

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	21/05/2019 17:22
Date Of Accident	18/05/2019 13:00
Exact Location Of Accident	LUBUHRAYA PASIR GUDANG 16.3KM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA4781S
Insured/Policyholder	
Name Of Registered Owner	ALDRIVER
Co Reg No	53362237M
Email Address	CYBERKAYU_X@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83216713
Alternative Phone No	OFFICE-83216713

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5091323371-01
Cover Note Number	

Driver

Name of Driver	LIM CHEAH YU
NRIC No	S8858027C
Date Of Birth	12/01/1988
Occupation	INDOOR
Date Of Driving Pass	02/04/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83216713
Fax Number	
Contact Number	OTHERS-83216713
EEmail Address	CYBERKAYU_X@HOTMAIL.COM

Address	BLK 221A JURONG EAST STREET 21 #07-887
Postcode	601221
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 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?	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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : BROTHER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAWANGAN TRAFIK
Police Station Address	ROAD: IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM , POSTCODE: 81750 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK8426X
Vehicle Make/Model/Colour	KAWASAKI 2-X10R

Details Of Properties

Vehicle Category	GOODS VEHICLE
Name of Driver	AIDIL RIDHWAN
NRIC/Passport Number	
Contact Number	93252291
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AIDIL RIDHWAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK8426X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



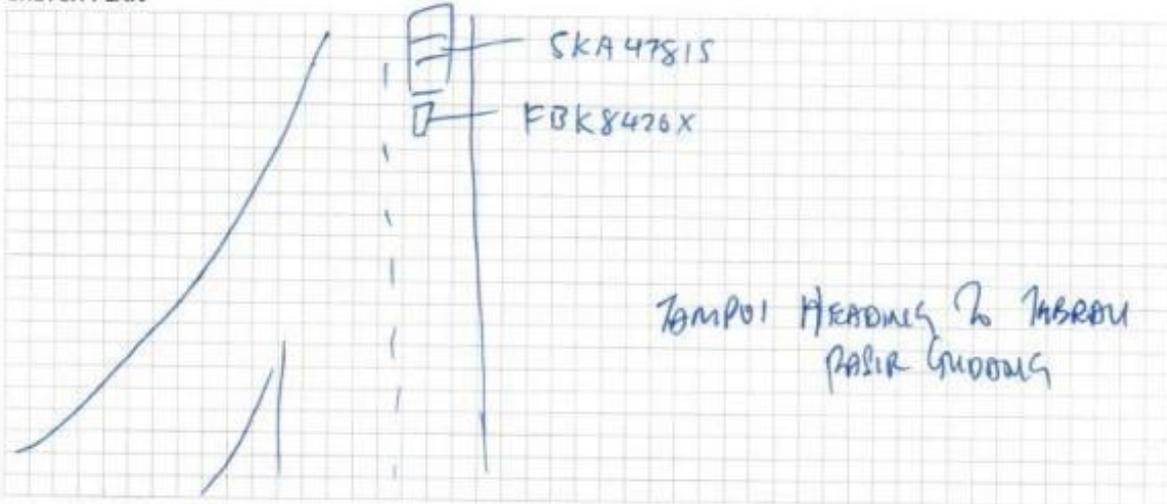
Policyholder's Signature
Date & Time:

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

On 16 May 2019, 1.00pm I was driving from Tampoi heading to Tehran on Pasir Gudang highway. I felt as if a nudge on my car back (SKA 4781S) and I saw a rider rolling on the road with a sport bike (FBK 8426X). The rider suffered some substantial injury and being brought to Hospital.

On my side, no injury on all driver and passenger. My car had its bumper and bonnet damaged.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Policyholder's Signature
Date & Time:

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

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

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

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

POLICE REPORT



CAWANGAN TRAFIK,
IBU PEJABAT POLIS DAERAH JOHOR BAHRU UTARA,
POLIS DIRAJA MALAYSIA,
JKR No. 3861, BATU 10 81300 SKUDAI,
JOHOR.
07-5571952

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : LIM CHEAH YU
No Kad Pengenalan / Paspot : K0820972R
No Repot Polis : TRAFIK JOHOR BAHRU(U)/008255/19
Tarikh @ Masa Repot Polis : 18/05/2019 @ 03:57
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R91975) S/N ABDULLAH BIN SAAT
Tempat Tugas : JOHOR , J/BAHRU UTARA
No Telefon Pejabat : No Telefon Bimbit : 013-7739181
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :
Tarikh @ Masa Gambar Diambil :
Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Ahad - Rabu :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Khamis :
08:00 Pagi - 1:00 Tengah Hari
02:00 Petang - 03:00 Petang
Jumaat / Sabtu : Tutup
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

