

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 Actual 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	12/09/2022 17:17 (SGT)
Reported by	Both
Date of Accident	08/09/2022 09:45 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	PERSIARAN MOLEK UTAMA TOWARDS JLN RODMERAH UTAMA BEFORE JLN MASAI BARU
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU3278C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE MOA KIT
NRIC No	SXXXXX516G
Email Address	MOAKIT0546@GMAIL.COM
Mobile Phone No	(Phone) +65-81813752
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2400

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00091512200

DRIVER

Name of Driver	LEE MOA KIT
NRIC No	SXXXXX516G
Date Of Birth	21/11/1987

Occupation	Indoor
Date Of Driving Pass	23/09/2008
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-81813752
Alt. Phone Number	-
Email Address	MOAKIT0546@GMAIL.COM
Address	57 CIRCUIT ROAD #09-141
Address complement	-
Postcode	370057
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JRN2528
Vehicle Category	Private car

PASSENGER 1

Name	TEE AI CHIA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	POLIS MALAYSIA SERI ALAM
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JRN2528
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	TEE AI CHIA
Gender	Female
Phone No	(Phone) +65-81813752
Address	57 CIRCUIT ROAD #09-141
Address Complement	-
Post Code	370057
Approximate Age Years Old	28
Injuries Sustained	slight
Injured person in which vehicle?	SGU3278C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE MOA KIT
Gender	Male
Phone No	(Phone) +65-81813752
Address	57 CIRCUIT ROAD #09-141
Address Complement	-
Post Code	370057
Approximate Age Years Old	30
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGU3278C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

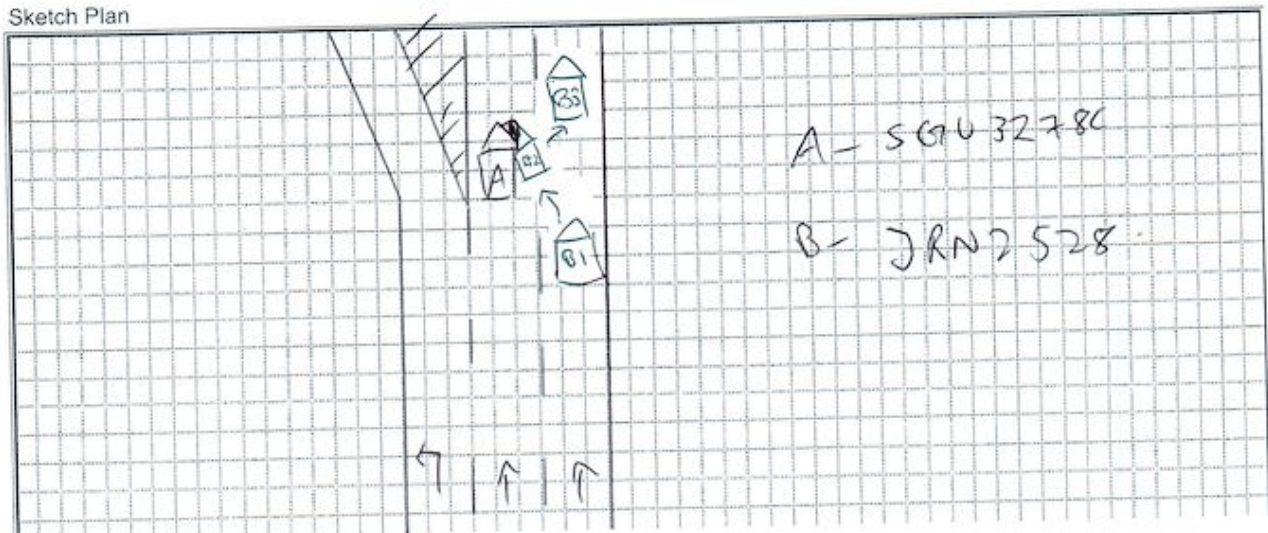
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time I was travelling along
 Persiaran Molek Utama towards Jalan Rosmerah Utama before Jalan
 Masai Bara waiting for the red light to turn green. While
 stationary I felt a huge impact coming from my rear right
 all the way to my front right portion of my vehicle.

