Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/01/2018 12:40

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 witholding 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 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	24/01/2018 10:37
Date Of Accident	10/01/2018 18:30
Exact Location Of Accident	JALAN TEBRAU
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FT4553T
Insured/Policyholder	
Name Of Registered Owner	CHAN THYE CHIANG
NRIC No	S1297072B
Email Address	TCCHAN004@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94528326
Alternative Phone No	OTHERS-94528326
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR600F1
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5055068968-04
Cover Note Number	
Driver	
Name of Driver	CHAN THYE CHIANG
NRIC No	S1297072B
Date Of Birth	04/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94528326
Fax Number	
Contact Number	OTHERS-94528326
EMail Address	TCCHAN004@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :

Attachment(s)

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

Details of Witness 1

Name	RANJITKUMAR VEERAMALAI
Phone Number	83518123
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPW8768
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHERN TECK SAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHAN THYE CHIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FT4553T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.

Tcchan

Tcchan004@gmail.com

24/1/2018

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
TRAFIK JOHOR BAHRU
(S) 000894/18

TRAFIK JOHOR BAHRU
(S) 001127/18

DECLARATION

I/We declare the foregoing particulars are true in every respect. pending my email & details

Tcchan004@gmail.com

24/1/2018

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

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai	: TRAFIK JOHOR BAHRU(S)	**Pegawai Penyiasat**	: R92851
Daerah	: J/BAHRU SELATAN	**No Repot Bersangkut**	: TRAFIK JOHOR BAHRU (S)/000894/18
Kontinjen	: JOHOR		
No Repot	: TRAFIK JOHOR BAHRU(S)/001127/18		
Tarikh	: 12/01/2018		
Waktu	: 1950 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot

Nama : MOHAMMAD NASHARUDDIN BIN BANUN **No Personel** : R194594 **Pangkat** : KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : --- **No K/P (Baru)** : --- **No Polis/Tentera**: ---

No Paspot: --- **Bahasa Asal** : ---

Alamat: ---

Butir-butir Pengadu

Nama : CHAN THYE CHIANG

No K/P (Baru) : --- **No Polis/Tentera** : --- **No Paspot** : E5165138A

No Sijil Beranak : ---

Jantina : Lelaki **Tarikh Lahir** : 04/08/1958 **Umur** : 59 tahun 5 bulan

Keturunan : Cina **Warganegara** : Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : 8 CONTONMENT CLOSE # 09-95 SE 081008 SINGAPORE, 081008, JOHOR

