

## 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	08/07/2019 18:05
Date Of Accident	07/07/2019 11:40
Exact Location Of Accident	JOHOR JAYA HEADING TOWARDS WOODLANDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC1932E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP CHYE HEE
NRIC No	S1621143E
Email Address	RAYTEO6407@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98633648
Alternative Phone No	OTHERS-97541810

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (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	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	5018126769-12
Cover Note Number	

### Driver

Name of Driver	ONG KOH CHYE
NRIC No	S1290724I
Date Of Birth	04/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98633648
Fax Number	
Contact Number	OTHERS-97541810
EEmail Address	RAYTEO6407@GMAIL.COM

Address	BLK 288C BUKIT BATOK STREET 25 #05-22
Postcode	652288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
Foreign Vehicle Registration Number	JNE8066 (PRIVATE CAR)
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?	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: : YAP CHYE HEE GENDER: : MALE
Passenger 2	NAME: : YAP CHYE HEE (WIFE) GENDER: : FEMALE
Passenger 3	NAME: : FRIEND 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	<b>ROAD:</b> IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM , <b>POSTCODE:</b> 81750 , <b>COUNTRY:</b> MALAYSIA
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO TRAFIK JOHOR BAHRU(S)/017199/19

#### 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	JNE8066
-----------------------------	---------

Vehicle Make/Model/Colour	PROTON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE POH LI
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:

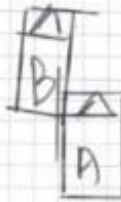
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

JOHOR JAYA TOWARDS WOODLAND

A) SGC 1932E  
B) JNE 8066



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT  
TRAFIK JOHOR BAHU (S/O 17/99/19)

## 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.:

GARMC SketchPlanForm\_V2

# POLICE REPORT

Salinan Repot Polis



## POLIS DIRAJA MALAYSIA REPOt POLIS

Balai : TRAFIK JOHOR BAHRU(S)  
Daerah : J/BAHRU SELATAN  
Kontinjen : JOHOR  
No Repot : TRAFIK JOHOR BAHRU(S)/017199/19  
Tarikh : 07/07/2019  
Waktu : 1448 PM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R92851

Butir-butir Penerima Repot  
Nama : IVAN WALTER ANAK LITOR  
Butir-butir Jurubahasa (Jika Ada)  
Nama : ---  
No Paspot : ---  
Alamat : ---

No Personel : R205355

Pangkat : KONST/P

No K/P (Baru) : ---  
Bahasa Asal : ---

No Polis/Tentera : ---

Butir-butir Pengadu  
Nama : ONG KOH CHYE  
No K/P (Baru) : ---  
No Sijil Beranak : ---  
Jantina : Lelaki  
Keturunan : Cina  
Pekerjaan : TRELER DRIVER  
Alamat Tempat Tinggal : BLK 288-C BUKIT ST-25 #05-22 SINGAPORE, 652288  
Alamat Ibu/Bapa : ---  
Alamat Pejabat : ---  
No Tel (Rumah) : ---

No Polis/Tentera : ---

No Paspot : K0388913E

Tarikh Lahir : 04/03/1958  
Warganegara : Singapore

Umur : 61 tahun 4 bulan

No Tel (Pejabat) : ---

No Tel (HP) : 97541810

### Pengadu Menyatakan:-

ON 07/07/2019 AROUND 1140HRS, I WAS DRIVING MY CAR (SGC1932E) FROM JOHOR JAYA HEADING TO WOODLANDS SINGAPORE. BY THE TIME I REACH KM 10 JALAN JOHOR BAHRU KOTA TINGGI, I WAS DRIVING STRAIGHT ON THE RIGHT LANE. SUDDENLY A CAR (JNE8066) COMING FROM THE MIDDLE LINE CUT INTO MY LANE AND COLLIDE WITH MY LEFT FRONT SIDE OF MY CAR. NO INJURIES HAPPEN TO ANYONE. MY CAR DAMAGES WERE ON THE LEFT-FRONT OF MY CAR: HEADLIGHT, BUMPER, MUDGUARD AND OTHER DAMAGES I'M NOT SURE YET. THAT IS ALL.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

PEJ. SALINAN REPORT  
TRAFIK JOHOR BAHRU(S)  
SALINAN YANG DISAHKAN BENAR  
(HANYA UNTUK TUJUAN PERBICARAAN)  
ID Pencetak | Tarikh @ Masa Cetak : R92851 07/07/2019 03:10:44 PM

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

<http://10.1.1.199/prs/coffice/viewpol55real.asp?type=printedsalinan&salinan=ya&jenissalin...> 7/7/2019



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

