

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	18/11/2019 16:28
Date Of Accident	17/11/2019 21:30
Exact Location Of Accident	MALAYSIA JB CHECKPOINT (BEFORE ENTERING SINGAPORE)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1787B
Insured/Policyholder	
Name Of Registered Owner	HO SHU MIN
NRIC No	S8360434D
Email Address	XSHUMINX@YAHOO.COM
Mobile Phone No	(LOCAL) +65-82000637
Alternative Phone No	OFFICE-82000637

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0-2.0 PREMIUM AT AIRBAG 2WD (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA439165
Cover Note Number	

Driver

Name of Driver	HO SHU MIN
NRIC No	S8360434D
Date Of Birth	02/12/1983
Occupation	INDOOR
Date Of Driving Pass	09/07/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82000637
Fax Number	
Contact Number	OFFICE-82000637
EEmail Address	XSHUMINX@YAHOO.COM

Address	BLK 359B ADMIRALTY DRIVE #02-14
Postcode	752359
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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)	5
Passenger 1	NAME: : TEONG YEE JU GENDER: : FEMALE
Passenger 2	NAME: : TEONG YUN TAK GENDER: : MALE
Passenger 3	NAME: : LIM SWEE TENG GENDER: : FEMALE
Passenger 4	NAME: : SHEAN HO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

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	SMN4202E
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 Pg. 1

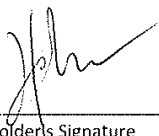
SKETCH PLAN

IMPORTANT NOTICE

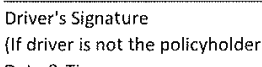
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



L/20191118/2002

1 of 2

POLICE REPORT (NP299)

Report No. L/20191118/2002

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No: 1800-5549999

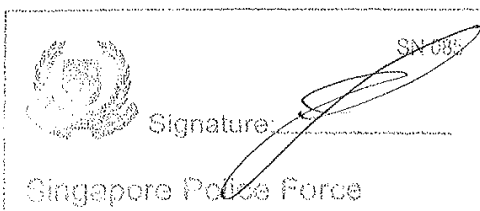
Date/Time Report Made 18/11/2019 00:02		Vide Report No.		Station Diary No. 1	
Name Of Informant HO SHU MIN		Address APT BLK 359B ADMIRALTY DRIVE #02-14 SINGAPORE 752359			
ID Type / ID No. NRIC NO / S8360434D		Contact No. Home/Office		Mobile 82000637	
Nationality MALAYSIAN		Email Address			
Occupation ENGINEER		Sex Male	Age 35	Date of Birth 02/12/1983	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 17/11/2019 09:00		Location Of Incident JB Checkpoint MALAYSIA			

Brief details.

On 17/11/2019 at about 2130hrs, I was driving (SJZ1787B) back to Singapore at the Malaysia checkpoint. There was a bit of jam at the checkpoint and this vehicle, SMN4202E cut drove at the double white line wanting to squeezed through. However, he hit onto the left rear of my vehicle. Both of us came down from our vehicle to make a check. There were scratches and dent at the left rear of my vehicle near to the rear left door and left bumper.

Signature Of Officer Recording The Report: L / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2019 00:02
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp SAMANTHA YAN YUN ZI Contact No.:	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



L/20191118/2002

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191118/2002

The M'sian officer who was at the checkpoint had asked me to lodge a traffic accident report in Malaysia tomorrow.

I am lodging this report for my insurance.

Signature Of Officer Recording The Report:

L / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
Insp SAMANTHA YAN YUN ZI
Contact No.:

Signature Of Informant:

Date/Time:
18/11/2019 00:02

Classification Of Case:

Authentication Stamp

SN 085



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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