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 01116149551

Emel : ---

Pengadu Menyatakan:-

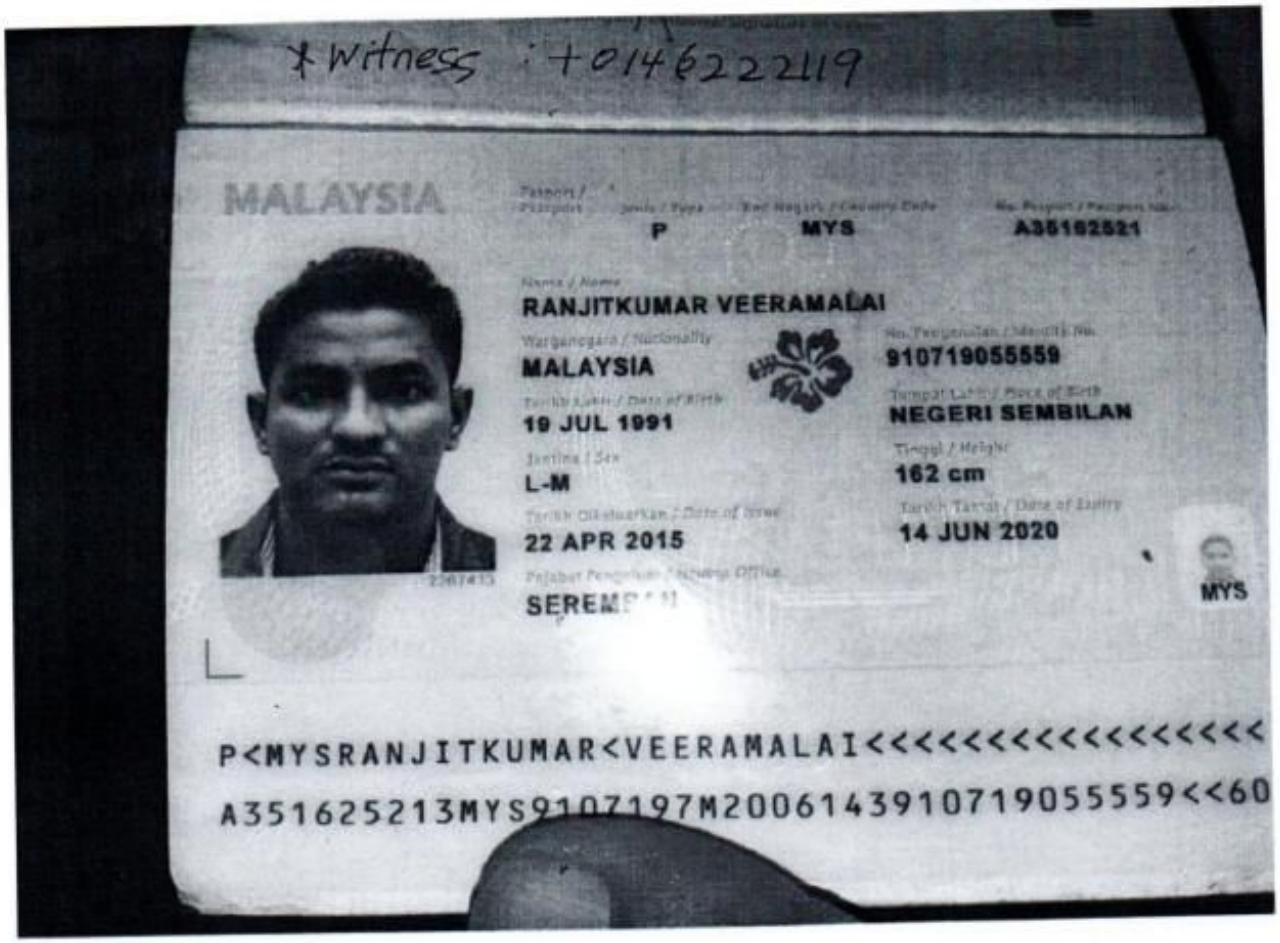
PADA 10/01/2018 JAM LEBIH KURANG 1830HRS. SAYA MENUNGGANG M/SIKAL NO FT4553T DARI SINGAPORE HENDAK KE TEBRAU. APABILA SAMPAI DI KM 5.5 JALAN JOHOR BAHRU KOTA TINGGI TIBA-TIBA SEBUAH M/MPV NO JPW8788 DARI LORONG KIRI TELAH MASUK KE LORONG KANAN DAN TELAH MELAMNGGAR BELAKANG M/SIKAL SAYA. SAYA MENGALAMI CEDERA DI BAHAGIAN LUTUT SEBELAH KIRI, KAKI KANAN. MENDAPAT RAWATAN DI HOSPITAL SINGAPORE DAN MENDAPAT CUTI SAKIT SELAMA 7 HARI PADA 10/01/2018 SEHINGGA 17/01/2018. KEROSAKAN M/SIKAL SAYA PEMIJAK GEAR PATAH, SET MIRROL SEBELAH KIRI DAN LAIN-LAIN KEROSAKAN KURANG PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

