

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	13/03/2020 09:41
Date Of Accident	28/01/2020 19:40
Exact Location Of Accident	NORTH - SOUTH HWY TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5616J
Insured/Policyholder	
Name Of Registered Owner	MDM CHANG YEE LING
NRIC No	SXXXX551Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98198279
Alternative Phone No	OFFICE-98198279

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	REPORTING ONLY
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	DMPCSN3018581900
Cover Note Number	

Driver

Name of Driver	WOO WEN CHANG
NRIC No	SXXXX367J
Date Of Birth	29/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91056600
Fax Number	
Contact Number	OFFICE-91056600
Email Address	NOEMAIL

Address	BLK 775 WOODLANDS CRESCENT #03-04
Postcode	730775
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	W2970P (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?	
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KLUANG (MALAYSIA)
Police Station Address	ROAD: KLUANG MALAYSIA , POSTCODE: S66270 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 029-1193885 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	W2970P
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)	1

Accident Sketch Plan


SKETCH PLAN


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6. The 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 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 Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Handwritten notes on the sketch plan grid:

- Vertical text on the left: "NORTH - 120° 15' 00" E"
- Vertical text on the right: "A - 120° 15' 00" E"
- Diagram showing two points, A and B, connected by a line.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note: "Refer to Statement."

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 Person's Signature
Name:
NRIC/FIN No.:

Police Report



POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK KLUANG
Daerah : KLUANG
Kontinjen : JOHOR
No. Repot : TRAFIK KLUANG/000833/20
Tarikh : 28/01/2020
Waktu : 2025 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R119004

Butir-butir Penerima Repot :

Nama : OTHMAN BIN SAMURI No. Badan : R121341 Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada) :

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

Butir-butir Pengadu :

Nama : WOO WEN CHANG
No. K/P (Baru) : — No. Polis/Tentera : — No. Pasport : S766836J
No. Sijil Beranak : — Jantina : Lelaki Tarikh Lahir : 29/07/1976
Umur : 43 Tahun 5 Bulan Keturunan : Cina Warganegara : SINGAPORE
Pekerjaan : SWASTA SINGAPOR
Alamat Tinggal : APT BLK 775 WOODLANDS CRESCENT # 03-04 SINGAPORE, 730775 SINGAPORE
Alamat IbuBapa : —
Alamat Pejabat : —
No. Tel (Rumah) : — No. Tel (Pejabat) : 01156586843 No. Tel (Bimbit) : 91056600
Emel : —

Pengadu Menyatakan :

PADA 28/01/2020 JAM LEBIH KURANG 1940 HRS SAYA MEMANDU KERETA NO.SMJ 5616J PERJALANAN DARI PERAK HENDAK BALIK KE SINGAPOR.SAMPAI DI KM 55.9 L/RAYA U/SELATAN ARAH SELATAN SAYA MEMANDU DI KANAN.APABILA SAYA LIHAT KERETA DI DEPAN SAYA MEMBREK LALU SAYA BREK KERETA SAYA.TIBA-TIBA KERETA NO.W 2970P.AKIBAT PELANGGARAN ITU KERETA SAYA ROSAK BUMPER BELAKANG,BONET BELAKANG KEMEK LAIN-LAIN KEROSAKAN SAYA TIDAK PASTI.INILAH REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R121341 | 28/01/2020 08:32:14 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

