

## 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	02/01/2020 16:43
Date Of Accident	29/12/2019 22:15
Exact Location Of Accident	NORTH SOUTH HIGHWAY
Country/State of Loss	MALAYSIA/NEGERI SEMBILAN DARUL KHUSUS

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1720T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW ZHANMING,EUWEN(LIU ZHANMING)
NRIC No	SXXXX259E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90695547
Alternative Phone No	OTHERS-90695547

### Vehicle Particulars

Manufacturer	BMW
Model	328I
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	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	DMPCSN3064221800
Cover Note Number	

### Driver

Name of Driver	LOW ZHANMING,EUWEN(LIU ZHANMING)
NRIC No	SXXXX259E
Date Of Birth	16/05/1994
Occupation	INDOOR
Date Of Driving Pass	11/12/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90695547
Fax Number	
Contact Number	OTHERS-90695547
EEmail Address	NOEMAIL

Address	806 THOMSON ROAD #13-12
Postcode	298189
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Foreign Vehicle Registration Number	BLR1511 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	4
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: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: TRAFIK SEREMBAN/023011/19

#### 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	BLR1511
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

No. Of Passenger (Including Driver)

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## 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/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 based 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.

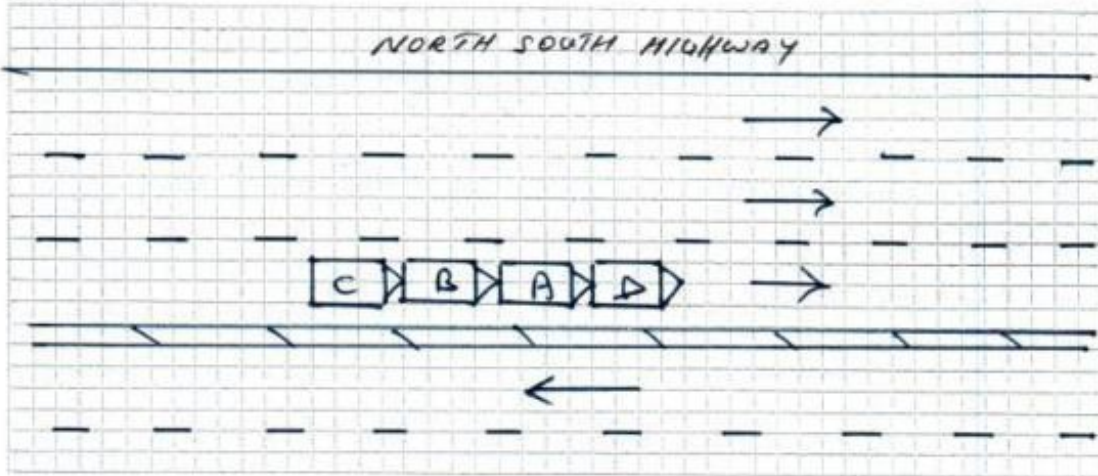
Policyholder's Signature  
Date & Time:

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

Page No. Insurer's Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SME 1720 T  
(B) BLR 1511  
(C) QTR 6143  
(D) WA 6976 M

Refer to Malaysia Police Report  
Report No :-

TRAFIK SEREMBAN/023013/19

Total 4 vehicles involved in this chain collision

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:

Reported by Person's Signature  
Name:  
NRIC/ID No:

sfyur 05/10/20

# Individual Statement



## POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK SEREMBAN  
Daerah : SEREMBAN  
Kontinjen : NEGERI SEMBILAN  
No. Repot : TRAFIK SEREMBAN/023013/19  
Tarikh : 29/12/2019  
Waktu : 2332 PM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R190360  
No. Repot Bersangkut : TRAFIK  
SEREMBAN/023011/19

### Butir-butir Penerima Repot :

Nama : AZRUL BIN ABDUL LATIF  
No. Badan : R202493  
Pangkat : KONST/P

### Butir-butir Jurubahasa (Jika Ada) :

Nama : ---  
No. Pasport : ---  
Alamat : ---  
No. K/P (Baru) : ---  
Bahasa Asal : ---  
No. Polis/Tentera : ---

### Butir-butir Pengadu :

Nama : EUWEN LOW ZHANMING  
No. K/P (Baru) : ---  
No. Sijil Beranak : ---  
Umur : 25 Tahun 7 Bulan  
Pekerjaan : PENUNTUT  
Alamat Tinggal : NO #13-12 806 THOMSON ROAD SINGAPORE , 298189 SINGAPORE  
Alamat IbuBapa : ---  
Alamat Pejabat : ---  
No. Tel (Rumah) : ---  
Emel : ---  
No. Polis/Tentera : ---  
Jantina : Lelaki  
Keturunan : Cina  
No. Pasport : K0233486E  
Tarikh Lahir : 16/05/1994  
Warganegara : SINGAPORE  
No. Tel (Pejabat) : ---  
No. Tel (Bimbit) : 6590695547

