

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	02/08/2019 10:36
Date Of Accident	31/07/2019 17:15
Exact Location Of Accident	SECOND LINK
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK1701M
Insured/Policyholder	
Name Of Registered Owner	ESAH BTE ABDULLAH
NRIC No	S0064035B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97494959
Alternative Phone No	OFFICE-97494959

Vehicle Particulars

Manufacturer	CHERY
Model	QQ
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?	YES
If No, Please state action to be taken	
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	5029987125-11
Cover Note Number	-

Driver

Name of Driver	ESAH BTE ABDULLAH
NRIC No	S0064035B
Date Of Birth	10/05/1953
Occupation	INDOOR
Date Of Driving Pass	19/09/1989
Driving Experience	29 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97494959
Fax Number	
Contact Number	OFFICE-97494959
Email Address	NOEMAIL

Address	BLK 405 BEDOK NORTH AVE 3 #09-201
Postcode	460405
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRY6634 (PRIVATE CAR)
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)	2
Passenger 1	NAME: : MAIMUNAH SAEMAH ASRAKAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK ISKANDAR PUTERI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JRY6634
Vehicle Make/Model/Colour	HONDA CITY
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)

DETAILS OF INJURED PERSON 1	
Name	ESAH BTE ABDULLAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGK1701M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	MAIMUNAH SAEMAH ASRAKAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGK1701M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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)**

(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.

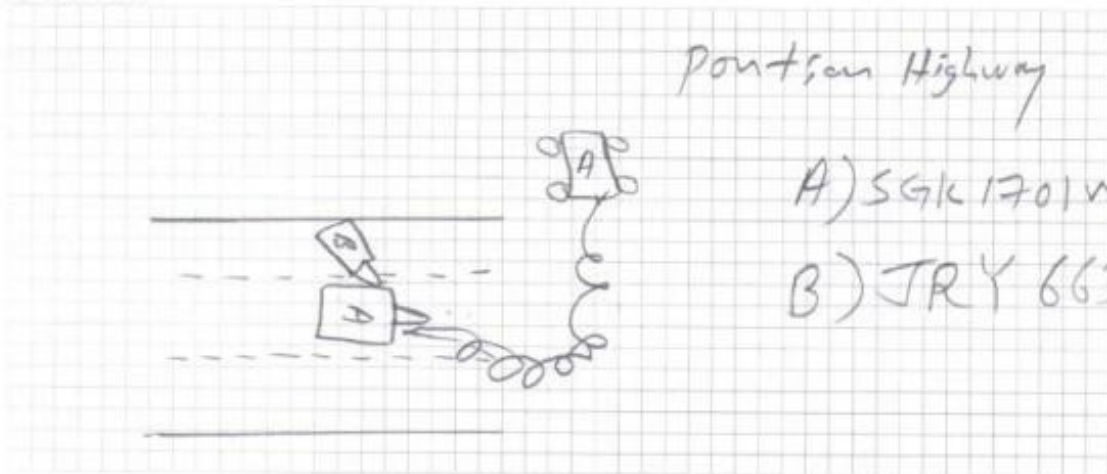
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police statement

DECLARATION

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

Policyholder's Signature

Date & Time: 1/8/19 @ 1548 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

ON 31/07/2019 AROUND 1715HRS, I WAS DRIVING MY VEH SGK1701M ALONG PASIR GUDANG TWDS GELANG PATAH, WHEN I AT 13J KM SECOND LINK, I WAS TRAVELLING STRAIGHT ON THE SECOND LANE, SUDDENLY VEH B FROM MY LEFT LANE CUT INTO MY LANE. TO AVOID COLLISION I PRESS MY BRAKE BUT VEH B HIT ONTO MY VEH AND MY VEH TOPPLE THREE TIME. MY PASSENGER AND ME WAS BADLY INJURY.

