Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 29/10/2018 14:33

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 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.

ACCIDENT STATEMENT	
Date Of Report	24/10/2018 16:03
Date Of Accident	19/10/2018 18:50
Exact Location Of Accident	CIQ MALAYSIA CAUSEWAY
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB5826Z
Insured/Policyholder	
Name Of Registered Owner	ABDUL HAMID B HAJI ABDUL MANAN
NRIC No	S0047823G
Email Address	GAYAHAMID@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97527236
Alternative Phone No	OTHERS-97527236
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090132134-01
Cover Note Number	
Driver	
Name of Driver	NURULHUDA BINTE ABDUL HAMID
NRIC No	S8933266D
Date Of Birth	25/09/1989
Occupation	INDOOR
Date Of Driving Pass	16/07/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97527236
Fax Number	
Contact Number	OTHERS-97527236
EMail Address	GAYAHAMID@HOTMAIL.COM

Address	BLK 415 EUNOS ROAD 5 #09-40
Postcode	400415
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?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	5
Passenger 1	NAME: : ABDUL HAMID B HAJI ABDUL MANAN GENDER: : MALE
Passenger 2	NAME: : ROGOYAH BT ABDULLAM GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE
Passenger 4	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE MALAYSIA POLICE REPORT : TRAFIK JOHOR BAHRU (S) / 025321/18 / TRAFIK JOHOR BAHRU (S) / 025320/18

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NURULHUDA BINTE ABDUL HAMID
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLB5826Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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**.
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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:

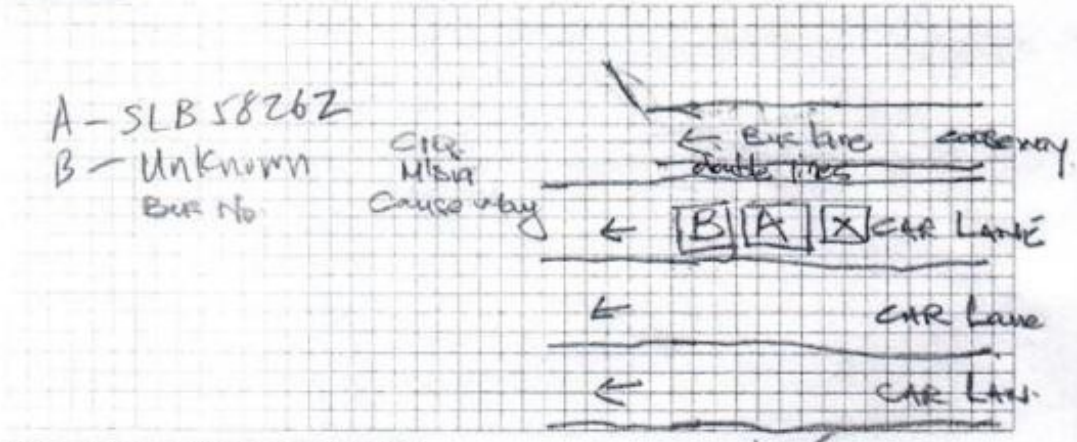
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 24/10/18 8.30pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 29/10/2018

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
TRAFIK JOHOR BAHRU(S)/025321/18
TRAFIK JOHOR BAHRU(S)/025320/18

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: 24/10/18 8.30pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
		29/10/2018

Sketch Plan #3

PEJABAT BAHAGIAN SIASATAN DAN
PENGUATKUASAAN TRAFIK DAERAH
KETUA TRAFIK DAERAH
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
JALAN TEBRAU 80250 JOHOR BAHRU.

TEL : 07-2277566

Ruj :
Tkh : 20/10/2018

NURULHUDA BINTE ABDUL HAMID No KP :
APT BLK 415 EUNOS ROAD 5 #09-40 SINGAPORE
400415 JOHOR - Motokar SLB5826Z

KEPUTUSAN PENYIASATAN KES

No. Pengaduan Polis : TRAFIK JOHOR BAHRU(S)/025321/18
Tkh/Masa Rpt : 19/10/2018 18:54 HRS
Kesalahan : R10 LN166/59
Tkh/Masa Kemalangan : 19/10/2018 18:30 HRS
Tempat Kemalangan : TAMBAK JOHOR

Dengan hormatnya saya merujuk kepada pengaduan yang dibuat sepertimana dinyatakan di atas.

