

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 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	26/11/2018 16:26
Date Of Accident	28/06/2018 13:00
Exact Location Of Accident	JALAN COKMAR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3038G
Insured/Policyholder	
Name Of Registered Owner	VENUEFEST SERVICE
Co Reg No	53358071D
Email Address	LEDYS.ENGRG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93688797

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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	5100739978
Cover Note Number	

Driver

Name of Driver	LEE KAR POH,LOUIS(LI JIABAO,LOUIS)
NRIC No	S7939697D
Date Of Birth	16/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93688797
Fax Number	
Contact Number	
EEmail Address	LEDYS.ENGRG@GMAIL.COM

Address	BLK 607 WOODLANDS ST 81 #09-205
Postcode	730607
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	SIDE SWIPE
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?	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]	JOHOR BAHRU SELATAN
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 28/06/2018 AT ABT 1300 HRS I WAS DRIVING MY VEH BEARING REG NO SKU3038G FROM SINGAPORE TWDS TAMAN PELANGI. WHEN I REACHED AT JALAN COKMAR, I ON MY SIGNAL INDICATOR TO TURN LEFT TO ENTER INTO THE CAR WASH KIOSK SUDDENLY VEH(B) BEARING REG NO HJA1484 CAME FROM MY LEFT AND HIY ONTO MY FRT LEFT SIDE PORTION OF MY VEH. NO ONE WAS INJURED.

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	HJA1484
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

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)**

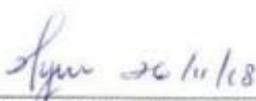
I understand, acknowledge, agree and consent that:

- (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.


Policyholder's Signature
Date & Time:

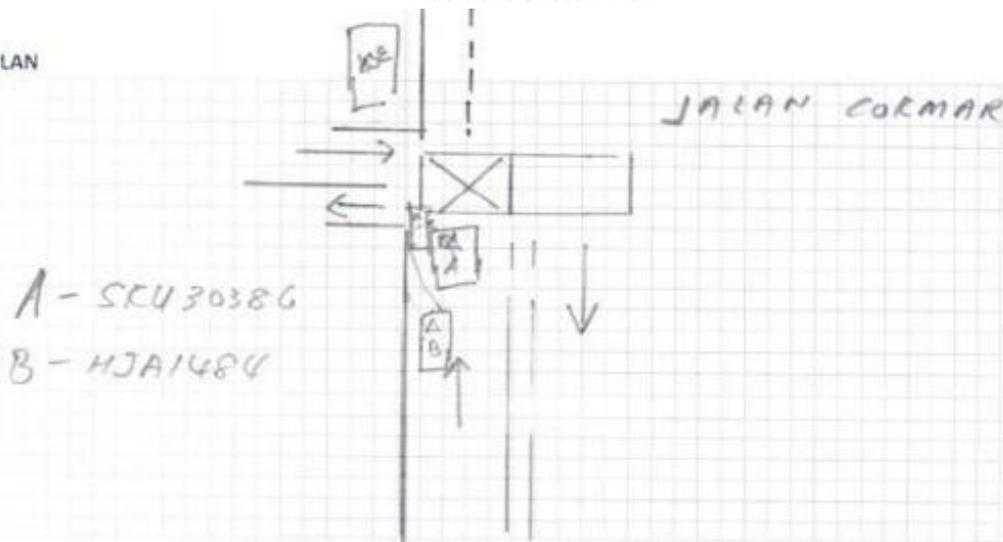



Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

✓ We declare the particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time:



[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature] 26/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



