

## 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 ability.
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 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	02/01/2018 16:56
Date Of Accident	29/12/2017 02:00
Exact Location Of Accident	SULTAN IBRAHIM MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3863P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INFINITE DRIVE PTE. LTD.
Co Reg No	201606831H
Email Address	JUDYTANSM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83533777
Alternative Phone No	OFFICE-91419714

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 2.0L GT CVT ABS D/AB 2WD HID
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081467455-01
Cover Note Number	

### Driver

Name of Driver	MUHAMAD ZULFADLI BIN ABU TALIB
NRIC No	S8421977J
Date Of Birth	20/07/1984
Occupation	INDOOR
Date Of Driving Pass	08/09/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83533777
Fax Number	
Contact Number	OTHERS-91419714
Email Address	JUDYTANSM@HOTMAIL.COM

Address	BLK 528A PASIR RIS ST 51 #05-655
Postcode	511528
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : JEAN LEE GENDER: : FEMALE
Passenger 2	NAME: : SHANE LEE GENDER: : MALE
Passenger 3	NAME: : ARIFF GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : G/20171229/2078 / TRAFIK JOHOR BAHRU (S) 030010/17

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	AJX4392
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)

**DETAILS OF INJURED PERSON 1**

Name MUHAMAD ZULFADLI BIN ABU TALIB

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SJN3863P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name JEAN LEE

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SJN3863P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name SHANE LEE

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SJN3863P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 4**

Name ARIFF

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SJN3863P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### 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 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. 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.



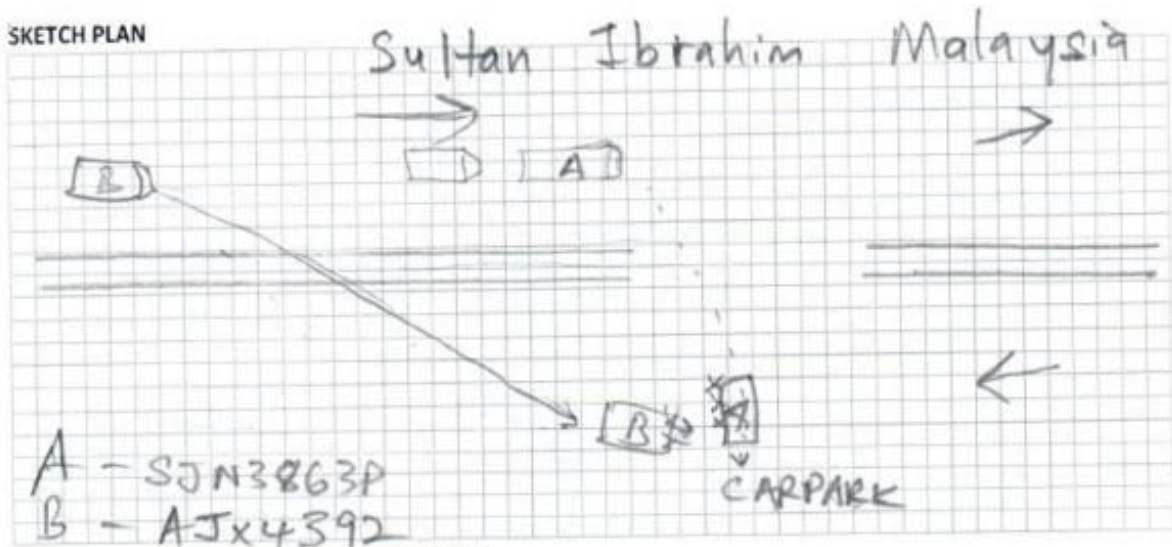
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S Refer to the Police Report  
9/2017/229/2078  
TRAFIK JOMOR BAHEN(S)/  
030010/17

## 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 Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



G/20171229/2078

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20171229/2078

Police Station Of Origin  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

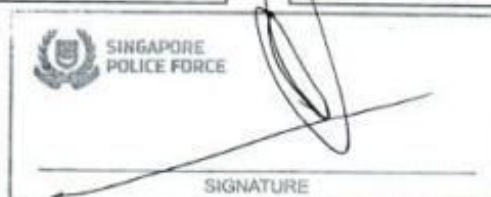
Date/Time Report Made 29/12/2017 15:18	Vide Report No.	Station Diary No. 79
Name Of Informant MUHAMAD ZULFADLI BIN ABU TALIB	Address APT BLK 528A PASIR RIS STREET 51 #05-655 SINGAPORE 511528	
ID Type / ID No. NRIC NO / S8421977J	Contact No. Home/Office Mobile 83533777	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation AV Technician	Sex Male	Age 33
Institution/School Name	Date of Birth 20/07/1984	Race Malay
Date/Time Of Incident 29/12/2017 02:00	Location Of Incident Sultan Ibrahim MALAYSIA	

