

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	11/10/2019 17:35
Date Of Accident	01/09/2019 20:20
Exact Location Of Accident	JALAN LINGKARAN DALAM IN MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7488G
Insured/Policyholder	
Name Of Registered Owner	ROSSY BIN MANSJUR DAENG PASULUNG
NRIC No	S8223087D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90922379
Alternative Phone No	OTHERS-90922379

Vehicle Particulars

Manufacturer	HONDA
Model	ODDYSEY
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80435696 QMX
Cover Note Number	

Driver

Name of Driver	ROSSY BIN MANSJUR DAENG PASULUNG
NRIC No	S8223087D
Date Of Birth	02/08/1982
Occupation	INDOOR
Date Of Driving Pass	07/03/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90922379
Fax Number	
Contact Number	OTHERS-90922379
Email Address	NOEMAIL

Address	BK 355 TAMPINES ST 33 #08-632
Postcode	520355
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?	YES
Foreign Vehicle Registration Number	JNU5330 (MOTORCYCLE)
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)	2
Passenger 1	NAME: : SITI MARINA BTE ZAINAL 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
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

PLS REFER TO THE POLICE REPORT.T/20191011/2048

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	JNU5330
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LAU CHIT HAN
NRIC/Passport Number	810503-07-5085

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: 11 Oct 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A - SGV74886
B - JNU5330

JALAN LINGKARAN DLM
SLIP RD INTO CITY
SQUARE MALL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


PLS REFER TO THE POLICE RFEPORT:T/20191011/2048

[illegible]

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

Policyholder's Signature _____
Date & Time: 31 Oct 2019

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

 11/10/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191011/2048

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

2 of 3

Report No. T/20191011/2048

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE TIME AND PLACE

I STOPPED WHEN THE OTHER CARS IN FRONT OF ME STOPPED SINCE THE TRAFFIC LIGHT WAS RED. MY CAR WAS STATIONARY WHEN A MOTORCYCLE SUDDENLY BANG INTO THE REAR OF MY CAR ON MY RIGHT. I HAVE ALREADY MADE A POLICE REPORT IN MALAYSIA AND HAVE THE IDENTITY NUMBER OF THE MALAYSIAN DRIVER. THAT IS ALL.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/2019/011/2048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

1 of 3

Report No. T/2019/011/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2019 12:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ROSSY BIN MANSJUR DAENG PASULUNG			Address: 355 TAMPINES STREET 33 #08-632 SINGAPORE 520355		
ID Type / ID No.: NRIC NO / S8223087D			Contact No.: Home/Office: Mobile: 90922379		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 02/08/1982	Type of Informant: Driver		
Race: Bugis			Language:		Institution / School Name:
Occupation: Manufacturing engineering technician (general)			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2018 20:20	Type of Location:
Location: Woodlands Crossing JALAN LINGKARAN DALAM IN MALAYSIA				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNU5330						0
SGV7488G	Car	HONDA	ODYSSEY 2.4 A	Silver	Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20191011/2048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 400865
Tel No: 65470000

2 of 3

Report No. T/20191011/2048

CONTINUATION OF REPORT

Brief Details.

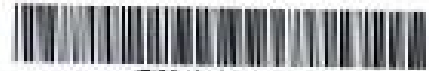
ON THE STATED DATE TIME AND PLACE

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Police Report



SINGAPORE
POLICE FORCE



T/20191011/2048

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

3 of 3

Report No. T/20191011/2048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /

LIM CHIN KIAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Sgt 3 MOHAMED RIZWAN BIN IBRAHIM
Contact No.: 93285045

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/10/2019 12:27

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Police Report

Pol.316

Page 1 of 1

POL.316



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Aduan Penerimaan Repot Polis :

Nama Pengadu : ROSLY BIN MANSUR DAENG PASULUNG
 No Kad Pengenalan / Pasport : E5/00550A
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/021093/18
 Tarikh @ Masa Repot Polis : 01/09/2018 @ 20:28
 Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R102049) SIK MOHD YUSOFF BIN ADDIN
 Tempat Tugas : JOHOR BAHRU SELATAN
 No Telefon Pejabat : No Telefon Bimbit : 013-9829871
 Tarikh @ masa Perjumpaan :
 Pengesahan Penerimaan Repot : MOHD YUSOFF B. ADDIN
 Pen Pegawai Penyiasat
 Balai Polis (Johor)
 (PPD Johor Bahru)

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 :

Isnin - Khamis :
 08:00 Pagi - 01:00 Tengah Hari
 02:00 Petang - 04:30 Petang
 Jumaat :
 08:00 Pagi - 12:30 Tengah Hari
 02:45 Petang - 04:30 Petang
 Cuti Umum / Khas : Tutup

Jenis Dokumen [Dikawal Kepada Pengadu] :

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

Tarikh @ Masa Dokumen Dicerah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen

https://prs.rmp.gov.my/prs/eoffice/eo_pot316.asp?repotid=021499/021093... 1/9/2018