

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	18/06/2018 16:26
Date Of Accident	17/06/2018 10:00
Exact Location Of Accident	JALAN 2 LORONG KM55.9 LEBUHRAYA UTARA SELATAN
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL30B
Insured/Policyholder	
Name Of Registered Owner	TOK AH CHUAN
NRIC No	S7117152C
Email Address	SANSONTOK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90733030
Alternative Phone No	OTHERS-90733030

Vehicle Particulars

Manufacturer	BMW
Model	R1200GS-1.2 (M)
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090863045-01
Cover Note Number	

Driver

Name of Driver	TOK AH CHUAN
NRIC No	S7117152C
Date Of Birth	19/05/1971
Occupation	INDOOR
Date Of Driving Pass	11/05/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90733030
Fax Number	
Contact Number	OTHERS-90733030
Email Address	SANSONTOK@YAHOO.COM.SG

Address	10 BOON LAY DRIVE #07-26
Postcode	649929
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KLUANG (MALAYSIA)
Police Station Address	ROAD: KLUANG MALAYSIA , POSTCODE: S66270 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 029-1193885 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND TRAFIK KLUANG/004421/18

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	FBM86K
Vehicle Make/Model/Colour	BMW/R NINET
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	EDWIN YEOW AIK HUANG
NRIC/Passport Number	E6391339N
Contact Number	96699199
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

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)**

(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.

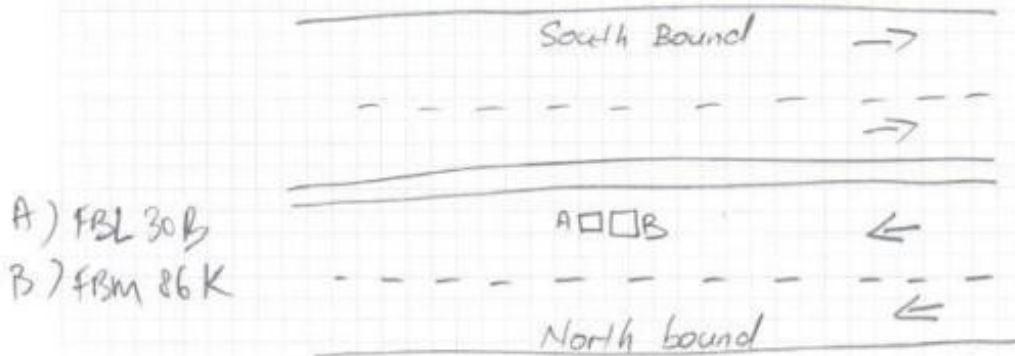
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

Reporting Centre Personnel's Signature:
Name: Debi
NRIC/FIN No.: 9201 2345 6789

Accident Sketch Plan

SKETCH PLAN Jln 2 Lorong km 59.9, CUSUM/ROYA UTARA SKUDAI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17/06/2018 AT ABOUT 0730HRS I WAS AT GALCONG PATAH & WAS RIDING MY MOTORCYCLE FBL30B & WANTED TO GO TO KLUANG WITH MY WIFE. ON 17/06/2018 AROUND 0930HRS WHEN I WAS RIDING AT RIGHT LANE AT JLN 2 LORONG KM 59.9 ON HIGHWAY. I HEARD A BANG FROM THE ROAD. I STOP MY BIKE & SAW A MOTORCYCLE FBM 86K BOULG OUT THE ROAD OF MY BIKE. I & MY WIFE WAS NOT INJURED BUT MY BIKE TAIL LIGHT & EXHAUST PIPE BROKE & MY RIGHT BOX BROKE & OTHER DAMAGE WHICH I DID NOT NOTICE

TRAFIK KLUANG/004421/18

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.:

JB POLICE REPORT

POL.316



CAWANGAN TRAFIK IBU PEJABAT POLIS DAERAH POLIS DIRAJA MALAYSIA

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : TOK AH CHUAN
No Kad Pengenalan / Paspot : E6041456B
No Repot Polis : TRAFIK KLUANG/004421/18
Tarikh @ Masa Repot Polis : 17/06/2018 @ 15:15
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R085237) S/N ISMAIL BIN MOHD YUSOF
Tempat Tugas : JOHOR, KLUANG
No Telefon Pejabat :
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :

No Telefon Bimbit

: 017-7565237

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 - 03:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
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

JB POLICE REPORT



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK KLUANG
Daerah : KLUANG
Kontinjen : JOHOR
No Repot : TRAFIK KLUANG/004421/18
Tarikh : 17/06/2018
Waktu : 1515 PM
Bahasa : B. Malaysia
Diterima

Pegawai Penyiasat : R085237

Butir-butir Penerima Repot

Nama : MOKHTAR B MUSTAPA
Butir-butir Jurubahasa (Jika Ada)