**Brief details.**

On the 29/12/2017 at about 2am, I was driving my car SJN3863E (Black, Mitsubishi Lancer EX) in Malaysia, Sultan Ibrahim. I was travelling on a two-way single lane, and there was a car in front of me making a right turn into the carpark. After the car turned, I then followed behind and turned right as there were no incoming vehicles. As I was turning right, a car from my lane behind me had drove against the traffic flow and hit against my right side of the car. The driver was driving very fast.

Signature Of Officer Recording The Report: G / Sr Staff Sgt WONG TING CHIEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2017 15:18
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp WILLJUDE VIMALRAJ S/O RAYMOND SURAS Contact No.: 6244 7200	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



G/20171229/2078

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171229/2078

I had 3 passengers inside my car and they were all injured with sprains, cuts and bruises. They had came back to Singapore and see the doctor here.

The other party was driving a silver color car, Malaysian license plate number AJX4392, a male Chinese driver. Inside his car had 3 passengers as well. My car sustained heavily dents and scratches on the right rear side and my right rear wheel was out of alignment. The window also broke. While the other driver's car was badly dented on the front. Both our cars could be driven anymore.

I am lodging this report for my insurance claim.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt WONG TING CHIEN

Signature Of Interpreter:  
Not applicable

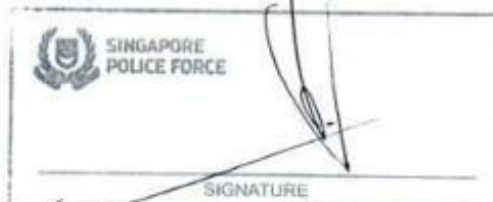
Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Insp WILLJUDE VIMALRAJ S/O RAYMOND SURAS  
Contact No.: 6244 7200

Authentication Stamp

Signature Of Informant:

Date/Time:  
29/12/2017 15:18

Classification Of Case:



Pol.316

POL.316



**POLIS DIRAJA MALAYSIA**  
**CAWANGAN TRAFIK**  
**IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,**  
**JALAN TEBRAU, 80250 JOHOR BAHRU**  
**07-2237977**

**Resit Akaun Penerimaan Repot Polis :**

**Nama Pengadu** : MUHAMAD ZULFADLI BIN ABU TALIB  
**No Kad Pengenalan / Paspot** : S8421977J  
**No Repot Polis** : TRAFIK JOHOR BAHRU(S)/030010/17  
**Tarikh @ Masa Repot Polis** : 28/12/2017 @ 03:32  
**Pengesahan Penerimaan Repot** :

.....  
**Tandatangan Ketua Pejabat Pertanyaan**

**Pegawai Penyiasat :**

**Nama Pegawai Penyiasat** : (R138747) SJN RASHID BIN JELAS  
**Tempat Tugas** : JOHOR , J/BAHRU SELATAN  
**No Telefon Pejabat** : **No Telefon Bimbit** : 019-2368965  
**Tarikh @ masa Perjumpaan** : .....  
**Pengesahan Penerimaan Repot** : (RASHID BIN JELAS) SJN 138747  
 Pen. Pegawai Penyiasat  
 Bahar Polis Trafik  
 IPPD Johor Bahru (S)

.....  
**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 :**

**Isnin - 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    | <input checked="" type="checkbox"/> |
| 2. Gambar Kenderaan       | <input type="checkbox"/>            |
| 3. Rajah Kasar Kemalangan | <input type="checkbox"/>            |
| 4. Keputusan Siasatan     | <input type="checkbox"/>            |
| 5. Lain-lain Dokumen      | <input type="checkbox"/>            |

**Tarikh @ Masa Dokumen Diserah :** .....

**Pengesahan Kaunter Pembekalan Dokumen :**

.....  
**Tandatangan Pegawai Kaunter Pembekalan Dokumen**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