2. Untuk makluman pihak yang bertanggungjawab melakukan kesalahan di atas telah disaman polis [illegible] pada 20.10.2018 (CARS 180209329).

3. Butir-butir tertuduh yang disabitkan adalah seperti berikut :-
[illegible] KP 701021015319
[illegible] TAMAN SRI PUTRI KULAI
[illegible]
JOHOR PEMANDU MP.

"BERHATI-HATI DI JALAN RAYA"

(R104724 - KAMARUDDIN B YUSOF)
AIO TRAFIK
80250 JOHOR BAHRU

s . k KST No :
[Notis ini hanya sebagai makluman anda sahaja]

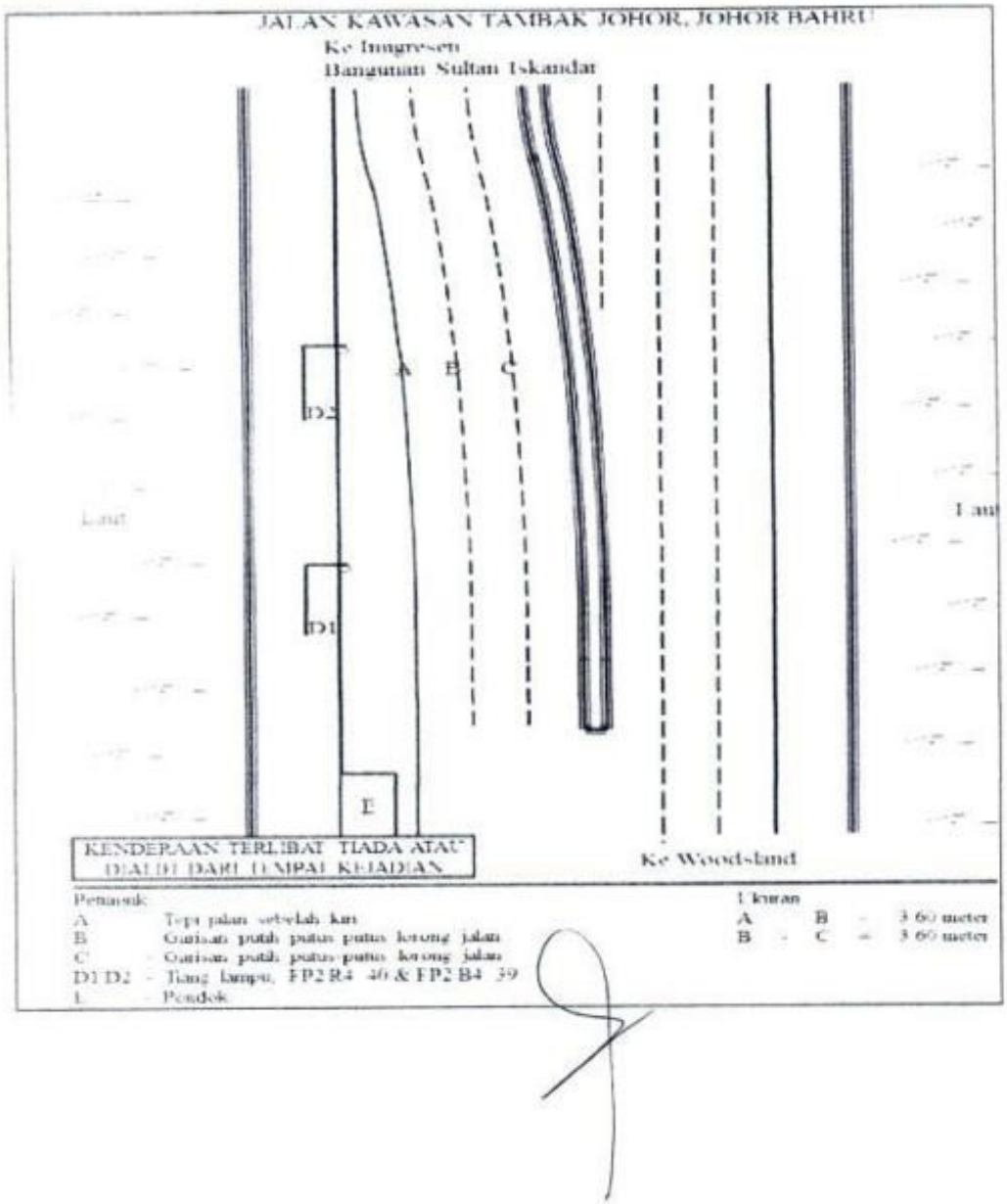
