

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	05/08/2019 18:29
Date Of Accident	04/08/2019 17:30
Exact Location Of Accident	ARAH SELATAN SHELL PETROL KIOSK
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV5058S
Insured/Policyholder	
Name Of Registered Owner	PUA CHUN YEH
NRIC No	S8586070D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84845058
Alternative Phone No	OFFICE-84845058

Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO 1.4AT TURBO
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093018622-02
Cover Note Number	

Driver

Name of Driver	PUA FEI FEN
NRIC No	S8381435G
Date Of Birth	02/04/1983
Occupation	INDOOR
Date Of Driving Pass	03/10/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85885058
Fax Number	
Contact Number	OFFICE-85885058
Email Address	NOEMAIL

Address	BLK 316C PUNGGOL WAY #03-695
Postcode	823316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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: : FEMALE
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190805/7004.

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	PZ2098D
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)

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:

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

Accident Sketch Plan

SKETCH PLAN

Refer to sketch.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report -

DECLARATION

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

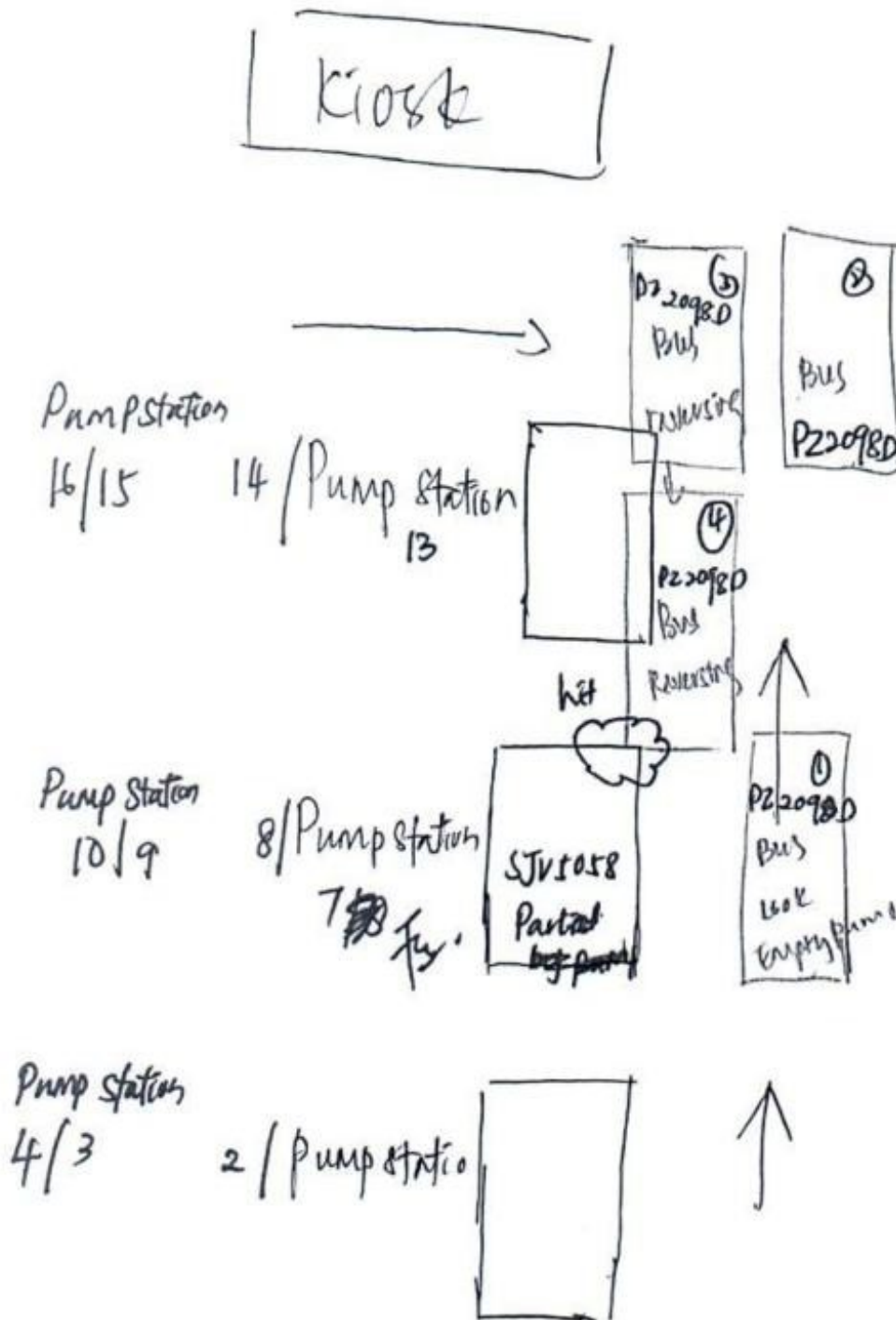
Policyholder's Signature
Date & Time

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

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

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Accident Sketch Plan



Scanned by CamScanner

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/008576/19
Tarikh : 04/08/2019
Waktu : 1833 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R189681

Butir-butir Penerima Repot

Nama : AZRI BIN JUNAT
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Pasport : ---
Alamat : ---

No Personal : R208497
Pangkat : KONST/P

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

Butir-butir Pengadu

Nama : PUA FEI FEN
No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Perempuan
Keturunan : Cina
Pekerjaan : SWASTA
Alamat Tempat Tinggal : 316C PUNGGOL WAY #03-695, 823316
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
Emel : ---

No Polis/Tentera : ---
No Pasport : K1158550G

Tarikh Lahir : 02/04/1983
Warganegara : Singapore
Umur : 36 tahun 4 bulan

No Tel (Pejabat) : ---
