

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 | 18/01/2023 15:45 (SGT) |
| Reported by | Both |
| Date of Accident | 17/01/2023 15:44 (SGT) |
| Exact Location of Accident | Bukit Tinggi, 86700, Johor, Malaysia |
| Additional Location Information | ROUND ABOUT |
| Country/State of Loss | Malaysia |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SKQ6612A |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | CHEN XUEYI |
| NRIC No | SXXXX614J |
| Email Address | xueyi.cheyne@gmail.com |
| Mobile Phone No | (Phone) +65-98763918 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | E200 |
| 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 | 1991 |

INSURANCE COMPANY

| | |
|---|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D22MTPV01020175 |

DRIVER

| | |
|----------------------|------------|
| Name of Driver | CHEN XUEYI |
| NRIC No | SXXXX614J |
| Date Of Birth | 17/01/1988 |
| Occupation | Indoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 12/09/2013 |
| Driving experience | 9 YEARS AND 4 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-98763918 |
| Alt. Phone Number | - |
| Email Address | xueyi.cheyne@gmail.com |
| Address | BLK 40 JALAN RUMAH TINGGI #11-276 |
| Address complement | - |
| Postcode | 151040 |
| 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 | Collision - Roundabout |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 |
| 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 | JRW9210 |
| Vehicle Category | Private car |

PASSENGER 1

| | |
|--------------|---------|
| Name | HUSBAND |
| Gender | Male |

PASSENGER 2

| | |
|--------------|----------|
| Name | DAUGHTER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | TRAFIK ISKANDAR PUTERI |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO TRAFIK IPUTERI/000790/23 AND STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JRW9210
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver EDISON LIEW ZHI JUN
Passport No/FIN 0XXXXXXX0253
Contact Number (Phone) +60-1164065390
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 (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

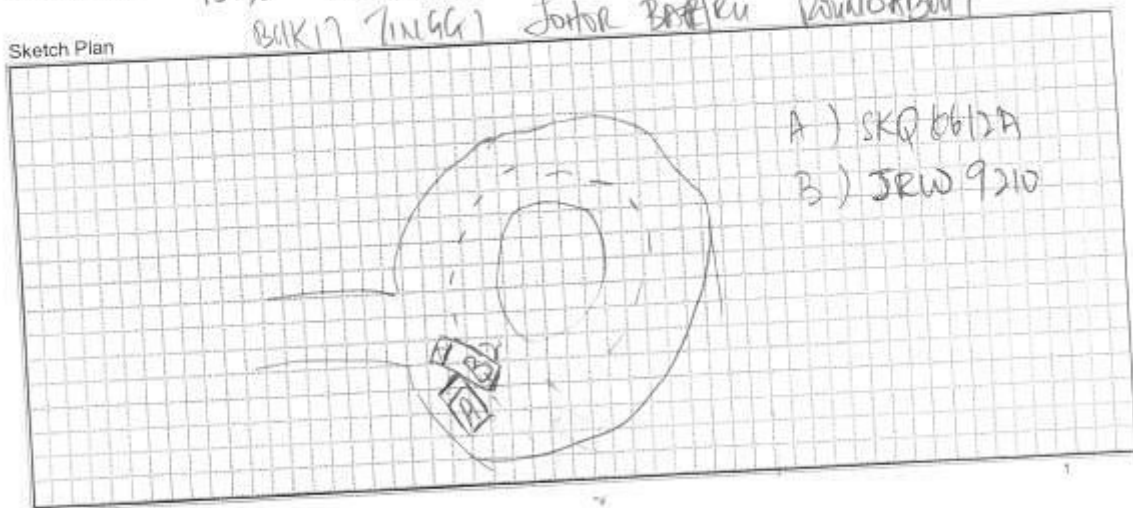
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
 18/01/2023
 15:30

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

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

Sketch Plan

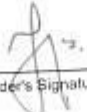

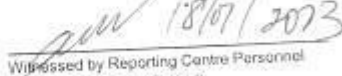


vJun2022

Describe Circumstance of the Accident

ON 17/01/2023 AT ABOUT 15:44 HRS I WAS DRIVING
 MY CAR SKQ6612A FROM AEON BUKIT JALOH (WANTED
 TO GO TO WAS DIRECTION. AT THE TIME OF ACCIDENT I
 WAS AT THE LEFT LANE OF THE BUKIT JALOH ROUND
 ABOUT AND I SAW A CAR JRW9410 WAS ON MY
 RIGHT. SUDDENLY CHANGE LANE TO EXIT TO THE LEFT
 LANE & BRUSH AGAINST MY CAR. AT THE POINT OF
 TIME NO ONE WAS INJURED, MY CAR DAMAGE WAS
 FROM RIGHT SIDE BUMPER, FENDER, MID GUARD, HEAD LIGHT
 ARM RIM TYRE & OTHERS. I AM MAKING
 A REPORT TO CLAIM AGAINST THE OTHER PARTY.

Declaration
 I/We declare the foregoing particulars are true in every respect.

| | | |
|--|---|---|
|  Policyholder's Signature / Date & Time 18/01/2023 15:40 |  Actual Driver's Signature (if driver is not the policyholder) / Date & Time |  Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) |
|--|---|---|

vJun2022

2

































POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK ISKANDAR PUTERI Pegawai Penyiasat : R147106
 Daerah : ISKANDAR PUTERI
 Kontinjen : JOHOR
 No. Repot : TRAFIK IPUTERI/000790/23
 Tarikh : 17/01/2023
 Waktu : 1807 PM
 Bahasa Diterima : B, Malaysia

Butir-butir Penerima Repot :

Nama : AG KHAIRI AKMAL BIN AG AYUB No. Badan : R211318 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 : CHEN XUEYI No. Polis/Tentera : --- No. Pasport : K1769436H
 No. K/P (Baru) : --- Jantina : Perempuan Tarikh Lahir : 17/01/1988
 No. Sijil Beranak : --- Keturunan : Cina Warganegara : SINGAPORE
 Umur : 35 Tahun 0 Bulan
 Pekerjaan : FINANCIAL CONSULTANT
 Alamat Tinggal : 40, JALAN RUMAH TINGGI, #11276, 151040 SINGAPORE
 Alamat IbuBapa : ---
 Alamat Pejabat : ---
 No. Tel (Rumah) : --- No. Tel (Pejabat) : --- No. Tel (Bimbit) : 6598763918
 Emel : ---

Pengadu Menyatakan :

PADA 17/01/2023 JAM LEBIH KURANG 1544 HRS, SAYA MEMANDU MOTOKAR NOMBOR SKQ6612A DARI AEON BUKIT INDAH HENDAK MENUJU KE TUAS. PADA KETIKA ITU, SAYA MELALUI LORONG KIRI BULATAN BUKIT INDAH. PADA MASA YANG SAMA, DIDAPATI SEBUAH MPV NOMBOR JRW9210 YANG BERADA DI LORONG KANAN TELAH MENGUBAH HALUAN LALU MELANGGAR KENDERAAN SAYA. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR SAYA IALAH PADA BAHAGIAN HADAPAN SEBELAH KANAN IAITU BUMPER, FENDER, MUD GUARD, SET LAMPU, ARM RIM TAYAR, DAN LAIN-LAIN KEROSAKAN BELUM DIKENALPASTI. SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R211318 | 17/01/2023 06:16:46 PM