G/20171229/2078

1 of 2

## POLICE REPORT (NP299)

Report No. G/20171229/2078

Police Station Of Origin  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

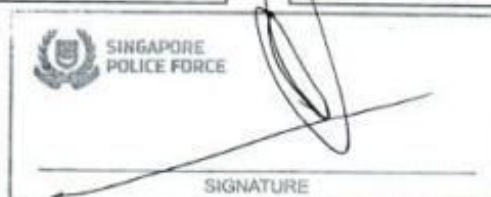
Date/Time Report Made 29/12/2017 15:18	Vide Report No.	Station Diary No. 79
Name Of Informant MUHAMAD ZULFADLI BIN ABU TALIB	Address APT BLK 528A PASIR RIS STREET 51 #05-655 SINGAPORE 511528	
ID Type / ID No. NRIC NO / S8421977J	Contact No. Home/Office Mobile 83533777	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation AV Technician	Sex Male	Age 33
Institution/School Name	Date of Birth 20/07/1984	Race Malay
Date/Time Of Incident 29/12/2017 02:00	Location Of Incident Sultan Ibrahim MALAYSIA	

### Brief details.

On the 29/12/2017 at about 2am, I was driving my car SJN3863E (Black, Mitsubishi Lancer EX) in Malaysia, Sultan Ibrahim. I was travelling on a two-way single lane, and there was a car in front of me making a right turn into the carpark. After the car turned, I then followed behind and turned right as there were no incoming vehicles. As I was turning right, a car from my lane behind me had drove against the traffic flow and hit against my right side of the car. The driver was driving very fast.

Signature Of Officer Recording The Report: G / Sr Staff Sgt WONG TING CHIEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2017 15:18
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp WILLJUDE VIMALRAJ S/O RAYMOND SURAS Contact No.: 6244 7200	Classification Of Case:

Authentication Stamp



# Police Report



**SINGAPORE  
POLICE FORCE**



G/20171229/2078

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171229/2078

I had 3 passengers inside my car and they were all injured with sprains, cuts and bruises. They had came back to Singapore and see the doctor here.

The other party was driving a silver color car, Malaysian license plate number AJX4392, a male Chinese driver. Inside his car had 3 passengers as well. My car sustained heavily dents and scratches on the right rear side and my right rear wheel was out of alignment. The window also broke. While the other driver's car was badly dented on the front. Both our cars could be driven anymore.

I am lodging this report for my insurance claim.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt WONG TING CHIEN

Signature Of Interpreter:  
Not applicable

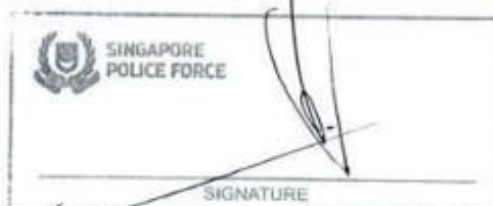
Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Insp WILLJUDE VIMALRAJ S/O RAYMOND SURAS  
Contact No.: 6244 7200

Authentication Stamp

Signature Of Informant:

Date/Time:  
29/12/2017 15:18

Classification Of Case:



# Police Report

Pol.316

Page 1 of 1

POL.316



**POLIS DIRAJA MALAYSIA**  
**CAWANGAN TRAFIK**  
**IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,**  
**JALAN TEBRAU, 80250 JOHOR BAHRU**  
**07-2237977**

## Resit Akaan Penerimaan Repot Polis :

**Nama Pengadu** : MUHAMAD ZULFADLI BIN ABU TALIB  
**No Kad Pengenalan / Paspot** : S8421977J  
**No Repot Polis** : TRAFIK JOHOR BAHRU(S)/030010/17  
**Tarikh @ Masa Repot Polis** : 28/12/2017 @ 03:32  
**Pengesahan Penerimaan Repot** :

**Tandatangan Ketua Pejabat Pertanyaan**

## Pegawai Penyiasat :

**Nama Pegawai Penyiasat** : (R138747) SJN RASHID BIN JELAS  
**Tempat Tugas** : JOHOR , J/BAHRU SELATAN  
**No Telefon Pejabat** : **No Telefon Bimbit** : 019-2368965  
**Tarikh @ masa Perjumpaan** :  
**Pengesahan Penerimaan Repot** : (RASHID BIN JELAS) SJN 138747  
Pen. Pegawai Penyiasat  
Batal Polis Trafik  
IPPD Johor Bahru (S)

**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 :

**Isnin - 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 :**

**Pengesahan Kaunter Pembekalan Dokumen :**

**Tandatangan Pegawai Kaunter Pembekalan Dokumen**