

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	04/02/2020 12:12
Date Of Accident	29/01/2020 15:20
Exact Location Of Accident	ALONG BUKIT GAMBIR TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE2306L
Insured/Policyholder	
Name Of Registered Owner	SANWAH CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90662937
Alternative Phone No	OFFICE-90662937

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-004541
Cover Note Number	

Driver

Name of Driver	LIM CHEE WUI
NRIC No	SXXXX669Z
Date Of Birth	26/10/1986
Occupation	INDOOR
Date Of Driving Pass	04/08/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90662937
Fax Number	
Contact Number	OTHERS-90662937
EEmail Address	NOEMAIL

Address	BLK 119D RIVERVALE DRIVE #03-358
Postcode	544119
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JKY242 (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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO TRAFIK KLUANG/000868/20

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	JKY242
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 JTL8618
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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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:

[Handwritten Signature]

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

[Handwritten Signature]
08/10/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

- (A) SCE 2706L
 - (B) JKY 242
 - (C) JTL 8618
- Bukit Gambir



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report. TRAFIK KUMAH/000808/20

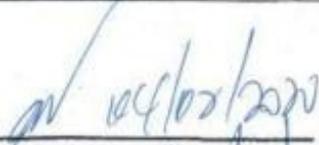
[The rest of the form is crossed out with a large diagonal line.]

DECLARATION

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: Keshi WAA-3
NRIC/FIN No.:

Sketch Plan #3

1/29/2020

IPRS



POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(U) Pegawai Penyiasat : R171741
 Daerah : J/BAHRU UTARA No. Repot Bersangkut : TRAFIK
 Kontinjen : JOHOR KLUANG/000868/20
 No. Repot : TRAFIK KLUANG/000868/20
 Tarikh : 29/01/2020
 Waktu : 1831 PM
 Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : LINGESHKUMAR A/L RAGAVAN No. Badan : R211535 Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada) :

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

Butir-butir Pengadu :

Nama : LIM CHEE WUI
 No. K/P (Baru) : 861026526225 No. Polis/Tentera : --- No. Pasport : ---
 No. Sijil Beranak : --- Jantina : Lelaki Tarikh Lahir : 26/10/1986
 Umur : 33 Tahun 3 Bulan Keturunan : Cina Warganegara : Malaysia
 Pekerjaan : ENGINEER
 Alamat Tinggal : 226 JALAN DUKU, TAMAN SRI JAYA, BUKIT GAMBIR, 84800 LEDANG, JOHOR, 84800 JOHOR

Alamat IbuBapa : ---
 Alamat Pejabat : ---
 No. Tel (Rumah) : --- No. Tel (Pejabat) : --- No. Tel (Bimbit) : 90662937
 Emel : ---

Pengadu Menyatakan :

PADA 29/01/2020 JAM LEBIH KURANG 15:20 PETANG, SAYA MEMANDU MOTOKAR/WAGON NOMBOR SLE2306L DARI BUKIT GAMBIR HENDAK BALIK KE SINGAPORE. PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM75 LIRAYA UTARA-SELATAN, SEMASA SAYA MEMANDU DI LORONG KANAN, TIBA-TIBA ADA SEBUAH M/KAR NO.JKY242 DI HADAPAN SAYA BREK SECARA MENGEJUT, SAYA BREK TETAPI TERLANGGGAR JUGA DI BAHAGIAN BELAKANG M/KAR TERSEBUT, SAYA TIDAK CEDERA, KEROSAKAN PADA M/KAR SAYA DI BAHAGIAAN HADAPAN IAITU BUMPER, BONET, SARUNG DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:



Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

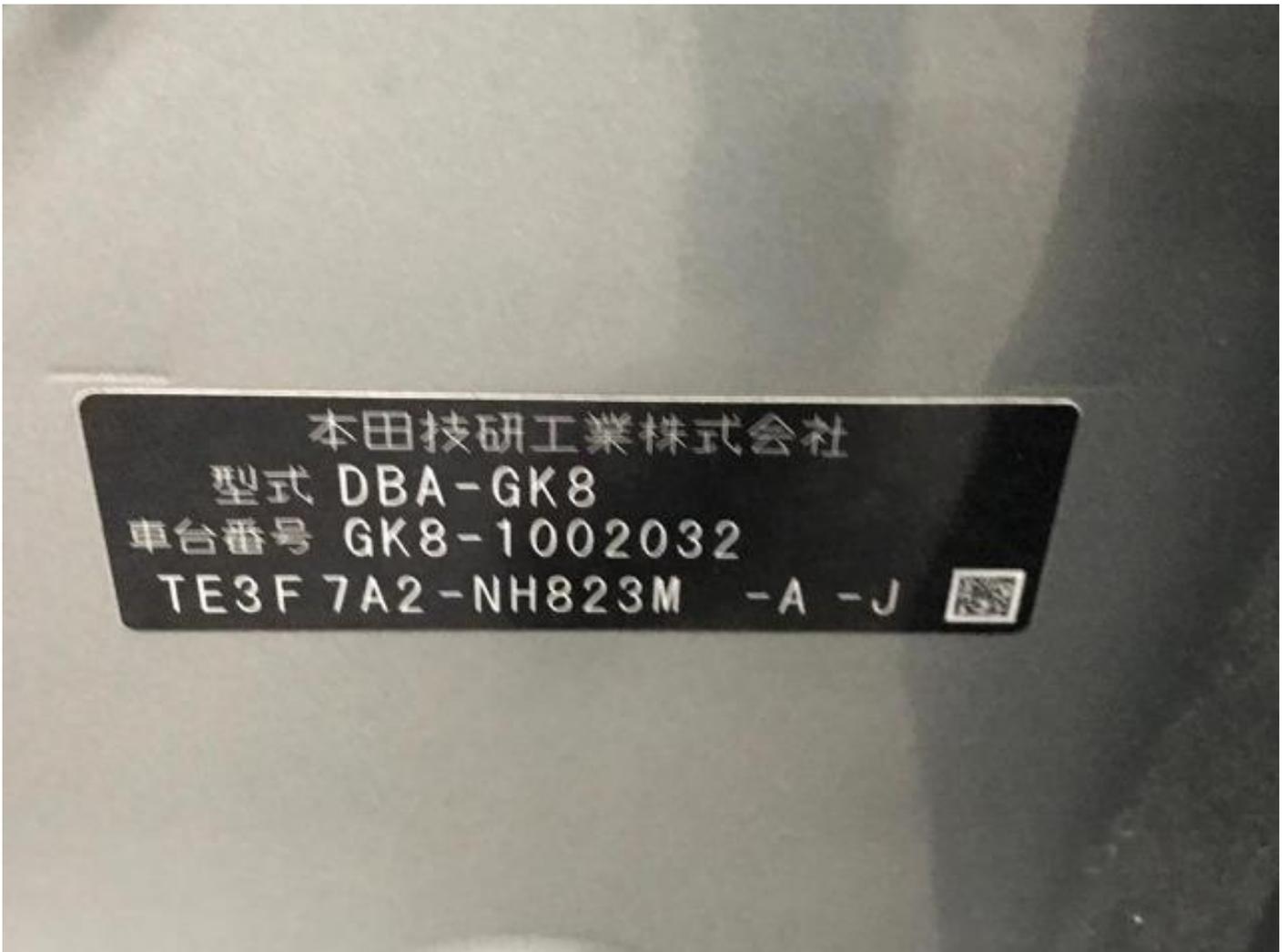


ID Pencetak | Tarikh @ Masa Cetak : R211535 | 29/01/2020 06:43:05 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S665500200 / 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: PUA400075583 Vehicle Registration No: SLE 2806 L
Name (as shown in NRIC): Lim Chik Wai NRIC/FIN/Passport No: SXXXX6692
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: Singapore
Contact (Tel): Mobile No.: 9066 2937
Email Address:
Date of Accident: 29/01/2020 Time of Accident: 15:20
Place of Accident: Along Bukit Gambir Towards S'port
Insurance Company: EQI

(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:

Sumner to Somwah Construction Pte Ltd

[Empty lines for additional information/amendments]

Policyholder / Driver's Signature
Date:

19/01/2020
Reporting Centre Personnel's Signature
Name: Rosli Lim
NRIC/FIN No.:
Date: