

## 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 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	20/04/2018 15:25
Date Of Accident	14/04/2018 13:35
Exact Location Of Accident	BEFORE MALAYSIA CUSTOM TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1086U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED HAINI BIN PARDI
NRIC No	S1525167J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81617699
Alternative Phone No	OFFICE-81617699

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA219341/1
Cover Note Number	

### Driver

Name of Driver	SHAHRIKHAIRI BIN MOHAMED HAINI
NRIC No	S9400985E
Date Of Birth	14/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81617699
Fax Number	
Contact Number	
Email Address	SHAHRIK_KHAIRI@HOTMAIL.COM

Address	APT BLK 539 WOODLANDS DRIVE 16 #06-117
Postcode	730539
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	CBL7318 (PRIVATE CAR)
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : RUBIAH GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POLIS DIRAJA MALAYSIA
Police Station Address	<b>ROAD:</b> IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN , <b>POSTCODE:</b> 80250 , <b>COUNTRY:</b> MALAYSIA
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER SKETCH PLAN. WE ARE UNABLE TO GET POLICYHOLDER'S SIGNATURE AS HE HAS DECEASED

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS9594M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAN CHUN KHEONG
NRIC/Passport Number	S1381664F
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number CBL7318  
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)

**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.

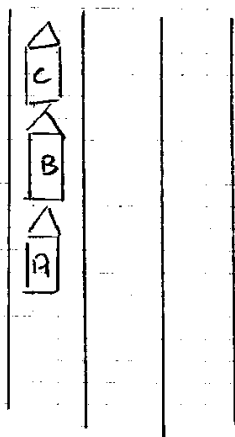
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan Pg. 1

### SKETCH PLAN



A - SJK 10860  
B - SJK 959414  
C - CBL 7318

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Accident Date & Time : 14 / Apr / 18 135 pm

Accident Location : Before Msia Customs SG

I was driving along the mentioned location.  
Vehicle B suddenly braked. I did not have  
enough time to react, thus rear ended into his  
vehicle.

I suspected vehicle B collided onto vehicle C,  
therefore he braked suddenly.

No injury was involved in this accident.

☒ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

## DECLARATION

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

**\* IMPORTANT NOTE:**

**IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim) there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature

**Date & Time:**

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Jensen

NRIC/FIN No.:

**POLIS DIRAJA MALAYSIA**  
**REPOt POLIS**

Balai : TRAFIK JOHOR BAHRU(S)  
Daerah : J/BAHRU SELATAN  
Kontinjen : JOHOR  
No Repot : TRAFIK JOHOR BAHRU(S)/008859/18  
Tarikh : 14/04/2018  
Waktu : 1758 PM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R123364  
No Repot Bersangkut : TRAFIK JOHOR BAHRU  
(S)/008842/18

**Butir-butir Penerima Repot**

Nama : AFRIE BIN JEOFERY

No Personel : R194284

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 : SHAHRILKHAIRI BIN MOHAMED HAINI

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : S9400985E

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 14/01/1994

Umur : 24 tahun 3 bulan

Keturunan : Jawa

Warganegara : Singapore

Pekerjaan : -

Alamat Tempat Tinggal : APT BLK 539 WOODLANDS DRIVE 16 #06-117, SINGAPORE, 730539

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 81617699

**Pengadu Menyatakan:-**

PADA 14/04/2018 JAM LEBIH KURANG 1335HRS SAYA MEMANDU M/KAR NO SJK1086U DARI SINGAPORE HENDAK KE JOHOR BAHRU. APABILA SAMPAI DI TAMBAK JOHOR, SEMASA MEMANDU JALAN TERUS. TIBA-TIBA SEBUAH M/KAR NO SKS9594M BREK DI HADAPAN SAYA. SAYA BREK TETAPI TERLANGGAR JUGA BAHAGIAN BELAKANG M/KAR TERSEBUT. SAYA TIDAK CEDERA. KEROSAKAN KEROSAKAN BUMPER DEPAN, NO PLAT, STERRING DAN LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R2120133 | 15/04/2018 10:19:42 AM

PEJ. SALINAN REPOt  
TRAFIK JOHOR BAHRU (S)  
SALINAN YANG DISAHKAN BENAR  
(HANYA UNTUK TUNTUTAN SIVIL)

.....  
KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR  
TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

