

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	06/02/2020 15:46
Date Of Accident	28/01/2020 11:05
Exact Location Of Accident	ALONG JALAN MUAR SEGAMAT JEMENTAH
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8597E
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	1XXXXX065W
Email Address	ALICELIM1234@GMAIL.COM
Mobile Phone No	(FOREIGN) +614-22318828
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	BMW
Model	520D
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29136989 MCY
Cover Note Number	

Driver

Name of Driver	ALICE LIM
Passport No/FIN	PXXXX3842
Date Of Birth	26/03/1968
Occupation	INDOOR
Date Of Driving Pass	01/01/1989
Driving Experience	31 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(FOREIGN) +614-22318828
Fax Number	
Contact Number	OFFICE-99999999
Email Address	ALICELIM1234@GMAIL.COM

Address	1/288 PACIFIC HIGHWAY LINDFIELD NSW 2070 AUSTRALIA
Postcode	2070
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	WGN164 (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)	2
Passenger 1	NAME: : DR LEONARD LEUNG 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]	BALAI POLIS JEMENTAH, SEGAMAT JOHOR
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND TRAFIK SEGAMAT/000411/20

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 Witness 1

Name	DR LEONARD LEONG
Phone Number	+61416105510
Email Address	DR.LEONARD.LEUNG@BIGPOND.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WGN164
Vehicle Make/Model/Colour	PROTON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HASRULNIZA BIN MOHAMAD DIN

NRIC/Passport Number	8XXXXXXXXX5021
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

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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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/1/2020


Reporting Centre Personnel's Signature
Name: Red L. LIAHON
NIC/FIN No.:

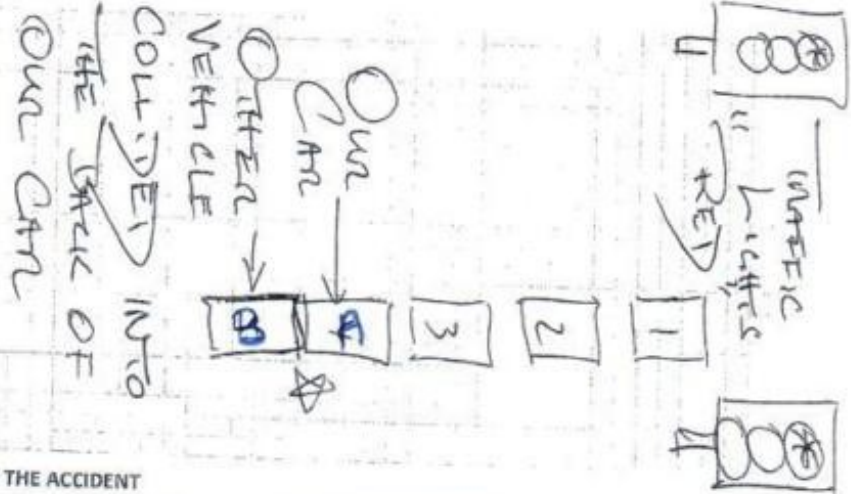
Accident Sketch Plan

ALONG JALAN MUAR SEGAMAT, JEMENTAH

SKETCH PLAN

A) SLR 8597E

B) WGN 164



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT PROVIDED.

WE WERE TRAVELLING ON JALAN MUAR SEGAMAT JEMENTAH AND STOPPED AT THE TRAFFIC LIGHTS (RED). WE WERE THE 4TH CAR FROM THE FRONT LINE. SUDDENLY ANOTHER VEHICLE REAR ENDED (HIT US FROM BEHIND) - A WHITE CAR WITH DETAILS PROVIDED IN THE POLICE REPORT. TRAFIK SEGAMAT/000411/20

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/FIN No.:

POLICE REPORT

1/28/2020

IPRS



POLIS DIRAJA MALAYSIA

REPOT POLIS

SALINAN YANG DISAHKAN

 KEL. 105 BALAI
 BALAI POLIS JEMENTAH
 SEGAMAT, JOHOR.

Balai : JEMENTAH
 Daerah : SEGAMAT
 Kontinjen : JOHOR
 No. Repot : TRAFIK SEGAMAT/000411/20
 Tarikh : 28/01/2020
 Waktu : 1103 AM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R190065

Butir-butir Penerima Repot :

Nama : RATHNA ROSLIA
 WASPA BT ABDULLAH
 No. Badan : R137178
 Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada) :

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

Butir-butir Pengadu :

Nama : ALICE LIM
 No. K/P (Baru) : ---
 No. Sijil Beranak : ---
 Umur : 51 Tahun 9 Bulan
 Pekerjaan : MANAGER
 Alamat Tinggal : 1/288 PACIFIC HIGHWAY LINDFIELD NSW 2070 AUSTRALIA, 2070 AUSTRALIA
 Alamat IbuBapa : ---
 Alamat Pejabat : ---
 No. Tel (Rumah) : ---
 Emel : alicelim1234@gmail.com
 No. Polis/Tentera : ---
 Jantina : Perempuan
 Keturunan : Cina
 No. Pasport : PA3733842
 Tarikh Lahir : 26/03/1968
 Warganegara : AUSTRALIA
 No. Tel (Pejabat) : ---
 No. Tel (Bimbit) : 61422318828

Pengadu Menyatakan :

PADA 28/01/2020 JAM LEBIH KURANG 11:05 PAGI, SAYA MEMANDU MOTOKAR BMW NOMBOR SLR8597E DARI DARI JALAN MUAR SEGAMAT, JEMENTAH. PADA KETIKA ITU, APABILA SAYA SAMPAI DI JALAN TRAFIK LIGHT JEMENTAH, SAYA BERHENTIKAN KENDERAAN SAYA DI LAMPU ISYARAT MERAH, PADA KETIKA ITU, SAYA KENDERAAN KE 4 DARI TRAFIK LIGHT DAN ADA SEBUAH KERETA NO PENDAFTARAN WGN 164 (NAME HASRULNIZA BIN MOHAMAD DIN, KPT:820526-04-5021, ALAMAT: NO 4695 JALAN MEMPELAM 3, TAMAN DATO TAHA 73200 GEMENGEH NEGERI SEMBILAN NO LESEN 36150611) DI BELAKANG KENDERAAN SAYA. SEBELUM LAMPU ISYARAT, LAMPU BERWARNA HIJAU KENDERAAN TERSEBUT TELAH BERGERAK DAN MELANGGAR BAHAGIAN BELAKANG KERETA SAYA, AKIBAT KEJADIAN TERSEBUT BUMPER BELAKANG KERETA SAYA TELAH ROSAK, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEJADIAN INI BUKAN KESALAHAN SAYA, TUJUAN SAYA BUAT REPOT UNTUK RUJUK PADA PIHAK INSURAN. INILAH LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R137178 | 28/01/2020 11:55:53 AM

SALINAN YANG DISAHKAN

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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