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



Witnessed by Reporting Centre Personnel







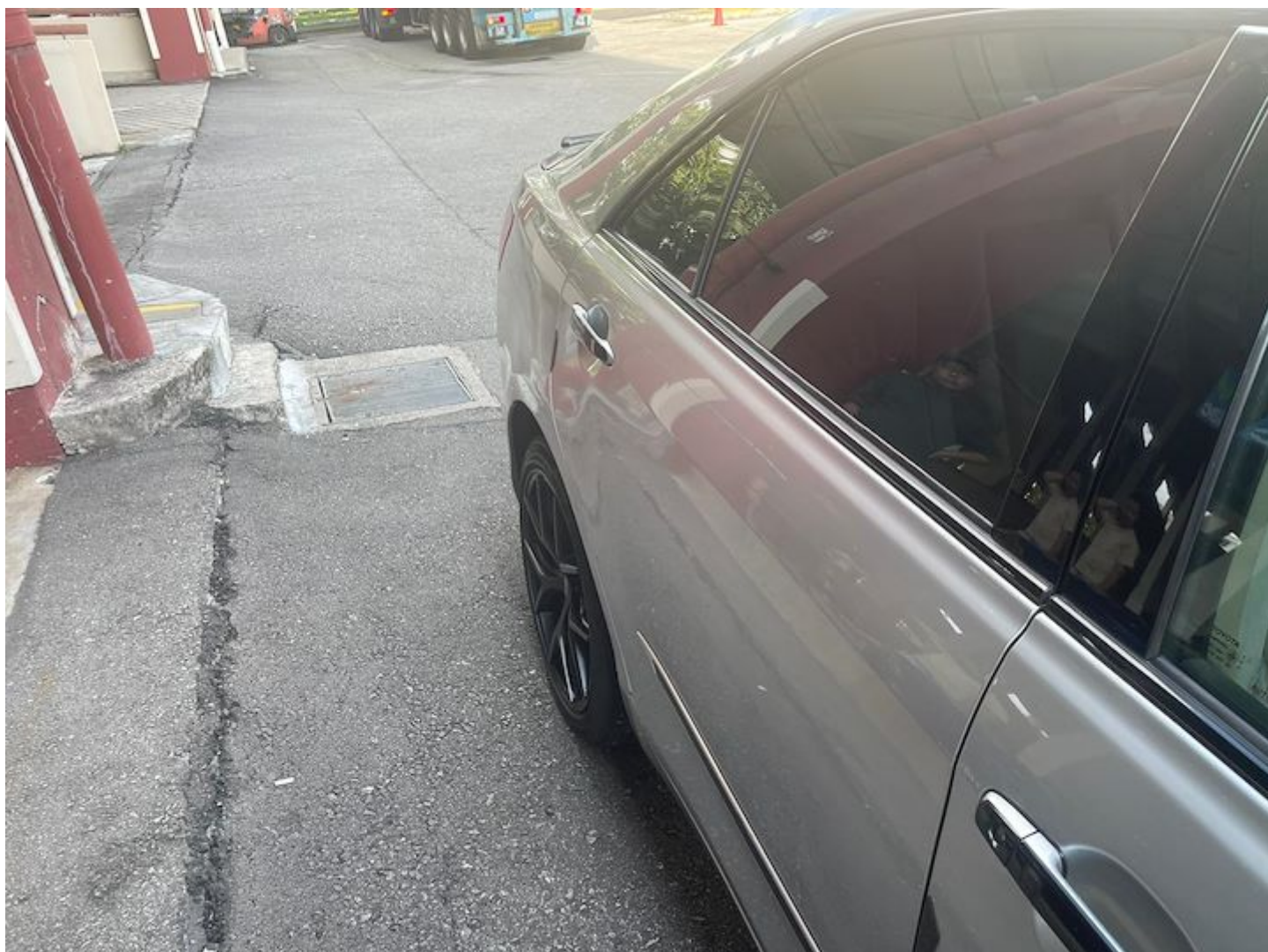






















POLIS DIRAJA MALAYSIA

CAWANGAN TRAFIK

IBU PEJABAT POLIS DAERAH SERI ALAM,

81750, BANDAR SERI ALAM

07-3864222

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : LEE MOA KIT
 No Kad Pengenalan / Pasport : 871121235433
 No Repot Polis : TRAFIK SERI ALAM/010888/22
 Tarikh @ Masa Repot Polis : 08/09/2022 @ 21:45
 Pengesahan Penerimaan Repot :



Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R127517) SJN ZULKIFLY BIN ABU BAKAR
 Tempat Tugas : JOHOR, SERI ALAM
 No Telefon Pejabat :
 No Telefon Bimbit : 018-7749579

Tarikh @ masa Perjumpaan :

Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Ahad - Khamis : 08:00 Pagi - 01:00
 Tengah Hari 02:00 Petang - 04:30
 Petang Jumaat : 08:00 Pagi - 12:30
 Tengah Hari 02:45 Petang - 04:30
 Petang Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis
2. Gambar Kenderaan
3. Rajah Kasar Kemalangan
4. Keputusan Siasatan
5. Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah :

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1

Pengesahan Kaunter Pembekalan
 Dokumen :

Tandatangan Pegawai Kaunter
 Pembekalan Dokumen