Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 09/07/2018 09:21

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	27/06/2018 16:41
Date Of Accident	23/06/2018 13:50
Exact Location Of Accident	JALAN SELADANG JOHOR BAHRU
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4345Y
Insured/Policyholder	
Name Of Registered Owner	LEONG SOON KAI COLIN
NRIC No	S7385373G
Email Address	COLIN_LEONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90076802
Alternative Phone No	OTHERS-90076802
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5076233894-02
Cover Note Number	
Driver	
Name of Driver	LEONG SOON KAI COLIN
NRIC No	S7385373G
Date Of Birth	25/02/1973
Occupation	INDOOR
Date Of Driving Pass	05/06/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90076802
Fax Number	
Contact Number	OTHERS-90076802
EMail Address	COLIN_LEONG@HOTMAIL.COM

Address	4 PANDAN VALLEY #09-403
Postcode	597628
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JLB6347 (MOTORCYCLE)
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 JOHOR BAHRU SELATAN
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASDE REFER TO SKETCH PLAN AND TRAFIK JOHOR BAHRU(S)014873/18

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	JLB6347
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.
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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**.
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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:

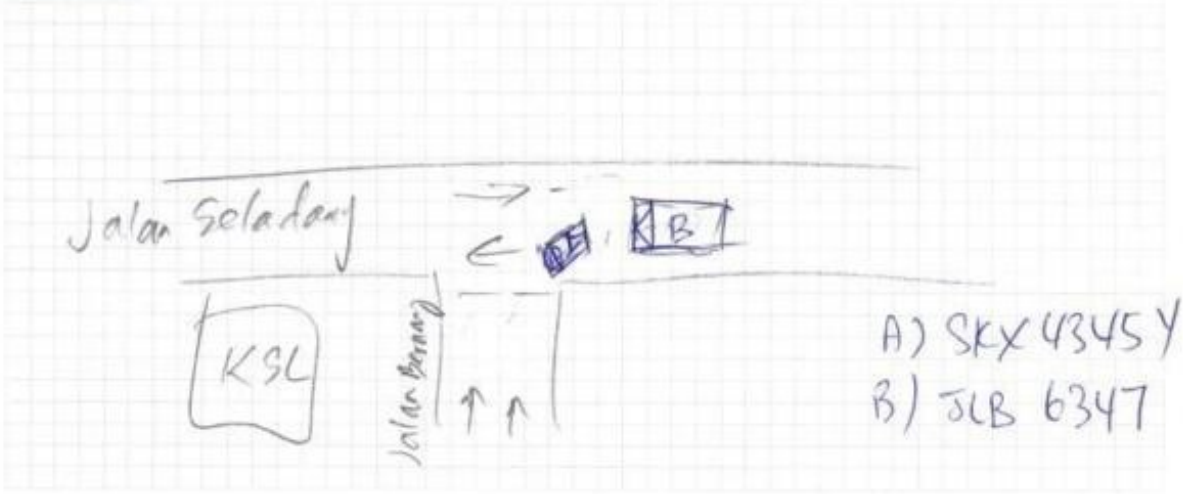
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

X Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	09/07/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING TO KSL ALONG JALAN SELADANG WHEN A RED & SILVER MOTORCYCLE CAME OUT FROM THE INTERSECTION WITH JALAN BERJUANG AND HIT THE FRONT OF MY VEHICLE

TRAFFIC JOHOR BAHRU (S) / 01468 73/18

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.:
X [signature]		[signature] 09/07/2018

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R118503
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/014873/18
Tarikh : 23/06/2018
Waktu : 1436 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot
Nama : NOAZZA BINTI ABD WAHID **No Personel** : R136178 **Pangkat** : KPL
Butir-butir Jurubahasa (Jika Ada)
Nama : — **No K/P (Baru)** : — **No Polis/Tentera**: —
No Paspot: — **Bahasa Asal** : —
Alamat: —

Butir-butir Pengadu
Nama : LEONG SOON KAI COLIN
No K/P (Baru) : — **No Polis/Tentera** : — **No Paspot** : S7385373G
No Sijil Beranak : —
Jantina : Lelaki **Tarikh Lahir** : 25/02/1973 **Umur** : 45 tahun 3 bulan
Keturunan : Cina **Warganegara** : Singapore
Pekerjaan : -
Alamat Tempat Tinggal : 4 PANDAN VALLEY, #09-403 SINGAPURA , 597628
Alamat Ibu/Bapa : —
Alamat Pejabat : —
No Tel (Rumah) : — **No Tel (Pejabat)** : — **No Tel (HP)** : 90076802

Pengadu Menyatakan:-
PADA 23/06/2018 JAM LEBIH KURANG 1350HRS , SEMASA SAYA MEMANDU M/KAR NO SKX4345Y DARI JALAN GERTAK MERAH HENDAK KE KSL , APABILA SAYA SAMPAI DI JALAN SELADANG , TIBA - TIBA SEBUAH M/KAR NO JLB6347 DARI SIMPANG SEBELAH KIRI TELAH KELUAR DARI SIMPANG DAN MELANGGAR BAHAGIAN DEPAN M/KAR SAYA , SAYA TIDAK CEDERA DAN KEROSAKAN M/KAR SAYA BUMPER DAN BONET DEPAN , NO PENDAFTARAN , SKIRTING DEPAN DAN LAIN - LAINKEROSAKAN TIDAK PASTI LAGI.
INILAH LAPORAN SAYA

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

ID Pencetak | Tarikh @ Masa Cetak : R2120133 | 05/07/2018 11:33:31 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 PERDAGANGAN

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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