

## 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             | 07/06/2018 10:18                                   |
| Date Of Accident           | 13/01/2018 10:00                                   |
| Exact Location Of Accident | CROSS JUNCTION OF JLN MOHD SALLEH/JLN FATIMAH (JB) |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SFG881R                       |
| <b>Insured/Policyholder</b> |                               |
| Name Of Registered Owner    | EE AH BAH @YEE FOOK HWA       |
| NRIC No                     | S1848913I                     |
| Email Address               | CALIFORNIACOLE@SINGNET.COM.SG |
| Mobile Phone No             | (LOCAL) +65-96835991          |
| Alternative Phone No        | OTHERS-96835991               |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | NISSAN         |
| Model  | TEANA          |
| 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   | PRIVATE CAR    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5073404337-02                          |
| Cover Note Number         |  |

### Driver

|                      |                               |
|----------------------|-------------------------------|
| Name of Driver       | EE AH BAH @YEE FOOK HWA       |
| NRIC No              | S1848913I                     |
| Date Of Birth        | 29/05/1947                    |
| Occupation           | INDOOR                        |
| Date Of Driving Pass | 22/01/1972                    |
| Driving Experience   | 45 YEARS AND 11 MONTHS        |
| Gender               | MALE                          |
| Mobile Number        | (LOCAL) +65-96835991          |
| Fax Number           |                               |
| Contact Number       | OTHERS-96835991               |
| Email Address        | CALIFORNIACOLE@SINGNET.COM.SG |

|   |                         |
|---|-------------------------|
| Address   | 1F PINE GROVE<br>#09-31 |
| Postcode  | 595001                  |
| 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   | COLLISION - CROSS JUNCTION |
| Weather Conditions | AFTER RAIN                 |
| Road Surface       | SLIGHTLY WET               |

#### Other Information

|   |                      |
|---|----------------------|
| Was any foreign vehicle involved in this accident?  | YES                  |
| Foreign Vehicle Registration Number   | WKA209 (PRIVATE CAR) |
| Number of vehicles involved in the accident   | 2                    |
| 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)   | 1                    |

#### Details of Police Action

|   |                   |
|---|-------------------|
| Was the accident reported to the police?  | YES               |
| If Yes, Please state which Police Station |                   |
| POLICE STATION NAME [OTHER]               | TRAFIK BATU PAHAT |
| Was notice of intended Prosecution given? | NO                |
| If Yes, against whom?                     |                   |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND TRAFIK BATU PAHAT/000604/18

#### 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         | WKA209      |
| 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) | 1           |

## Accident Sketch Plan

### SKETCH PLAN

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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.

  
June 6, 2018

Policyholder's Signature  
Date & Time:

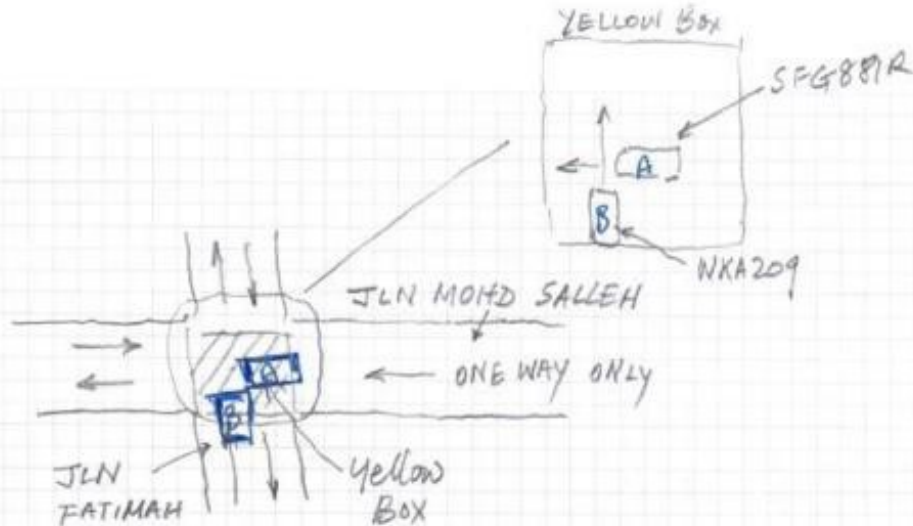
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
07/06/2018

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the morning of JAN 13, 2018, I was travelling along JLN MOHD SALLEH at a slow speed because it was a busy street. I paused ~~at the~~ before the junction between JLN MOHD SALLEH and JLN FATIMAH. The junction is actually a Yellow Box junction. Upon seeing clear traffic, I entered the yellow Box and aimed to continue straight ~~to the~~ across the junction. Upon crossing more than half-way, a speeding car came from my left (along JLN FATIMAH) and hit the front of my car.