Sketch Plan #4

KETUA POLIS DAERAH
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
80250 JOHOR BAHRU
JOHOR

Tel : 072237977 Samb :

No. Pengaduan :TRAFIK JOHOR BAHRU(S)/025320/18
Tarikh Cetak :23/10/2018
Dicetak Oleh :R5190818

(Rajah Kasar Tidak Mengikut Skala)

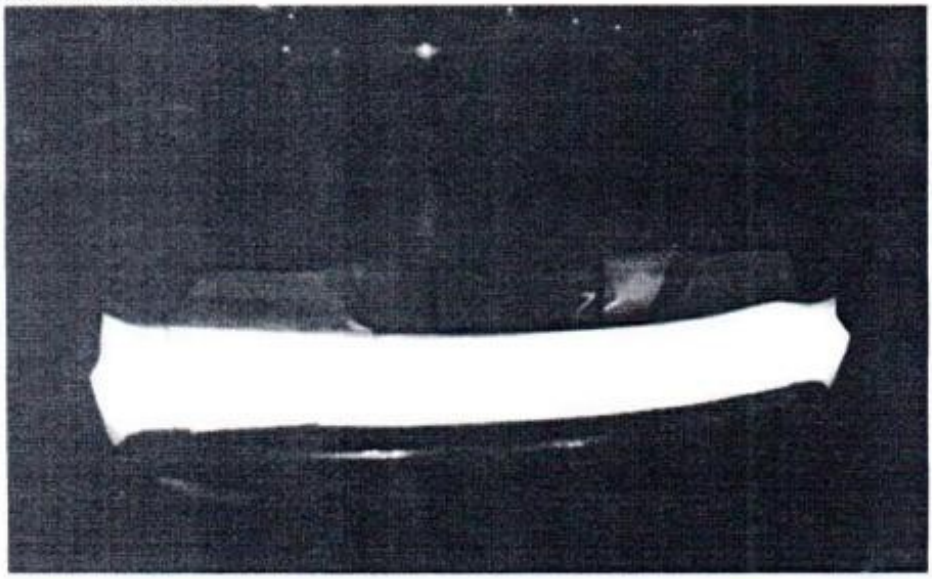


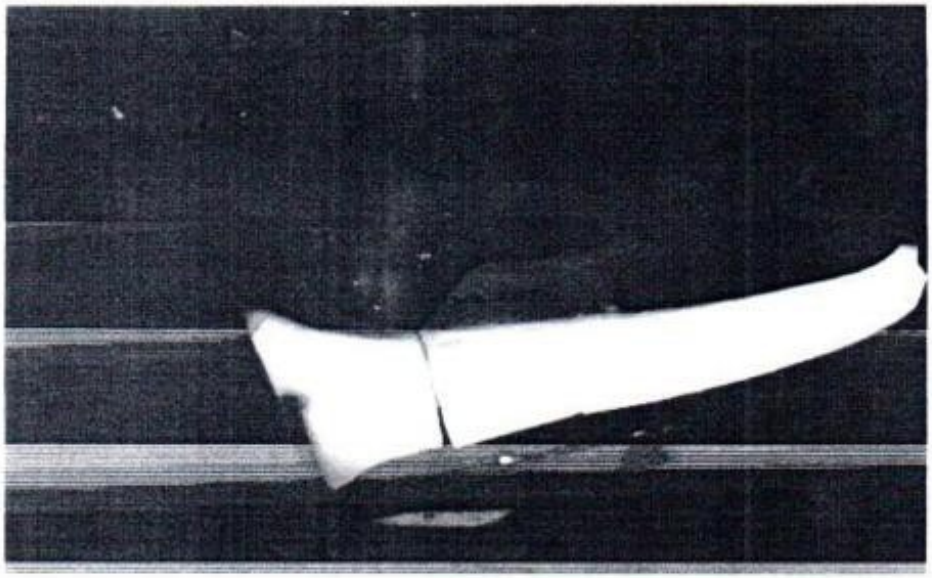
Sketch Plan #5

KETUA POLIS DAERAH
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
80250 JOHOR BAHRU
JOHOR

