

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	02/12/2022 14:48 (SGT)
Reported by	Driver
Date of Accident	28/11/2022 19:24 (SGT)
Exact Location of Accident	Persiaran Indah Utama, Taman Bukit Indah 2, 81200 Johor Bahru, Johor, Malaysia
Additional Location Information	-
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4370E
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG SEH MOTORS PTE LTD
Company Reg No	1XXXXX320D
Email Address	kenlow@hongsehmotors.com
Mobile Phone No	(Phone) +65-97777073
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7990000073/1220001102

DRIVER

Name of Driver	TAN CHEE OOI
Passport No/FIN	GXXXX829X
Date Of Birth	10/11/1988

Occupation	Indoor
Date Of Driving Pass	18/11/2022
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-97777073
Alt. Phone Number	-
Email Address	kenlow@hongsehmotors.com
Address	BLK 388 YISHUN RING ROAD #09-1667
Address complement	-
Postcode	760388
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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	BHE8375
Vehicle Category	Private car

PASSENGER 1

Name	TAN BEE KIEW
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT J/20221130/2049 AND TRAFIK IPUTERI/012339/22

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
---	-----

Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number BHE8375
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 BEE OOI
Gender Male
Phone No (Phone) +65-97777073
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SMD4370E
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

1. Rease 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 Traffic Police Department for investigation.
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 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.
8. **Consent under the Personal Data Protection Act (POPA)**
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



A - SMD 4370 E

B - BHE 8375

Describe Circumstances of the Accident

On the stated dates, times and location
 I vehicle 'A' was stop stationary at the traffic junction
 along Persiaran indah in my designated lane, while waiting
 for the traffic light to turn green, suddenly I felt
 a very huge impact from the rear of my vehicle
 and I alighted and realized that vehicle 'B' failed
 to stop her vehicle and as such collided onto the
 rear of my vehicle. after the collision myself and
 vehicle 'B' went to lodge a police report at the
 traffic Police department Iskandar Puteri. that all

Police Report J/2022/130/2049

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

Witnessed by Reporting Centre
Personnel




















**SINGAPORE
POLICE FORCE**
POLICE REPORT (NP299)

Police Station Of Origin
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



1 of 2

Report No. J/20221130/2049

Date/Time Report Made 30/11/2022 14:09	Vide Report No.	Station Diary No. 15
Name Of Informant TAN CHEE OOI	Address APT BLK 388 YISHUN RING ROAD #09-1667 SINGAPORE 760388	
ID Type / ID No. FIN NO / G8410829X	Contact No. Home/Office	Mobile 88876637
Nationality MALAYSIAN	Email Address	
Occupation OPERATION PLANNER	Sex Male	Age 34
Institution/School Name	Date of Birth 10/11/1988	Race Chinese
Date/Time Of Incident 28/11/2022 19:20	Location Of Incident JALAN PERSIARAN INDAH MALAYSIA	

Brief details.

On 28/11/2022 at about 1924hrs, I was driving my company vehicle SMD4370E, along Malaysia Jalan Persiaran Indah. When I was at the traffic light junction, my vehicle was at stationary as the traffic light was red. Subsequently there, is a Malaysian car, BHE8375, came from the rear and collided on to my vehicle. We then exited our vehicle and exchange our particulars. Both of us then went to Malaysia Police station and lodge our traffic accident report respectively. There is in car CCTV in my vehicle. On 29/11/2022, I felt slight pain on my back and decide to go down to nearby clinic in Singapore to seek

Signature Of Officer Recording The Report:
J / SGT 2 MUHAMMAD AQIL BIN
MUHAMMAD TASRIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SR STAFF SGT MOHAMMAD ASYRAF BIN OMAR
Contact No.: 67910000

Signature Of Informant:

Date/Time:
30/11/2022 14:09

Classification Of Case:

**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



J/20221130/2049

2 of 2

Report No. J/20221130/2049

treatment and gotten 3 days MC. I was advised by the car insurance company to lodge a report as I had gotten a 3-day MC for insurance claim. I am lodging this report for insurance claims purposes.

Signature Of Officer Recording The Report:

J / SGT 2 MUHAMMAD AQIL BIN
MUHAMMAD TASRINSignature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SR STAFF SGT MUHAMMAD ASYRAF BIN OMAR
Contact No.: 67910000

Signature Of Informant:

Date/Time:
30/11/2022 14:09

Classification Of Case:



POLIS DIRAJA MALAYSIA REPOUT POLIS

Balai : TRAFIK ISKANDAR PUTERI
 Daerah : ISKANDAR PUTERI
 Kontinjen : JOHOR
 No. Repot : TRAFIK IPUTERI/012339/22
 Tarikh : 28/11/2022
 Waktu : 2007 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R207135

Butir-butir Penerima Repot :

Nama : ERIC PAUL AK UMBOH No. Badan : R211288 Pangkat : KONS/P

Butir-butir Jurubahasa (Jika Ada) :

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

Butir-butir Pengadu :

Nama : TAN CHEE OOI
 No. K/P (Baru) : 881110016533 No. Polis/Tentera : --- No. Pasport : ---
 No. Sijil Beranak : --- Jantina : Lelaki Tarikh Lahir : 10/11/1988
 Umur : 34 Tahun 0 Bulan Keturunan : Cina Warganegara : Malaysia
 Pekerjaan : OPERATION PLANNER
 Alamat Tinggal : NO 17 JALAN NB2 6/4 TAMAN NUSA BESTARI 2, 81300 JOHOR
 Alamat IbuBapa : ---
 Alamat Pejabat : ---
 No. Tel (Rumah) : --- No. Tel (Pejabat) : --- No. Tel (Bimbit) : 010-7995511
 Email : ---

Pengadu Menyatakan :

PADA 28/11/2022 JAM LEBIH KURANG 1924HRS SEMASA SAYA SEDANG MEMANDU MOTOKAR NOMBOR
 PENDAFTARAN SMD4370E JENIS MERCEDES GLA200 DARI BUKIT INDAH HENDAK KE NUSA BESTARI. KETIKA
 DI JALAN PERSIARAN INDAH, LAMPU ISYARAT BERWARNA MERAH JADI SAYA MEMBERHENTIKAN MOTOKAR
 SAYA, TIBA-TIBA DATANG SEBUAH MPV NOMBOR PENDAFTARAN BHE8375 MELANGGAR MOTOKAR SAYA
 DARI ARAH BELAKANG, SAYA MENGALAMI KECEDERAAN PADA BAHU SEBELAH KANAN, DAN TUBUH
 BELAKANG DAN BELUM MENDAPAT RAWATAN DI MANA-MANA KLINIK, KEROSAKAN MOTOKAR SAYA PADA
 BUMPER, SKIRTING, SENSOR DAN LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R211288 | 28/11/2022 08:15:58 PM