#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

**EMail Address** 

Fax Number
Contact Number

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	22/10/2018 11:30
Date Of Accident	30/09/2018 14:50
Exact Location Of Accident	JALAN PERSIARAN MOLEK
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ6548B
Insured/Policyholder	
Name Of Registered Owner	NG SENG HUAT
NRIC No	S2550375I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82238601
Alternative Phone No	OFFICE-82238601
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5M A
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0000633
Cover Note Number	
Driver	
Name of Driver	NG JUNJIE
NRIC No	S8911331H
Date Of Birth	08/04/1989
Occupation	INDOOR
Date Of Driving Pass	25/11/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
AA 171 A1 1	(1.0041.) +05.00770400

(LOCAL) +65-96773108

OFFICE-96773108

**NOEMAIL** 

Address BLK 520A TAMPINES CENTRAL 8

#07-41

Postcode 521520

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number VV9101 (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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : -

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

2

If Yes, Please state which Police Station

Police Station Name SERI ALAM, JB

Police Station Address ROAD: JOHORE BAHRU, POSTCODE: 0, COUNTRY: MALAYSIA

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO STATEMENT.

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 VV9101

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SHANG MING HAO BENJAMIN

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER: :

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
  - 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: NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCH PLAN		
		A: 555 6546!
	Salm Mrsiden Makk	A: 555 65468 B: VV9101
DESCRIBE CIRCUMSTANC		
Refer to Ante	The state of the s	
	***************************************	
-		
DECLAPATION		
DECLARATION I/We declare the foregoing pa	rticulars are true in every respect.	Ma
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.:

#### Police Report

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 JALAN PERSIARAN MOLEK. SUDDENLY VEHICLE B WAS TRAVELLING ALONG OPPOSITE DIRECTION OF JALAN PERSIARAN MOLEK MAKE A RIGHT TURN. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT PORTION.



#### POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

: TRAFIK SERI ALAM

Pegawai Penyiasat

: R97701

Daerah

SERI ALAM : JOHOR

Kontinjen No Repot

: TRAFIK SERI ALAM/011846/18

Tarikh

: 30/09/2018

Waktu

: 1622 PM

Bahasa Diterima : B. Malaysia

**Butir-butir Penerima Repot** 

Nama: MOHD ZAKI IQBAL BIN HANAPI

No Personel: R161902

Pangkat: L/KPL

Butir-butir Jurubahasa (Jika Ada) Nama: -

No K/P (Baru): ---

No Polis/Tentera: -

No Paspot: -

Bahasa Asal: -

Alamat: ---

Butir-butir Pengadu

Nama: SHANG MING HAO BENJAMIN

No K/P (Baru): 910608016637

No Polis/Tentera: --

No Paspot: -

No Sijil Beranak : --

Jantina: Lelaki

Tarikh Lahir: 08/06/1991

Umur: 27 tahun 3 bulan

Keturunan: Cina

Warganegara: Malaysia

Pekerjaan: -

Alamat Tempat Tinggal: NO 23 JALAN KENANGA 1/3 TAMAN DESA CEMERLANG 81800 ULU TIRAM JOHOR

MALAYSIA

Alamat Ibu/Bapa: --Alamat Pejabat : --

No Tel (Rumah): -

No Tel (Pejabat): -

No Tel (HP): 016-7856987

Pengadu Menyatakan:-

PADA 30/09/2018 JAM LIKURANG 1430 HRS SEMASA SAYA MEMANDU MIKAR NO PENDAFTARAN VV9101 DALAM PERJALANAN DARI JOHOR JAYA KE TMN MOLEK. SEMASA SAYA MELALUI JALAN PERSIARAN MOLEK, APABILA SAMPAI DI SIMPANG 4 JALAN PERSIARAN MOLEK/JLN MOLEK 3/12, SETELAH PASTIKAN KEADAAN SELAMAT SAYA PUNMEMBELOK KE KANAN TIBA TIBA SEBUAH M/KAR NO PENDAFTARAN SJJ6548B TELAH DATANG DARI ARAH HADAPAN SAYA LALU MELANGGAR M/KAR SAYA. DALAM KEMALANGAN TERSEBUT SAYA TIDAK MENGALAMI KECEDERAAN. MANAKALA M/KAR MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN, LAMPU DEPAN KIRI,MUDGUARD KIRI DEPAN,ARM TAYAR RIM KIRI DEPAN PINTU KIRI DEPAN DAN LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R6134796 | 21/10/2018 09:39:47 AM





### POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

TRAFIK SERI ALAM

Pegawai Penyiasat

: R97701

Daerah

SERI ALAM

No Repot Bersangkut : TRAFIK SERI

ALAM/011846/18

Kontinjen

JOHOR

No Repot

: TRAFIK SERI ALAM/011847/18

Tarikh

: 30/09/2018

Waktu

: 1626 PM Bahasa Diterima : B. Malaysia

**Butir-butir Penerima Repot** 

Nama: MOHD ZAKI IQBAL BIN HANAPI

No Personel: R161902

Pangkat: L/KPL

Butir-butir Jurubahasa (Jika Ada) Nama: -

No K/P (Baru): --

No Polis/Tentera: --

No Paspot: -

Bahasa Asal: --

Alamat: -

Butir-butir Pengadu

Nama: NG JUNJIE No K/P (Baru): -

No Polis/Tentera: --

No Paspot: E6738919L

No Sijil Beranak : --

Jantina: Lelaki

Tarikh Lahir: 08/04/1989 Warganegara: Singapore Umur: 29 tahun 5 bulan

Keturunan : Cina

Pekerjaan: -

Alamat Tempat Tinggal: APT BLK 520A TAMPINES CENTRAL 8 #07-41 SINGAPORE, 521520

Alamat Ibu/Bapa: -Alamat Pejabat : -

No Tel (Rumah): -

No Tel (Pejabat): -

No Tel (HP): 96773108

#### Pengadu Menyatakan:-

PADA 30/09/2018 JAM LIKURANG 1430 HRS SEMASA SAYA MEMANDU MIKAR NO PENDAFTARAN SJJ6548B DALAM PERJALANAN DARI TMN MOLEK KE SINGAPURA. SEMASA SAYA MELALUI JALAN PERSIARAN MOLEK, TIBA TIBA SEBUAH MIKAR NO PENDAFTARAN VV9101 YANG DATANG DARI ARAH HADAPAN SAYA TELAH MEMBELOK KE SIMPANG KIRI SAYA (JLN MOLEK 3/12 SECARA MENGEJUT, SAYA TELAH BREK DAN MENGELAK TETAPI TERLANGGAR JUGA MIKAR TERSEBUT. DALAM KEMALANGAN TERSEBUT SAYA TIDAK MENGALAMI KECEDERAAN. MANAKALA MIKAR MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN, AMPIL DEPAN KIRI KANAN MINGUNAN MINGUNAN MINGUNAN MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN, AMPIL DEPAN KIRI KANAN MINGUNAN MINGUNAN MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN, AMPIL DEPAN KIRI KANAN MINGUNAN MINGUNAN MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN, AMPIL DEPAN KIRI KANAN MINGUNAN MINGUNAN MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN, AMPIL DEPAN MINGUNAN MENGALAMI MENG LAMPU DEPAN KIRI KANAN,MUDGUARD KIRI KANAN DEPAN,BONET DEPAN,TANGKI AIR,TANGKI AIRCOND, DAN LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

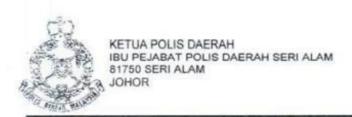
Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

R6134796 | 21/10/2018 09:39:44 AM

EJ. SALINAN REP RAFIK SERI ALAN SALINAN YANG DISAHKAN BENAR UTAN SIVIL) HANYA UNTUK TU

http://10.1.1.199/prs/eoffice/viewpol55real.asp?type=printedsalinan&salinan=ya&jeni... 21/10/2018



Tel: 073864222 Samb:6418

No. Pengaduan :TRAFIK SERI ALAM/011846/18

Tarikh Cetak 21/10/2018 Dicetak Oleh :R6134796

#### (Rajah Kasar Tidak Mengikut Skala)

