

## 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	08/01/2019 17:02
Date Of Accident	06/01/2019 22:30
Exact Location Of Accident	JALAN SULTAN ISKANDAR TWDS SG
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1390D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRIPLE AAA GENERAL SERVICES
Co Reg No	53365504L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87499509
Alternative Phone No	OFFICE-87499509

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K21G5
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092340858-01
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD RIZAL BIN MOHD RASHED
NRIC No	S7935449Z
Date Of Birth	10/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87499509
Fax Number	
Contact Number	OFFICE-87499509
EEmail Address	NOEMAIL

Address	BLK 109 BUKIT BATOK WEST AVENUE 6 #06-18
Postcode	650109
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) 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.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOHOR BAHRU
Police Station Address	ROAD: JOHOR , POSTCODE: NA , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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	SJP6170A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)  
Passenger 1

2  
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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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

Vehicle A: STR 1390D

Vehicle B: STP 6170A



Adrian Sultan is involved  
(C16 JB 754)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

## 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



L/20190107/7026

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## POLICE REPORT (NP299)

Report No. L/20190107/7026

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 07/01/2019 16:34	Vide Report No.	Station Diary No.
Name Of Informant MOHAMMAD RIZAL BIN MOHD RASHED	Address APT BLK 109 BUKIT BATOK WEST AVENUE 6 #06-18 SINGAPORE 650109	
ID Type / ID No. NRIC NO / S7935449Z	Contact No. Home/Office:	Mobile: 87499509
Nationality SINGAPORE CITIZEN	Email Address miruiqah@gmail.com	
Occupation Taxi driver	Sex Male	Age 39
Institution/School Name	Date of Birth 10/11/1979	Race Malay
Date/Time Of Incident 06/01/2019 22:30	Location Of Incident JALAN SULTAN ISKANDAR (CIQ JB TOWARDS SG)	

### Brief details.

ON 06/01/2019, AT ABOUT 22:30HR, I WAS DRIVING MY VEHICLE - SJR1390D, ALONG MALAYSIA - JALAN SULTAN ISKANDAR TOWARDS SINGAPORE. DUE TO HEAVY TRAFFIC, VEHICLES WERE SLOW MOVING. WHEN MY VEHICLE WAS STATIONARY, VEHICLE NUMBER - SJP6170A, HIT ONTO MY VEHICLE'S REAR PORTION. I THEN ALIGHTED AND TOLD THE DRIVER OF SJP6170A, TO SHIFT FORWARD TO THE SIDE TO EXCHANGE PARTICULARS, BUT HE MOVED OFF.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2019 16:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



# Police Report



**SINGAPORE  
POLICE FORCE**



L/20190107/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190107/7026

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	MOHAMMAD RIZAL BIN MOHD RASHED		
ID Type	NRIC NO	ID No	S7935449Z
Gender	Male	Age	39
Race	Malay	Language	English
Occupation	Taxi driver	Address Type	
Address	APT BLK 109 BUKIT BATOK WEST AVENUE 6 #06-18 SINGAPORE 650109		Mobile No 87499509
Is Informant A Victim?	Yes		
Person Name	MOHAMMAD RIZAL BIN MOHD RASHED (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2019 16:34
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

# Police Report

Salinan Repot Polis

Page 1 of 1



## POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) Pegawai Penyiasat : R112169  
Daerah : J/BAHRU SELATAN  
Kontinjen : JOHOR  
No Repot : TRAFIK JOHOR BAHRU(S)/000655/19  
Tarikh : 07/01/2019  
Waktu : 2254 PM  
Bahasa Diterima : B. Malaysia

### Butir-butir Penerima Repot

Nama : MUHAMMAD RAZIS BIN RUSHAIDI No Personel : R186022 Pangkat : L/KPL  
Butir-butir Jurubahasa (Jika Ada)  
Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---  
No Pasport : --- Bahasa Asal : ---  
Alamat : ---

### Butir-butir Pengadu

Nama : MOHAMMAD RIZAL BIN MOHD RASHED  
No K/P (Baru) : --- No Polis/Tentera : --- No Pasport : K0133310E  
No Sijil Beranak : ---  
Jantina : Lelaki Tarikh Lahir : 10/11/1979 Umur : 39 tahun 1 bulan  
Keturunan : Melayu Warganegara : Singapore  
Pekerjaan : PEMANDU GRAB  
Alamat Tempat Tinggal : APT BLK 109 BUKIT BATOK WEST AVENUE 6 #06-18, SINGAPORE, 650109  
Alamat Ibu/Bapa : ---  
Alamat Pejabat : ---  
No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 87499509  
Emel : ---

### Pengadu Menyatakan:-

PADA 06/01/2019 JAM LEBIH KURANG 2230HRS SAYA MEMANDU SEBUAH M/KAR NO SJR1390D DARI PANDAN HENDAK MENUJU KE SINGAPORE. PADA KETIKA ITU, SEMASA SAYA SAMPAI DI KASTAM TAMBAK JOHOR. KEADAAN JALAN RAYA AGAK SESAK. SAYA BERGERAK SECARA PERLAHAN. TIBA TIBA ADA SEBUAH M/KAR NO SJP6170A DATANG DARI ARAH BELAKANG MELANGGAR M/KAR SAYA DI BAHAGIAN BELAKANG. SAYA TIDAK CEDERA. KEROSAKKAN PADA M/KAR SAYA IALAH : CALAR DI BAHAGIAN BUMPER BELAKANG. SEKIAN LAPORAN SAYA.

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

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ID Pencetak | Tarikh @ Masa Cetak : R112169 | 07/01/2019 11:47:09 PM  
-----  
SALINAN YANG DISAHKAN BENAR  
(HANYA UNTUK TUNTUTAN SIVIL)

-----  
KETUA TRAFIK DAERAH, JOHOR BAHRU, JOHOR  
TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN  
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Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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**Accident Photo**



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