gate the above mentioned unit, at about 2000 hrs and everything was intact. At about 2330 hrs, I heard a loud bang outside my unit and when I went out I realised that it was Vehicle (B) who hit onto my Right Rear Portion of my vehicle (A) causing damages to my vehicle.

(A) SMC 793 A
(B) JGT 8070

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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/PIN No:

Young Construction Pte Ltd

Salinan Repot Polis

(A)



POLIS DIRAJA MALAYSIA
REPOt POLIS

Balai	TRAFIK JOHOR BAHRU(S)	Pegawai Penyiasat	R92851
Daerah	J/BAHRU SELATAN	No Repot Bersangkut	TRAFIK JOHOR BAHRU (6)/033457/19
Kontinjen	JOHOR		
No Repot	TRAFIK JOHOR BAHRU(S)/033458/19		
Tarikh	25/12/2019		
Waktu	1053 AM		
Bahasa Diterima	B. Malaysia		

Butir-butir Penerima Repot

Nama : WONG SIEW HUONG	No Personel : R190482	Pangkat : L/KPL
Butir-butir Jurubahasa (Jika Ada)	No K/P (Baru) : ---	No Polis/Tentera : ---
Nama : ---	Bahasa Asal : ---	
No Pasport : ---		
Alamat : ---		

Butir-butir Pengadu

Nama : LAI LI SHI	No Polis/Tentera : ---	No Pasport : ---
No K/P (Baru) : 900620016104		
No Sijil Beranak : ---		
Jantina : Perempuan	Tarikh Lahir : 20/06/1990	Umur : 29 tahun 6 bulan
Keturunan : Cina	Warganegara : Malaysia	
Pekerjaan : SWASTA		
Alamat Tempat Tinggal : NO 42 JALAN PESONA 8 TAMAN PELANGI INDAH ULU TIRAM, 81800 JOHOR		
Alamat Ibu/Bapa : ---		
Alamat Pejabat : ---		
No Tel (Rumah) : ---	No Tel (Pejabat) : ---	No Tel (HP) : 016-7586187

Pengadu Menyatakan:-

PADA 24/12/2019 JAM LEBIH KURANG 2000HRS SAYA TELAH PARKING MOTOKAR SAYA NOMBOR SMCT793A DI HADAPAN RUMAH KAWAN SAYA DI JALAN PALMA RAJA 4 TAMAN DATO CHELLAM DALAM KEADAAN BAIK PADA JAM LEBIH KURANG 2330HRS.TIBA-TIBA SAYA DENGAR BUNYI DARI LUAR RUMAH KAWAN SAYA.SAYA KELUAR DAN ORANG AWAM TELAH MEMBERITAHU BAHAWA MOTOKAR SAYA TELAH DILANGGAR OLEH SEBUAH MOTOKAR NOMBOR JGT8070 PADA BAHAGIAN TEPI BELAKANG SEBELAH KANAN AKIBAT DARIPADA KEJADIAN ITU,MOTOKAR SAYA MENGALAMI KEROSAKAN PADA BAHAGIAN TEPI BELAKANG SEBELAH KANAN IAITU PINTU BELAKANG SEBELAH KANAN,SKIRTING SEBELAH KANAN,MUDGUARD BELAKANG SEBELAH KANAN,RIM ARM TAYAR BELAKANG SEBELAH KANAN DAN BUMPER BELAKANG SEBELAH KANAN.LAIN-LAIN KEROSAKAN DAN NILAI KERUGIAN TIDAK PASTI.SEKIAN LAPORAN SAYA.

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

PEJ. SALINAN REPORT
TRAFIK JOHOR BAHRU (S)
SALINAN YANG DISAMAKAN BENAR
(HANYA UNTUK TUNTUTAN SIVIL)
ID Pencetak | Tarikh @ Masa Cetak : R4188653 | 25/12/2019 09:41:00 AM

ZAMRI BIN SHARIFF (DSP)
KETUA BAHAGIAN SIASATAN DAN PENGUATKUASAAN TRAFIK
JOHOR BAHRU SELATAN
TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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