No Tel (HP) : 685885058

Pengadu Menyatakan:-

PADA 04/08/2019 JAM LEBIH KURANG 1730HRS SAYA MEMANDU MKAR NO SJV5058S DARI JOHOR BHARU MENUJU KE SINGAPORE. APABILA SAYA SAMPAI DI KM4 LEBUHRAYA LINK KEDUA RNR ARAH SELATAN, SEMASA SAYA BERADA DI SHELL V-POWER. TIBA-TIBA SEBUAH MBAS NO PZ2098D YANG INGIN TUTUR MENGIKUTI MINYAK LALU TELAH MENGUNDUR DAN MELANGGAR MKAR SAYA HADAPAN. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI SEBARANG KECEDEeraan, KEROSAKAN MKAR SAYA IALAH BAHAGIAN DEPAN: BUMPER, BONET, LAMPU KANAN DAN LAIN KEROSAKAN BELUM KENAL PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R208497 | 04/08/2019 07:06:02 PM

<https://prs.rmp.gov.my/prs/eoffice/viewpol55real2.asp?type=printed&salinan=ya&jeniss...> 4/8/2019

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190805/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190805/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2019 12:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: PUA CHUN YEH			Address: APT BLK 592C MONTREAL LINK #06-32 SINGAPORE 753592		
ID Type / ID No.: NRIC NO / S8586070D			Contact No.: Home/Office: Mobile: 84845058		
Nationality: MALAYSIAN			Email: jims@outlook.sg		
Sex: Male	Age: 33	Date of Birth: 21/11/1985	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Baker (general)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 04/08/2019 17:30	Type of Location: Petrol Kiosk
Location: Arah Selatan Shell Petrol Kiosk				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PZ2098D	Bus/Coach/Mi nibus				Slightly Damaged	0
SJV5058S	Car	CHEVROLET	ORLANDO		Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190805/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190805/7004

CONTINUATION OF REPORT

Vehicle Owner			
Name	PUA CHUN YEH	ID No.	S8586070D
Related Vehicle	SJV5058S (Car)	Contact No.	84845058
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

ON 04/08/2019, AT ABOUT 17:30HR, MY SISTER - PUA FEI FEN, NRIC: S8381435G, HAD DRIVEN MY VEHICLE TO MALAYSIA AND SHE WAS PARKED AT THE SHELL PETROL KIOSK AT RNR ARAH SELATAN. BEFORE SHE GOT DOWN OF HER VEHICLE, VEHICLE NUMBER - PZ2098D, CAME ON HER RIGHT SIDE AND MADE A REVERSE AHEAD OF HER VEHICLE. DUE TO MIS-JUDGEMENT, THE SAID VEHICLE REVERSED INTO HER VEHICLE'S FRONT PORTION.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190805/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190805/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
05/08/2019 12:27

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