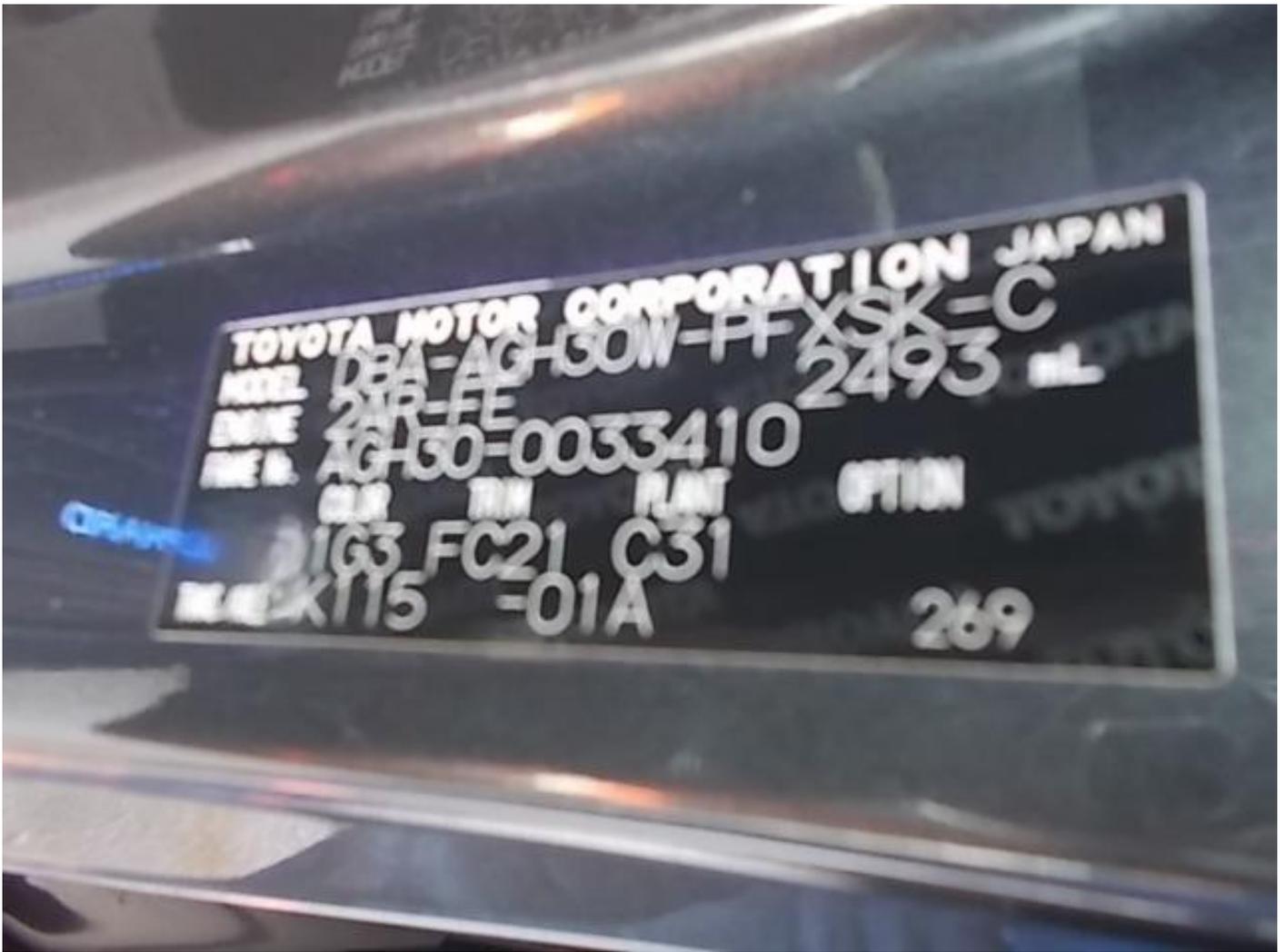
Accident Photo



Accident Photo



Accident Photo



Police Report



POLIS DIRAJA MALAYSIA
REPOT POLIS

Bela : TRAFIK JOHOR BAHRU(S)
Daerah : JIBAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)015326/18
Tarikh : 28/08/2018
Waktu : 1355 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R130080
No Repot Bersangkut : TRAFIK JOHOR BAHRU
(S)015324/18

Butir-butir Penerima Repot

Nama : MOHAMMAD HARRIS BIN HARNAIN
Butir-butir Jurubahasa (Jika Ada)
Nama : —
No Pasport : —
Alamat : —
No Personal : R193153
Pangkat : KONST
No K/P (Baru) : —
Bahasa Asal : —
No Polis/Tentera : —

Butir-butir Pengadu

Nama : LEE KAR POH, LOUIS (LI JIABAD, LOUIS)
No K/P (Baru) : —
No Sijil Beranak : —
Jantina : Lelaki
Keturunan : Cina
Pekerjaan : SWASTA
Alamat Tempat Tinggal : APT BLK 755 WOODLANDS CIRCLE #12-254 SINGAPORE, 730766
Alamat Ibu/Bapa : —
Alamat Pejabat : —
No Tel (Rumah) : —
No Tel (Pejabat) : —
No Pasport : K0357263A
Tarikh Lahir : 16/12/1979
Umur : 38 tahun 6 bulan
Warganegara : Singapore
No Tel (HP) : 93588787

Pengadu Menyatakan:-

PADA 28/8/2018 JAM LEBIH KURANG 1300HRS SAYA MEMANDU MIKAR NO SKJ3638G DARI SINGAPORE HENDAK KE TAMAN PELANGI. APABILA SAMPAI DI JALAN COKMAR, BERI ISYARAT BELOK KE KIRI UNTUK MASUK KE CAR WASH, DAN JALA NTERUS. TIBA-TIBA ADA SEBUAH MTEKSI NO HJA1484 DATANG DARI BELAKANG KIRI TELAH MELANGGAR MIKAR SAYA TEPI KIRI SAYA TIDAK CEDERA. KEROSAKAN MIKAR SAYA DI BAHAGIAN DEPAN KIRI, BUMPER, MUDGUARD, LAMPU DAN LAIN-LAIN KEROSAKAN YANG BELUM PASTI SEKIAN LAPORAN SAYA.

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

ID Pencetak | Tarikh @ Masa Cetak : R4185663 | 28/08/2018 02:48:32 PM

101. SALINAN REPOT
TRAFIK JOHOR BAHRU (S)
SALINAN YANG DIBAHAS BENAR
(HANYA UNTUK TUNTUTAN SIVIL)

.....
KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR
HANYA BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN