Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 07/06/2018 19:25

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	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	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFG881R
Insured/Policyholder	
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 #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	
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

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.

June 6, 2018

Policyholder's Signature
Date & Time:

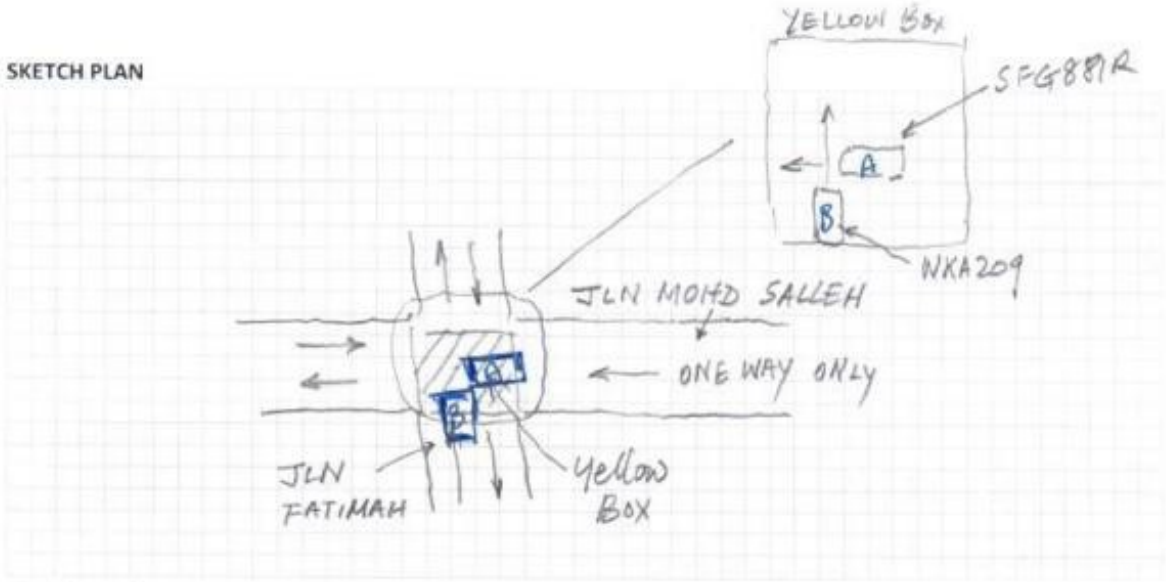
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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!) / EATM PATHAT TRAFIK/000605/18

DECLARATION

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

6/6/18

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: ROHAN WATSON
NRIC/FIN No.:

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 Penyiasat :

Nama Pegawai Penyiasat	: (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
IPD Batu Pahat
.....
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

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai	: TRAFIK BATU PAHAT	**Pegawai Penyiasat**	: R86923
Daerah	: BATU PAHAT	**No Repot Bersangkut**	: TRAFIK BATU PAHAT/000604/18
Kontinjen	: JOHOR		
No Repot	: TRAFIK BATU PAHAT/000605/18		
Tarikh	: 13/01/2018		
Waktu	: 1034 AM		
Bahasa Diterima	: B. Malaysia		

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 DIKULASI
TIDAK BOLEH DIGUNAKAN
DI MAHKAMAH
TARIKH :
KERANI/KETUA/PEGAWAI
BP KETUA POLIS DAERAH BT. PAHAT

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S065S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MM4460738 12 Vehicle Registration No: SFG881R

Name (as shown in NRIC) : EE AH BAH @ YEE FOCK HWA NRIC/FIN/Passport No : S1848913I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 96835991

Email Address : _____

Date of Accident : 13/01/2018 Time of Accident : 10:00

Place of Accident : CROSS JUNCTION OF JLN MOH SAUFEH / JLN FATIMAH (JB)

Insurance Company : MUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

@ COUNTRY / STATE OF LOSS SHOULD BE MALAYSIA DUE TO TAKZIM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: 07/06/2018