12/1/18

ID Pencetak | Tarikh @ Masa Cetak : R194594 | 12/01/2018 08:14:25 PM

Sketch Plan #4



Witness

Accident Photo

Accident Photo

Accident Photo

Accident Photo

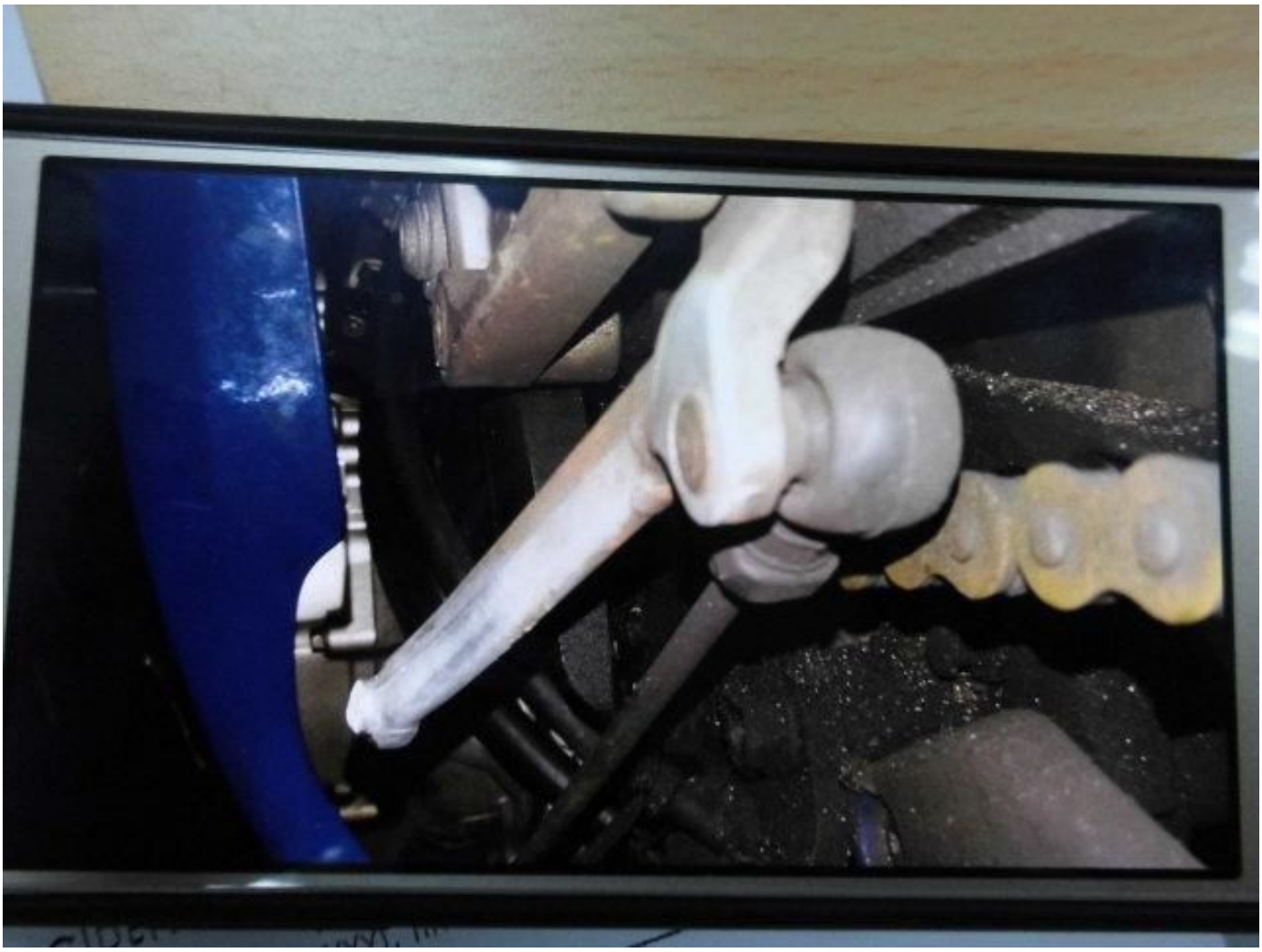
Accident Photo

Accident Photo

Accident Photo

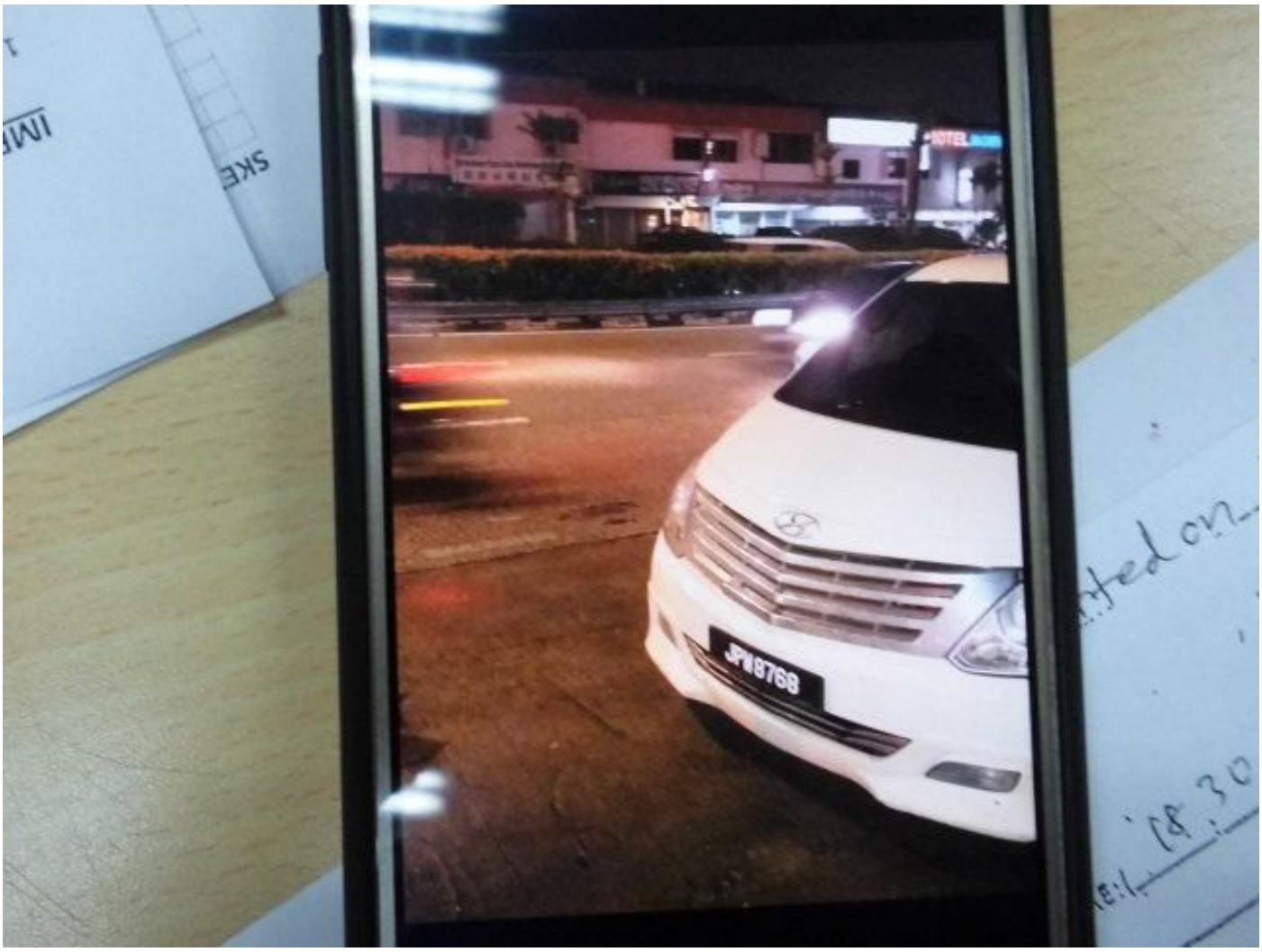
Accident Photo

Accident Photo



Accident Photo

Accident Photo



Accident Photo

POL.316

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

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : CHAN THYE CHIANG
No Kad Pengenalan / Paspot : E5165138A
No Repot Polis : TRAFIK JOHOR BAHRU(S)/001127/18
Tarikh @ Masa Repot Polis : 12/01/2018 @ 19:50
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R92851) SJN SAHRIL ANUAR BIN HASHIM
Tempat Tugas : JOHOR , J/BAHRU SELATAN
No Telefon Pejabat : **No Telefon Bimbit** : 019-7686566
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 :
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

Police Report

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai	: TRAFIK JOHOR BAHRU(S)	**Pegawai Penyiasat**	: R92851
Daerah	: J/BAHRU SELATAN	**No Repot Bersangkut**	: TRAFIK JOHOR BAHRU (S)/000894/18
Kontinjen	: JOHOR		
No Repot	: TRAFIK JOHOR BAHRU(S)/001127/18		
Tarikh	: 12/01/2018		
Waktu	: 1950 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot

Nama : MOHAMMAD NASHARUDDIN BIN BANUN **No Personel** : R194594 **Pangkat** : KONST/P

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Nama : --- **No K/P (Baru)** : --- **No Polis/Tentera**: ---

No Paspot: --- **Bahasa Asal** : ---

Alamat: ---

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Alamat Pejabat : ---

No Tel (Rumah) : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 01116149551

Emel : ---

Pengadu Menyatakan:-

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Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

12/1/18

ID Pencetak | Tarikh @ Masa Cetak : R194594 | 12/01/2018 08:14:25 PM