POLICE REPORT

Salinan Repot Polis

Page 1 of 1



POLIS DIRAJA MALAYSIA REPOt POLIS

Balai : TRAFIK ISKANDAR PUTERI
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No Repot : TRAFIK IPUTERI/008440/19
Tarikh : 01/08/2019
Waktu : 1019 AM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R175641
No Repot Bersangkut : TRAFIK
 IPUTERI/008425/19

Butir-butir Penerima Repot

Nama : MUHAMAD FAHMI BIN ABDUL MANAF
Butir-butir Jurubahasa (Jika Ada)

No Personel : R194525

Pangkat : KONST/P

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : ESAH BINTE ABDULLAH

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : E4740540F

No Sijil Beranak : ---

Jantina : Perempuan

Tarikh Lahir : 10/05/1953

Umur : 66 tahun 2 bulan

Keturunan : Melayu

Warganegara : Singapore

Pekerjaan : BUSINESS

Alamat Tempat Tinggal : BLOCK 405 #09-201 BEDOK NORTH AVENUE 3 SINGAPORE, 460405

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6597494959

Pengadu Menyatakan:-

PADA 31/07/2019 JAM LEBIH KURANG 1715HRS, SAYA SEDANG MEMANDU M/KAR NO-SGK1701M DARI PASIR GUDANG HENDAK MENGHALA KE GELANG PATAH. KETIKA DI KM 13J L/RAYA LINKEDUA, SAYA SEDANG LURUS DI LORONG TENGAH. TIBA-TIBA SEBUAH M/KAR NO-JRY8634 DARI LORONG KIRI MENGUBAH LALUAN MASUK KE LORONG SAYA SAYA CUBA MENGELAK DAN MENEKAN BREK TETAPI M/KAR TERSEBUT MELANGGAR M/KAR SAYA LALU M/KAR SAYA TERBALIK. SAYA MENGALAMI KECEDERAAN SAKIT DI BAHAGIAN KEPALA, SAKIT DI BAHAGIAN DADA, TERKEHEL DI BAHU SEBELAH KANAN, DAN MENERIMA RAWATAN DI HOSPITAL SULTANAH AMINAH MANAKALA PENUMPANG DI SEBELAH KIRI PENAMA/MAIMUNAH @ SAIMAH BINTI ASRAKAH NO KPT:471125-01-5398 MENGALAMI KECEDERAAN PATAH TULANG BAHU SEBELAH KIRI, TULANG RUSUK SAKIT, DADA SAKIT, KEPALA SAKIT, MENERIMA RAWATAN DI HOSPITAL SULTANAH AMINAH. M/KAR SAYA MENGALAMI KEROSAKAN DI BAHAGIAN BONET DEPAN/BELAKANG, SET LAMPU DEPAN/BELAKANG SEBELAH KIRI/KANAN, CERMIN BESAR DEPAN/BELAKANG, BUMBUNG, BUMPER DEPAN/BELAKANG, RIM/TAYAR/ABSORBER DEPAN BELAKANG KIRI/KANAN, TANGKI AIR/AIRCOND, PINTU DEPAN/BELAKANG SEBELAH KIRI/KANAN, CERMIN SISI KIRI/KANAN, MUDGUARD DEPAN/BELAKANG KIRI/KANAN, PANEL DEPAN/BELAKANG, DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

AB028672 | 01/08/2019 11:18:39 AM

TRAFIK IPO ISKANDAR PUTERI

BERLIN YANG BERTAKAN BENAR

MYKANTUN (STAN CIVIL)

DAERAH ISKANDAR PUTERI, JOHOR

DAERAH ISKANDAR PUTERI, JOHOR

DAERAH ISKANDAR PUTERI, JOHOR

DAERAH ISKANDAR PUTERI, JOHOR

<http://10.1.1.199/prs/coffice/viewpol55real.asp?type=printedsalinan&salinan=ya&jenis...> 8/21/2012

Accident Photo



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