No Personel : R111211 Pangkat : KPL

Nama : ---
No Pasport: ---
Alamat: ---

No K/P (Baru) : --- No Polis/Tentera: ---
Bahasa Asal : ---

Butir-butir Pengadu

Nama : TOK AH CHUAN

No K/P (Baru) : --- No Polis/Tentera : --- No Pasport : E6041456B

No Sijil Beranak : ---

Jantina : Lelaki Tarikh Lahir : 19/05/1971 Umur : 47 tahun 0 bulan

Keturunan : Cina Warganegara : Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : 10 BOON LAY DRIVE #07-26 S649929 SINGAPORE, 649929

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 90733030

Emel : ---

Pengadu Menyatakan:-

PADA 17/06/2018 JAM LEBIH KURANG 0730HRS SAYA DARI GELANG PATAH DENGAN MENUNGGANG M/SIKAL NO.FBL30B JENIS BMW MAHU PERGI KLUANG BERSAMA SEORANG PEMBONGCENG.PADA 17/06/2018 JAM LEBIH KURANG 0930HRS SEMASA MENUNGGANG DI LORONG KANAN JLN 2 LORONG KM55.9 L/RAYA UTARA SELATAN (U) TIBA-TIBA TERDENGAR DENTUMAN DARI BELAKANG .BILA BERHENTI PERIKSA DAPATI SEBUAH M/SIKAL NO.FBM86K TELAH MELANGGAR M/SIKAL SAYA DARI BELAKANG.SAYA DAN PEMBONGCENG TIDAK CEDERA MANAKALA KEROSAKAN M/SIKAL LAMPU BELAKANG PECAH,EXZOS PAIP PATAH,BOX KANAN DAN ATAS KEMEK DAN LAIN-LAIN KEROSAKAN TIDAK PASTI LAGI.INILAH LAPURAN SAYA.

