

## 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	24/06/2019 17:20
Date Of Accident	22/06/2019 11:20
Exact Location Of Accident	SLIP RD JALAN SULTAN ISMAIL TWDS JALAN RAJA CHULAN
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1511T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEM AUTO
Co Reg No	53309211J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85306081
Alternative Phone No	OFFICE-85306081

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109554088
Cover Note Number	

### Driver

Name of Driver	MOHAMED HAIRONI BIN KASSIM
NRIC No	S7816373I
Date Of Birth	09/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93688498
Fax Number	
Contact Number	OFFICE-93688498
EEmail Address	NOEMAIL

Address	BLK 722 TAMPINES STREET 72 #02-21
Postcode	520722
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?	YES
Foreign Vehicle Registration Number	WNV6907 (BUS)
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)	5
Passenger 1	NAME: : UMAIZAH GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MALAYSIA
Police Station Address	ROAD: - , POSTCODE: - , 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 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 Witness 1**

Name	FURKHAN
Phone Number	+61414242252
Email Address	

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	WNV6907
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	UMAIZAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SML1511T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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 JUNE 2019  
1605 hrs

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

# Accident Sketch Plan

## SKETCH PLAN

Sketch Plan area with handwritten notes and diagrams on a grid background.

Handwritten notes on the left side of the grid:

- St. P. Rd. Junction to Han Unnigil
- Towards Jalan Rempah Chikun

Diagram in the center of the grid shows a road layout with two rectangular boxes labeled 'A' and 'B' positioned vertically, and three small rectangular boxes above them.

Handwritten notes on the right side of the grid:

- A: SML15117
- B: W31V0907

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section with a large grid area for text entry.

Handwritten text in the first row: Refer to statement.

A large blue checkmark is drawn across the middle of the grid.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

W31V0907

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

24 JUNE 2019  
160Shrs

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

### Accident Sketch Plan

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE PEDESTRIAN ZEBRA CROSSING AS THERE WERE PEDESTRIAN ABOUT TO CROSS. SUDDENLY I FELT AN IMPACT ON MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.



## Police Report



### POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK KUALA LUMPUR  
Daerah : PEJABAT IPK KL  
Kontinjen : KUALA LUMPUR  
No Repot : TRAFIK KUALA LUMPUR/061730/19  
Tarikh : 22/06/2019  
Waktu : 1245 PM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R109128  
No Repot Bersangkut : TRAFIK KUALA  
LUMPUR/061710/19

#### Butir-butir Penerima Repot

Nama : MUHAMMAD SAIFULLAH BIN ANUAR

No Personel : R185606

Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : ---

Bahasa Asal : ---

Alamat : ---

#### Butir-butir Pengadu

Nama : MOHAMED HAIRONI BIN KASSIM

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : K0091880K

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 09/06/1978

Umur : 41 tahun 0 bulan

Keturunan : Singaporean

Warganegara : Singapore

Pekerjaan : -

Alamat Tempat Tinggal : BLOK 722 TAMPINES STREET 72 NO PINTU # 02-21, 66666

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6597678584

Emel : ---

#### Pengadu Menyatakan:-

PADA 22/06/2019 JAM LEBIH KURANG 1120 PAGI, SAYA MEMANDU MOTOKAR NOMBOR SML1511T DARI HOTEL PULLMAN MENGHALA JALAN IMBI. PADA KETIKA ITU, APABILA SAYA SAMPAI DI JLN RAJA CHULAN, KETIKA DALAM KEADAAN BERHENTI KERANA TERDAPAT PEJALAN KAKI MELINTAS. PADA MASA YANG SAMA, SAYA DENGAR BUNYI YANG KUAT DARI ARAH BELAKANG. SAYA TURUN DAN DAPATI SEBUAH BAS NOMBOR WNV6907 TELAH MELANGGAR KENDERAAN SAYA. DALAM KEJADIAN ITU, ANAK PEREMPUAN ALAMI SAKIT KEPALA DAN TRAUMA AKIBAT HENTAKAN. KEROSAKAN MOTOKAR SAYA IALAH BUMPER, BONET, CERMIN BELAKANG, LAMPU, SPOILER, DAN LAIN KEROSAKAN TIDAK PASTI.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R109128 | 22/06/2019 11:45:26 PM

UNTUK TINDAKAN SIVIL SAHAJA  
SALINAN YANG SAH

22/06/2019

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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Accident Photo



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