Tel :072237977 Samb :

ID Jurugambar: S22595
No. Pengaduan: TRAFIK JOHOR BAHRU(S)/025321/18
Tarikh Cetak: 23/10/2018
Dicetak Oleh: R5190818





POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R104724
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/025320/18
Tarikh : 19/10/2018
Waktu : 1841 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot
Nama : MOHD KHAIRUL AMIRIN B. ZULKIFLI **No Personel :** R205097 **Pangkat :** KONST/P
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot: ---
Alamat: ---
No K/P (Baru) : --- **No Polis/Tentera:** ---
Bahasa Asal : ---

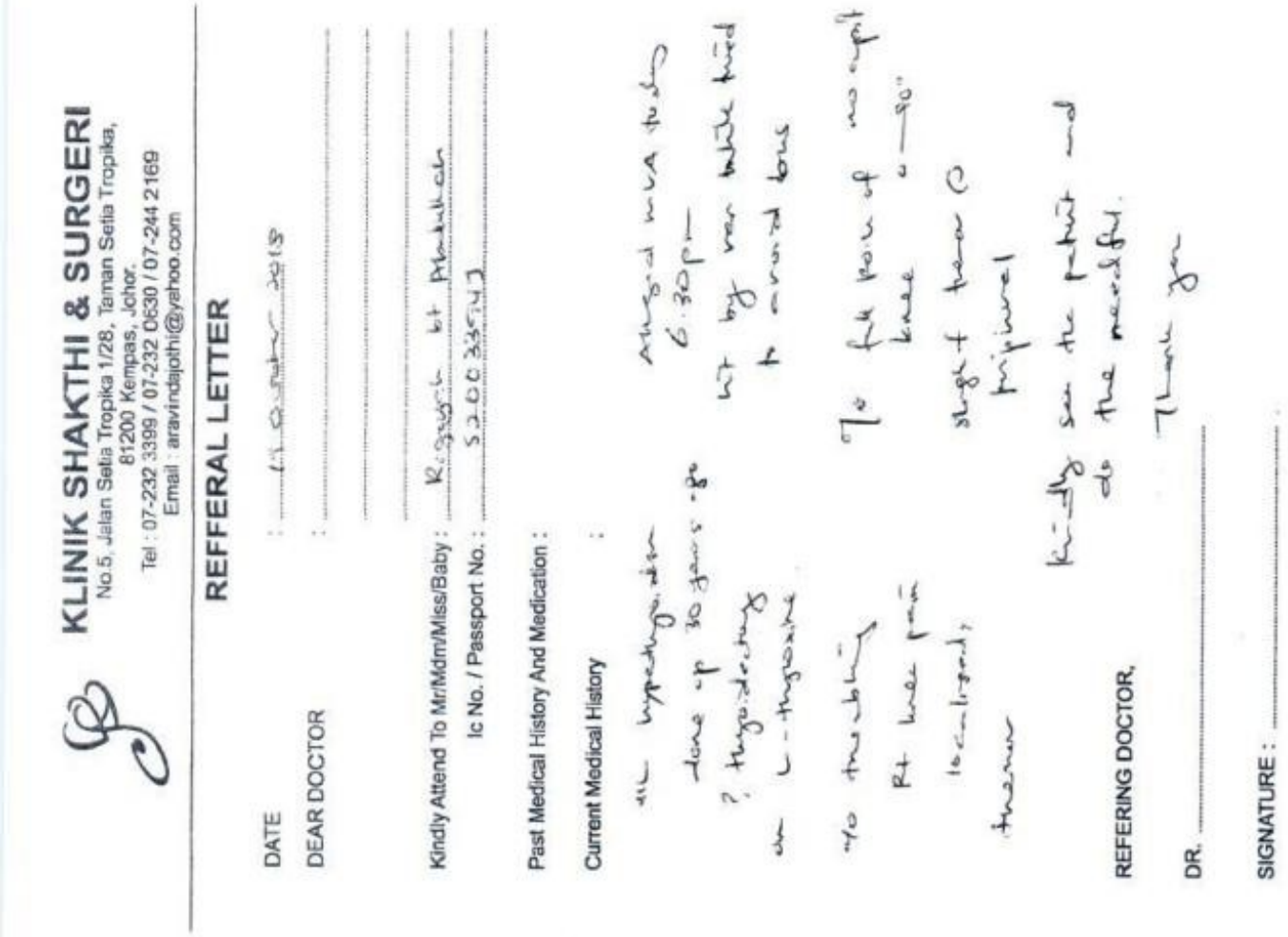
Butir-butir Pengadu
Nama : LIEW CHON HIN
No K/P (Baru) : 701021015319 **No Polis/Tentera :** A1737906 **No Paspot :** ---
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir :** 21/10/1970 **Umur :** 47 tahun 11 bulan
Keturunan : Cina **Warganegara :** Malaysia
Pekerjaan : SWASTA
Alamat Tempat Tinggal : NO 3269 JALAN SRI PUTRI 10/11 TAMAN SRI PUTRI 81000 KULAI JOHOR MALAYSIA
Alamat Ibu/Bapa : ---
Alamat Pejabat ---
No Tel Rumah ---
No Tel (Pejabat) : --- **No Tel (HP) :** 016-7072950