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

ID Pencetak | Tarikh @ Masa Cetak : R111211 | 17/06/2018 03:36:53 PM

Accident Photo



Accident Photo



Accident Photo



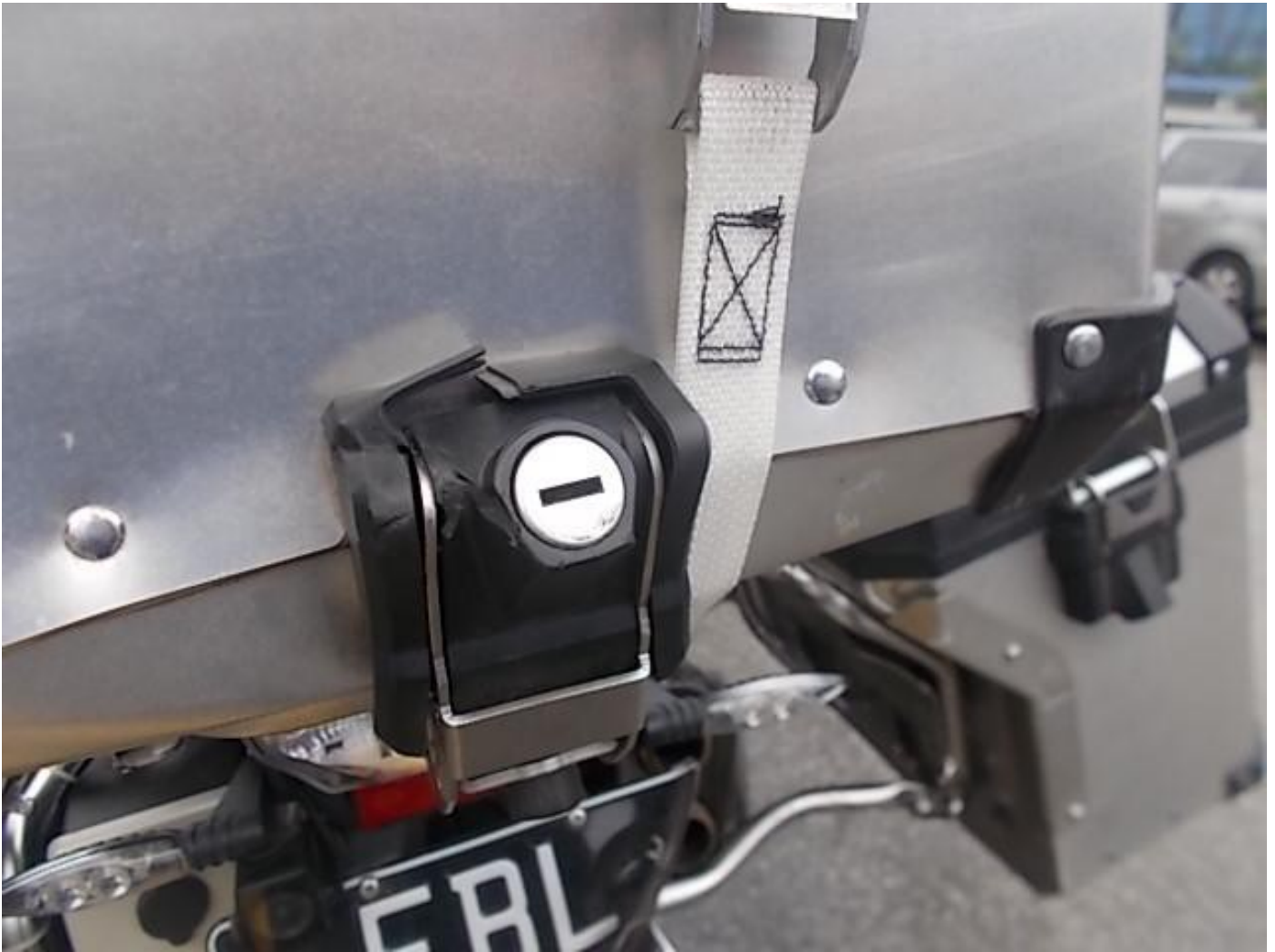
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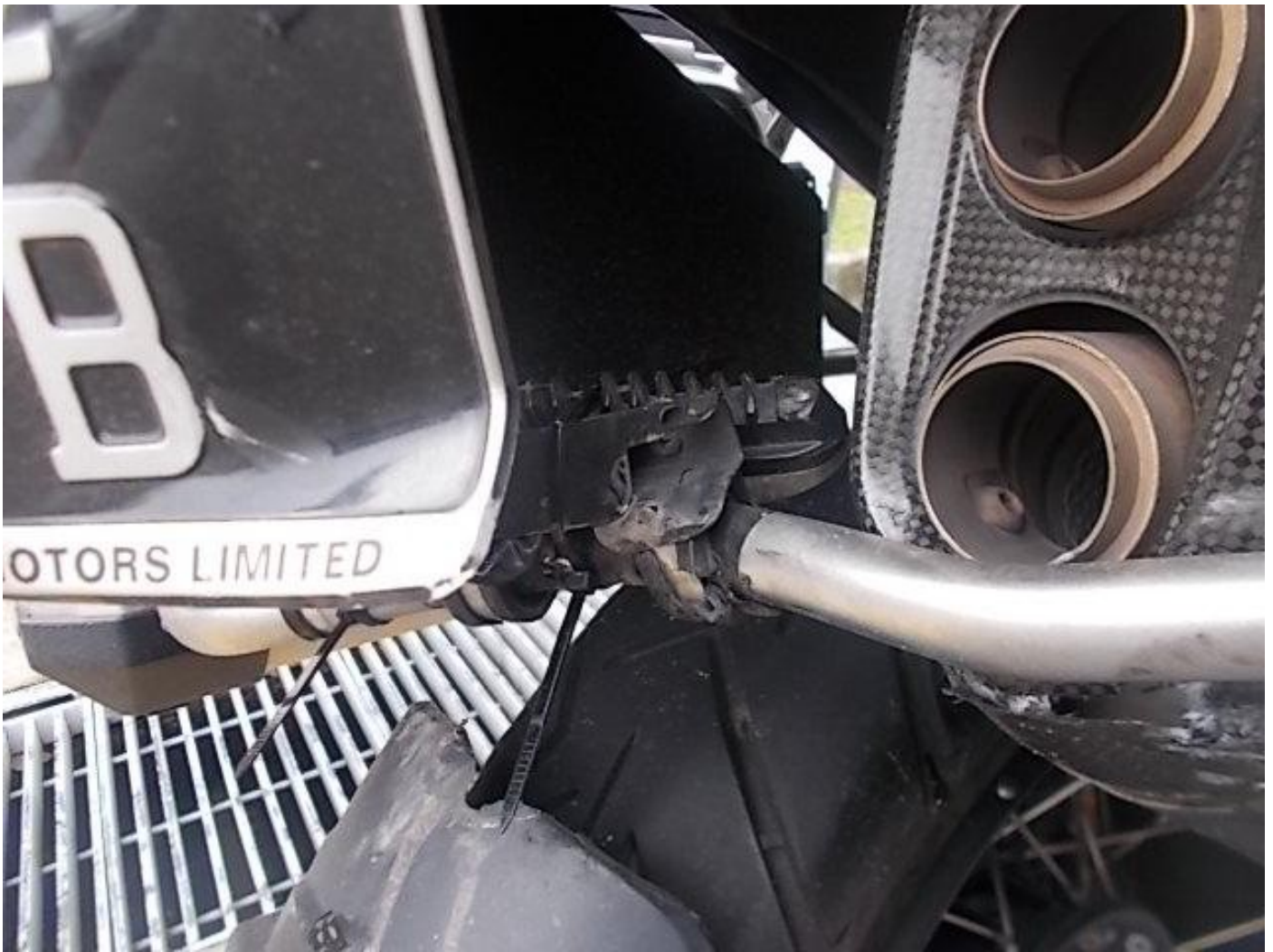
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