(Note: After the accident, both parties decided to claim from each other's own insurance. Upon returning ~~to~~ to Singapore, I made a report at this very assessment centre on Monday (Jan 15, 2018). However, at that time, I still have no Police Report from Malaysia, and I needed my car to go back to Malaysia the next week, so I decide to make repair on my car without claiming insurance.)

(Further note = It appeared that the other party has decided to claim from my insurance (amount S\$5,337.63). This amount is ridiculous!) / ERM PAHAT TRAFIK / 000605/18

## DECLARATION

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

*[Signature]* 6/6/18  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 07/06/2018  
Reporting Centre Personnel's Signature  
Name: Redhi wahid  
NRIC/FIN No.:



## JB POLICE REPORT

POL.316



POLIS DIRAJA MALAYSIA  
CAWANGAN TRAFIK  
IBU PEJABAT POLIS DAERAH BATU PAHAT,  
83000, BATU PAHAT

07-4327704

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : EE AH BAH @ YEE FOOK HWA  
No Kad Pengenalan / Paspot : S18489131  
No Repot Polis : TRAFIK BATU PAHAT/000605/18  
Tarikh @ Masa Repot Polis : 13/01/2018 @ 10:34  
Pengesahan Penerimaan Repot :

.....  
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penylasat :

Nama Pegawai Penylasat : (R86923) SJN ASNOR B HAMID  
Tempat Tugas : JOHOR , BATU PAHAT  
No Telefon Pejabat : No Telefon Bimbit : 017-7464995  
Tarikh @ masa Perjumpaan : 13/1/18 1100hrs  
Pengesahan Penerimaan Repot :

.....  
ASNOR BIN HAMID SJN. 86923  
Tandatangan Pegawai Penylasat  
IPD Batu Pahat

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 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

# JB POLICE REPORT



## POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK BATU PAHAT  
Daerah : BATU PAHAT  
Kontinjen : JOHOR  
No Repot : TRAFIK BATU PAHAT/000605/18  
Tarikh : 13/01/2018  
Waktu : 1034 AM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R56923  
No Repot Bersangkut : TRAFIK BATU PAHAT/000604/18

### Butir-butir Penerima Repot

Nama : AZMI BIN AT

No Personel : R110665

Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

### Butir-butir Pengadu

Nama : EE AH BAH @ YEE FOOK HWA

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : S18489131

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 29/05/1947

Umur : 70 tahun 7 bulan

Keturunan : Cina

Warganegara : Singapore

Pekerjaan : SENDIRI

Alamat Tempat Tinggal : IF PINE GROVE #09-31 SINGAPORE, 595001

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 065-9683599

### Pengadu Menyatakan:-

PADA 13/01/2018 JAM LEBIH KURANG 1000 PAGI, SAYA MEMANDU MOTOKAR NOMBOR SFG881R DARI KEDAI HENDAK PERGI KE PERSATUAN HAINAN. APABILA SAYA SAMPAI DI JLN MOHD SALLEH SIMPANG JALAN FATIMAH SAYA BERHENTI. SEMASA SAYA KELUAR DARI SIMPANG TIBA TIBA SEBUAH MOTOKAR NOMBOR WKA209 YANG DATANG DARI ARAH KIRI SAYA TELAH MELANGGAR MOTOKAR SAYA. SAYA TIDAK CEDERA. KEROSAKAN MOTOKAR SAYA BUMPER DAN BONET DEPAN KEMEK, LAMPU DEPAN KIRI PECAH, MUDGARD DEPAN KIRI KEMEK, LAIN LAIN KEROSAKAN BELUM TAHU LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

SALINAN YANG DIBUTUHKAN  
TIDAK BOLEH DIGUNAKAN  
DI MAHKAMAH  
TARIKH : 14/1  
KEKATIDURAN PEGAWAI  
BP KETUA POLIS DAERAH BT. PAHAT.

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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