- 1. Salinan Repot Polis
- 2. Gambar Kenderaan
- 3. Rajah Kasar Kemalangan
- 4. Keputusan Siasatan
- 5. Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

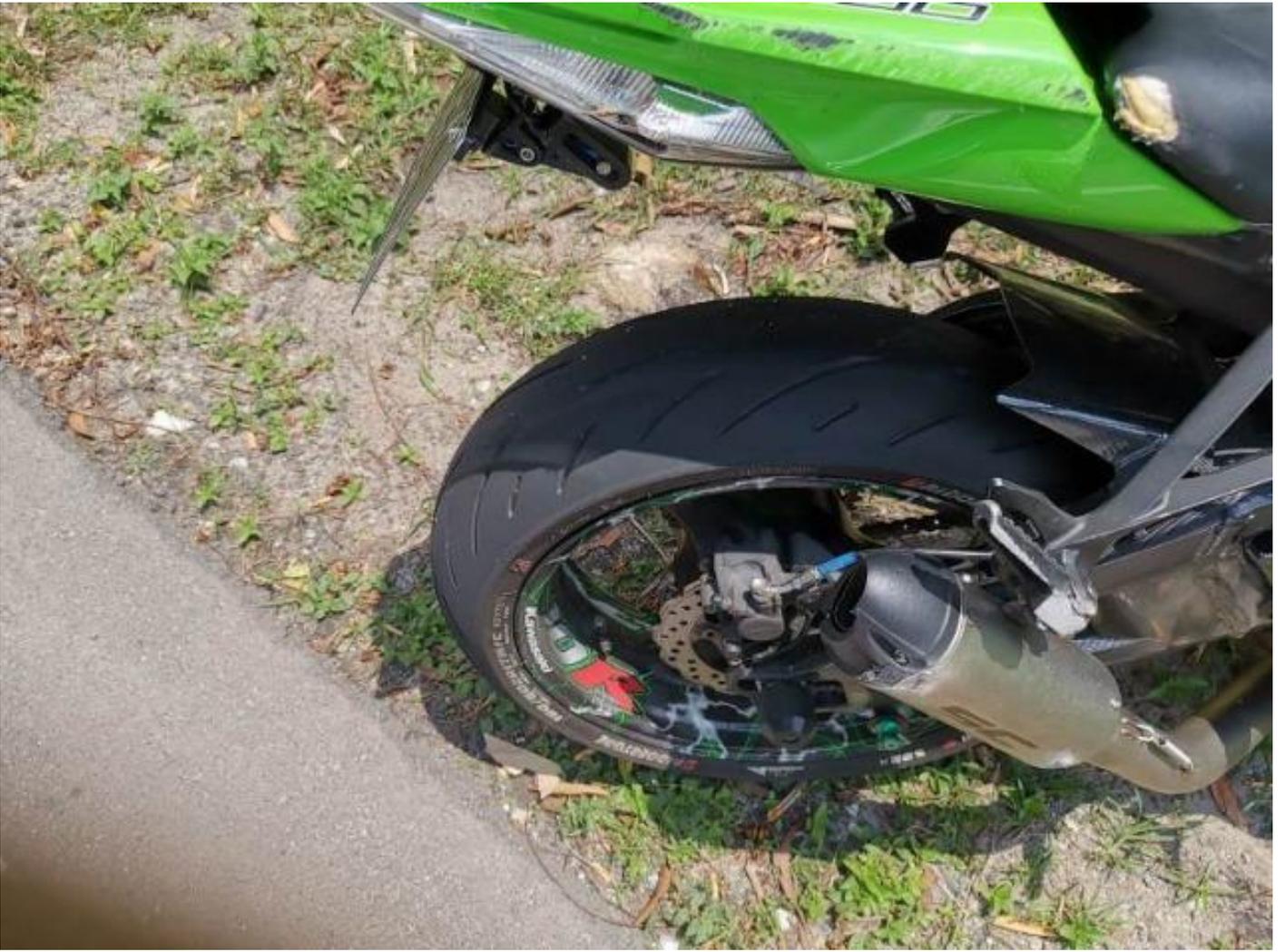


TOYOTA MOTOR CORPORATION
MODEL: NCP93B-BEPRKT 1497 mL
ENGINE: 1N7-EE
VIN: MF053HY9305004388
YEAR: 08 TRIM: 1E8 EE10 735
PLANT: GM (g)
MODEL: US40E -02A MAR 07
MFG: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo

