

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 Submission 23/05/2022 09:58 (SGT)
Date of Accident 08/05/2022 02:55 (SGT)
Exact Location of Accident Jalan Tebrau, Johor Bahru, Johor, Malaysia
Additional Location Information & JALAN SERAMPANG JUNCT
Country/State of Loss Malaysia/Johor Darul Takzim

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ9008M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAU HEOY MING
NRIC No S7170627C
Email Address JACKIETANCHEEWEI@GMAIL.COM
Mobile Phone No (Phone) +65-97884843
Alternative Phone No +65-97884843

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A45
Variant -
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1991

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01008878
Cover Note Number -

DRIVER

Name of Driver TAN CHEE WEI
NRIC No S9648719C

Date Of Birth	29/11/1966
Occupation	Indoor
Date Of Driving Pass	21/09/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97285005
Alt. Phone Number	-
Email Address	JACKIETANCHEEWEI@GMAIL.COM
Address	677B JURONG WEST ST 64 #02-299
Address complement	-
Postcode	642677
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JNS1921
Vehicle Category	Private car

FOREIGN VEHICLE 2

Vehicle Registration Number	JUH8656
Vehicle Category	Private car

FOREIGN VEHICLE 3

Vehicle Registration Number	UNKNOWN
Vehicle Category	Private car

PASSENGER 1

Name	HAU HEOY MING
Gender	Female

PASSENGER 2

Name	HO PEI QI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	TRAFIK JOHOR BAHRU(S)
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment? No
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC5715M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JNS1921
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JUH8656
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHEE WEI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ9008M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	HAU HEOY MING
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ9008M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	HO PEI QIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ9008M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT NOTICE

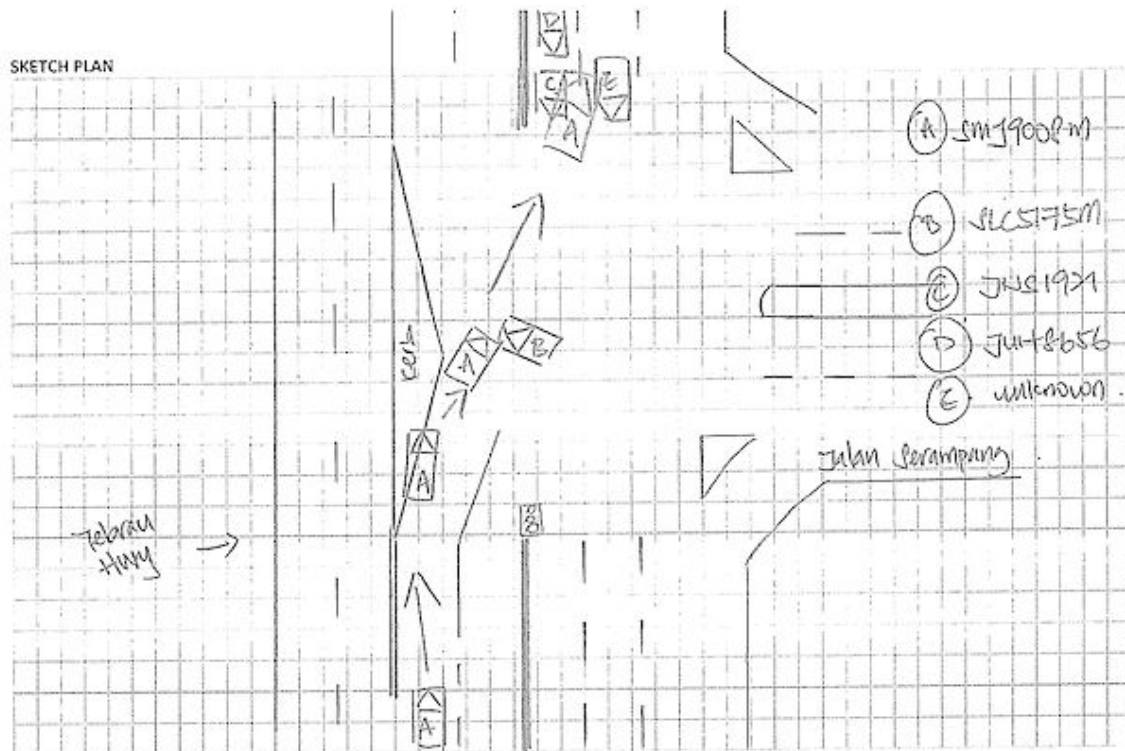
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A2 Per Malaysia Police report No: Trafik Johor Bahru (E) / 007844/22.

REMARKS: Vehicle is at JB Traffic police compound & was not in for photo taking

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:

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☒ For record purpose

Policy No. BMWPV01008878
Insurer Jompo Veh. No. SMJ9008M

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



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)	Pegawai Penyiasat : R128904	
Daerah : J/BAHRU SELATAN	No Repot Bersangkut : TRAFIK JOHOR BAHRU	
Kontinjen : JOHOR	(S)/007674/22	
No Repot : TRAFIK JOHOR BAHRU(S)/007844/22		
Tarikh : 10/05/2022		
Waktu : 1002 AM		
Bahasa Diterima : B. Malaysia		

Butir-butir Penerima Repot

Nama : IVAN WALTER ANAK LITOR	No Personel : R205355	Pangkat : L/KPL
Butir-butir Jurubahasa (Jika Ada)		
Nama : ---	No K/P (Baru) : ---	No Polis/Tentera : ---
No Pasport : ---	Bahasa Asal : ---	
Alamat : ---		

Butir-butir Pengadu

Nama : TAN CHEE WEI	No Polis/Tentera : ---	No Pasport : K0547416H
No K/P (Baru) : ---		
No Sijil Beranak : ---		
Jantina : Lelaki	Tarikh Lahir : 29/11/1996	Umur : 25 tahun 5 bulan
Keturunan : Cina	Warganegara : SINGAPORE	
Pekerjaan : BERNIAGA		
Alamat Tempat Tinggal : APT BLK 677B JURONG SET STREET 64 #02-229 , 642677 SINGAPORE		
Alamat Ibu/Bapa : ---		
Alamat Pejabat : ---		
No Tel (Rumah) : ---	No Tel (Pejabat) : ---	No Tel (HP) : 97285005

Pengadu Menyatakan:-

ON 08/05/2022 AROUND 0255HRS, I WAS DRIVING MY CAR (PLATE NO: SMJ9008M) FROM TAMAN BUKIT INDAH HEADING TO TAMAN SENTOSA. BY THE TIME I REACH KM 4.5 JALAN JOHOR BAHRU KOTA TINGGI, SUDDENLY THERE IS A CURVE ON THE ROAD. I TRY TO DODGE THE CURVE THEN MY CAR SLIPPED TO OPPOSITE PATHWAY AND HIT THREE CAR 1.(PLATE NO: SLC5175M) 2.(JNS1921) 3.(JUH8656) WHICH WERE COMING FROM THE OPPOSITE DIRECTION. I WAS HAVING INJURIES ON THE HEAD, RIGHT HAND, RIGHT LEG AND ALREADY GETTING MY TREATMENT AT NG TENG FONG GENERAL HOSPITAL SINGAPORE. I ALSO GOT SICK LEAVE FROM THE DAY THE ACCIDENT HAPPEN UNTIL 13/05/2022. MY CAR DAMAGES: FRONT BUMPER, FRONT BONET, FRONT RIGHT AND LEFT HEADLAMPS, FRONT RIGHT AND LEFT MUDGUARD, FRONT RIGHT AND LEFT ABSORBER/ARM/TYRE, FRONT RIGHT AND LEFT AIRBEG, FRONT PANEL, WATER TANK, AIRCOND TANK AND OTHER DAMAGES I'M NOT SURE YET. THAT IS ALL.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R4188665 | 10/05/2022 11:34:06 AM