Pengadu Menyatakan :-
PADA 19/10/2018 JAM LEBIH KURANG 1830HRS SAYA MEMANDU SEBUAH MPV NO JGT928 DARI SINGAPORE HENDAK KE ECO BUSINESS PARK. SEMASA SAYA MEMANDU DI TAMBAK JOHOR JALAN LENGANG TIBA TIBA SEBUAH M/KAR NO SLB5826Z TELAH BERHENTI DI TENGAH JALAN DILORONG TENGAH DAN MENYEBABKAN SAYA TERLANGGAR BAHAGIAN BELAKANG M/KAR TERSEBUT. SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA ADALAH BUMPER HADAPAN, BONET HADAPAN, LAMPU HADAPAN SEBELAH KANAN. LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

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

ID Pencetak | Tarikh @ Masa Cetak : R5190818 | 23/10/2018 03:18:53 PM

Accident Sketch Plan



KLINIK SHAKTHI & SURGERI
No 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor.
Tel : 07-232 3399 / 07-232 0630 / 07-244 2169
Email : aravindajothi@yahoo.com

REFFERAL LETTER

DATE : 19 October 2018

DEAR DOCTOR :

Kindly Attend To Mr/Mdm/Miss/Baby : Rogayah bt Abdullah

Ic No. / Passport No. : 520033-05-5762

Past Medical History And Medication :

Current Medical History :

- c/o lumbago pain
done ↓P 30 years ago
? tuberculosis
on L-thyroxine

c/o tenderness
Rt knee pain
to exercise;
tenaan

Attended A&E Tg Puteri
6.30pm
c/o fall from motorcycle
knee c pain"
slight headache c
tripping
while turning
to overtaking lorry

kindly see the patient and
do the needful.
Thank you

REFERING DOCTOR,

DR. .....

SIGNATURE : .....

KLINIK SHAKTHI & SURGERI
No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax: 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: Tarikh: 19/10/18

Receipt No.: Resit No.: 15315

Received From: Diterima dari: ROGAYAH BT ABDULLAH

The Sum of Ringgit: Wang yang diterima: EMPAT PULUH LAPAN RINGGIT SAJ

In Payment of: Untuk bayaran: RAWATAN PEMULIHAN

RM 48-00

Cheque No.: No. cek:

Authorised Signature
Yang menerima

Company Chop
Cop syarikat

Accident Sketch Plan

KLINIK SHAKTHI & SURGERI

No.5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor.
Tel : 07-232 3399 / 07-232 0630 / 07-244 2169
Email : aravindajothi@yahoo.com

REFFERAL LETTER

DATE : 19/10/18

DEAR DOCTOR :

Kindly Attend To Mr/~~Mdm/Miss/Baby~~ : ABDUL HAMID BIN HAJI ABDUL MANAN

Ic No. / Passport No. : S0C47823G

Past Medical History And Medication :

Current Medical History :

71 / [illegible] / ♀

c/c DM
HPT
dyslipidaemia

H/o alleged MVA today @ CIQ
6.30pm (19/10/18)

family was on the way from checkpoint entering Malaysia.
during ~~[illegible]~~ suddenly was bypassed by a bus

post trauma
c/o back pain
localised, throbbing in nature
a difficulty in ~~[illegible]~~ praying
especially bending.

o/e 1° summary
[illegible]
no lumbar tenderness.

Thank for seeing this patient, for your expert management. Kindly do the needful

Δ CTI of the back

REFERING DOCTOR,

DR. ....

SIGNATURE : ....

KLINIK SHAKTHI & SURGERI

No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax: 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: *Tarikh:* 19/10/18

Receipt No.: *Resit No.:* 15[illegible]3

Received From: *Diterima dari:*	ABDUL HAMID BIN HAJI ABDUL MANAN
The Sum of Ringgit: *Wang yang diterima:*	ENAM PULUH RINGGIT SHJ
In Payment of: *Untuk bayaran:*	RAWATAN PERUBATAN