### Pengadu Menyatakan :

ON 29 DECEMBER 2019, TIME AT 2216 HOURS, I DROVE A CAR PLATE NUMBER SME1720T TYPE BMW 328i WITH 1 PASSANGER FROM JOHORE TO KUALA LUMPUR USING LEBUH RAYA UTARA SELATAN. WHEN ARRIVED AT KM 257.7 (U) LRUS, I DROVE AT RIGHT LINE, TRAFIC GOING SLOW, SO I SLOW DOWN MY VEHICLE THEN STOPPED. SUDDENLY A CAR PLATE NUMBER BLR 1511 TYPE PROTON FROM REAR HIT MY REAR BUMPER CAUSING MY CAR MOVE FORWARD THEN HIT A SUV PLATE NUMBER WA6976M TYPE SUBARU XV WHO WAS ALREADY STOPPED AT MY FRONT WAY, ME AND MY PASSANGER HAVE NO INJURY. MY VEHICLE DAMAGE AT REAR: REAR BUMPER, EXSAUST PIPE, REAR SENSOR, AND MY FRONT DAMAGE IS: FRONT BUMPER, FRONT GRILL, BOTH HEADLAMP, FRONT BONNET, AND OTHER DAMAGES NOT SURE YET. THIS IS MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R202493 | 29/12/2019 11:44:09 PM

KONST. Z. A. B. LATIF  
PENAGIHAN SIASATAN & PENGUATKUASAAN  
TRAFIK IPO SEREMBAN



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



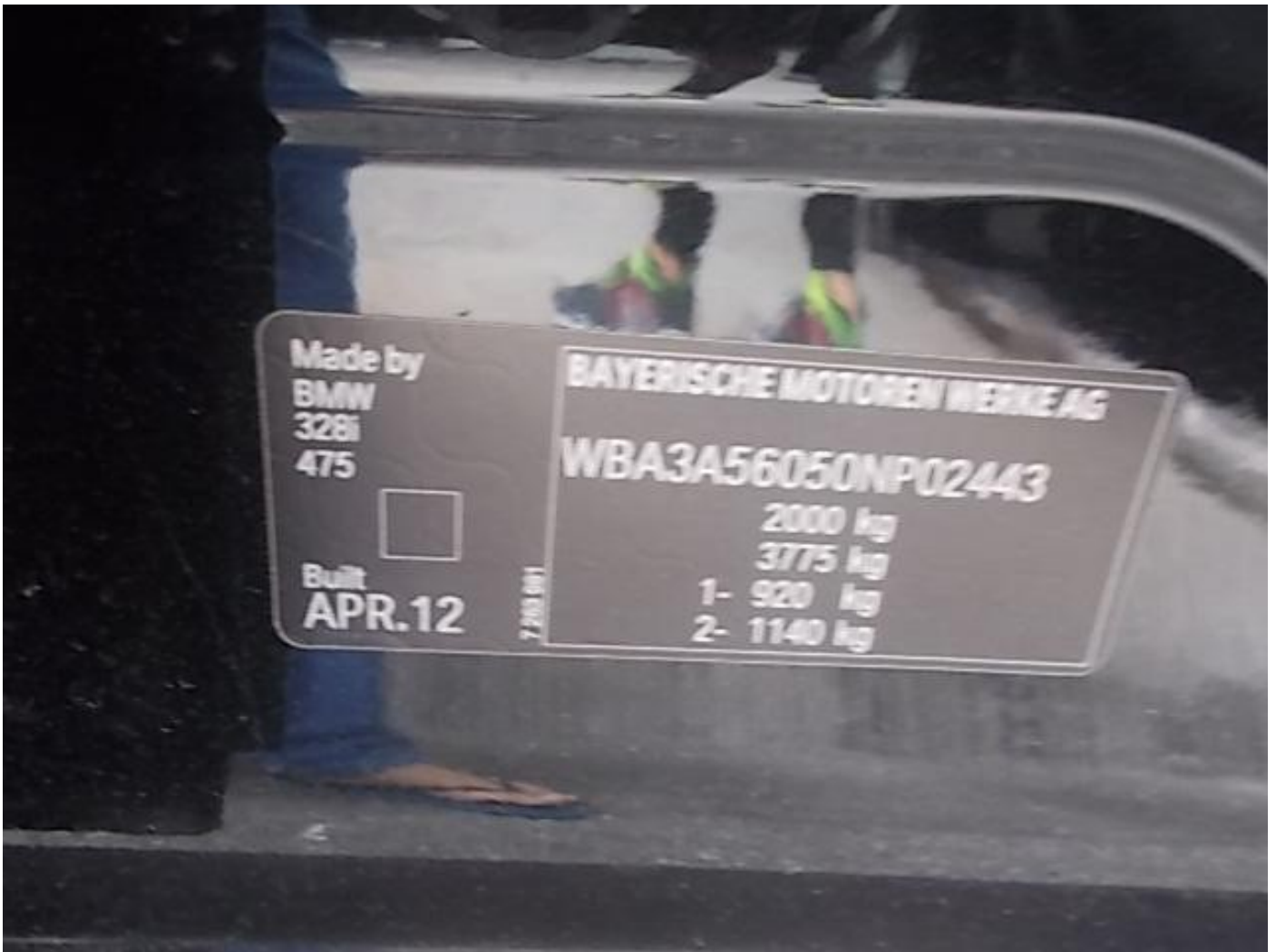
Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Police Report



## POLIS DIRAJA MALAYSIA REPOT POLIS

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SEREMBAN/023011/19

### Butir-butir Penerima Repot :

Nama : AZRUL BIN ABUL LATIF  
No. Badan : R202493  
Pangkat : KONSTIP

### Butir-butir Jurubahasa (Jika Ada) :

Nama : —  
No. K/P (Baru) : —  
No. Pasport : —  
Bahasa Asal : —  
Alamat : —

### Butir-butir Pengadu :

Nama : EUWEN LOW ZHANMING  
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No. Polis/Tentera : —  
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No. Sijil Beranak : —  
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Emel : —

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KONSTIP  
ABD. LATIF  
PENGUATKUASAAN  
TRAFIK IPT SEREMBAN