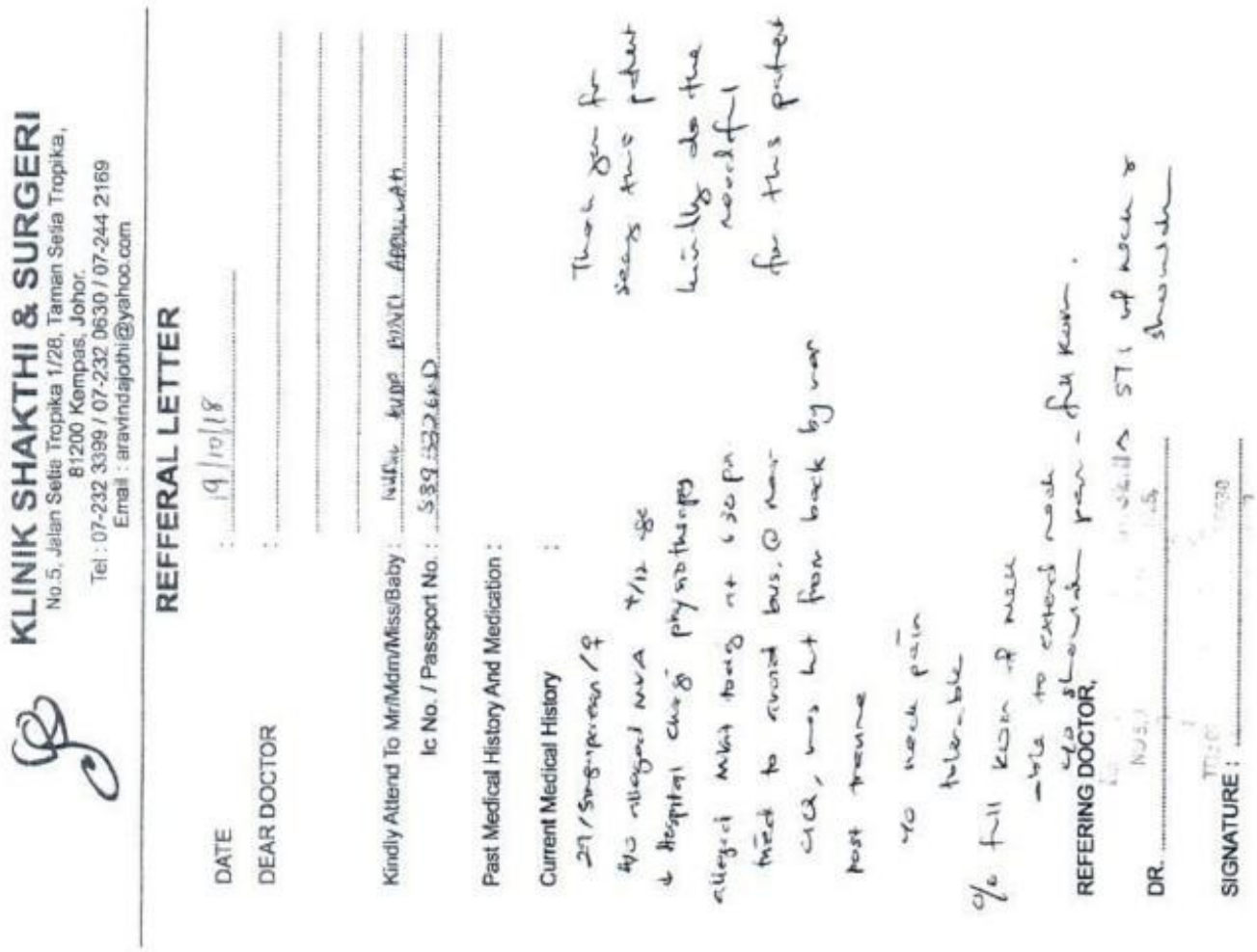
RM 60-00

Cheque No.: *No. cek:*

Authorised Signature *Yang menerima*

Company Chop *Cop syarikat*

Accident Sketch Plan



KLINIK SHAKTHI & SURGERI
No.5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kompas, Johor.
Tel : 07-232 3399 / 07-232 0630 / 07-244 2169
Email : aravindajothi@yahoo.com

REFFERAL LETTER

DATE : 9/10/18

DEAR DOCTOR :

Kindly Attend To Mr/Mdm/Miss/Baby : Nurul Huda Binte Abdul Hamid

Ic No. / Passport No. : S89 3226 D

Past Medical History And Medication :

Current Medical History :

29 / Sengapore / F
RTA alleged MVA 7/12 pm
→ Hospital Sungai Petani
alleged MVA today at 6.30 pm
Med to avoid bus. @ home
c/c, limb Lt pain back leg wan
post trauma
Yo neck pain
below-bke
c/o full body @ neck
Tak to extend neck
Tak boleh pusing - full kaku.

Thank you for seeing this patient
Kindly see the above mentioned for this patient

REFERING DOCTOR,

DR. .....

SIGNATURE : .....

KLINIK SHAKTHI & SURGERI
No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kompas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax: 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: Tarikh: 19/10/18.

Receipt No.: Resit No.: 15314

Received From: Diterima dari: NURUL HUDA BINTE ABDUL HAMID

The Sum of Ringgit: Wang yang diterima: LIMA PULUH TIGA RINGGIT SHJ

In Payment of: Untuk bayaran: RAWATAN PERUBATAN

RM 53-00

Cheque No.: No. cek:

Authorised Signature
Yang menerima

Company Chop
Cop syarikat

SHAKTHI & SURGERI
SETIA TROPIKA 1/28,
Tel: 07-232 0630
yahoo.com

Accident Sketch Plan

KLINIK SHAKTHI & SURGERI
No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax: 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: *Tarikh:* 19/10/18 **Receipt No.:** *Resit No.:* 15316

Received From: *Diterima dari:* NABILAH MAISYRAH BINTE MUHAMMAD IMRAN

The Sum of Ringgit: *Wang yang diterima:* DUA PULUH LIMA RINGGIT SHJ

In Payment of: *Untuk bayaran:* RAWATAN

RM 25-00

Cheque No.: *No. cek:*

Authorised Signature *Yang menerima*

Company Chop *Cop syarikat*

KLINIK SHAKTHI & SURGERI
No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax: 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: *Tarikh:* 19/10/18 **Receipt No.:** *Resit No.:* 15317

Received From: *Diterima dari:* NAUFAL MIRZA BIN MUHAMMAD IMRAN

The Sum of Ringgit: *Wang yang diterima:* DUA PULUH LIMA RINGGIT SHJ

In Payment of: *Untuk bayaran:* RAWATAN

RM 25-00

Cheque No.: *No. cek:*

Authorised Signature *Yang menerima*

Company Chop *Cop syarikat*

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

Accident Photo