

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	22/10/2019 11:16
Date Of Accident	12/10/2019 11:20
Exact Location Of Accident	JB-SG CAUSEWAY TOWARDS JB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH702R
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Insured/Policyholder

Name Of Registered Owner	SINGAPORE-JOHORE EXPRESS (PTE) LTD
Co Reg No	NA
Email Address	LJWANG@SJE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62928149

Vehicle Particulars

Manufacturer	MAN
Model	BUS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	BUS

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MFL000003
Cover Note Number	

Driver

Name of Driver	CHE MUD BIN ABDULLAH
Passport No/FIN	F2602871W
Date Of Birth	29/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-62928149
EEmail Address	NOEMAIL

Address	149 ROCHOR ROAD #04-16 FU LU SHOU COMPLEX SINGAPORE
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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?	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)	20

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
Police Station Address	ROAD: JALAN TERBAU , POSTCODE: 80250 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: 607-2237977 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SJQ7414X
Vehicle Make/Model/Colour	
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)

SKETCH PLAN

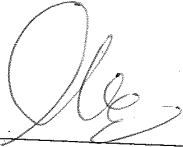
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8. Consent under the Personal Data Protection Act (PDPA)

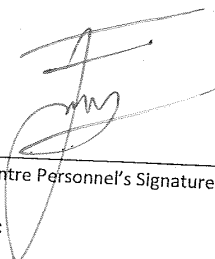
I understand, acknowledge, agree and consent that:

- (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:

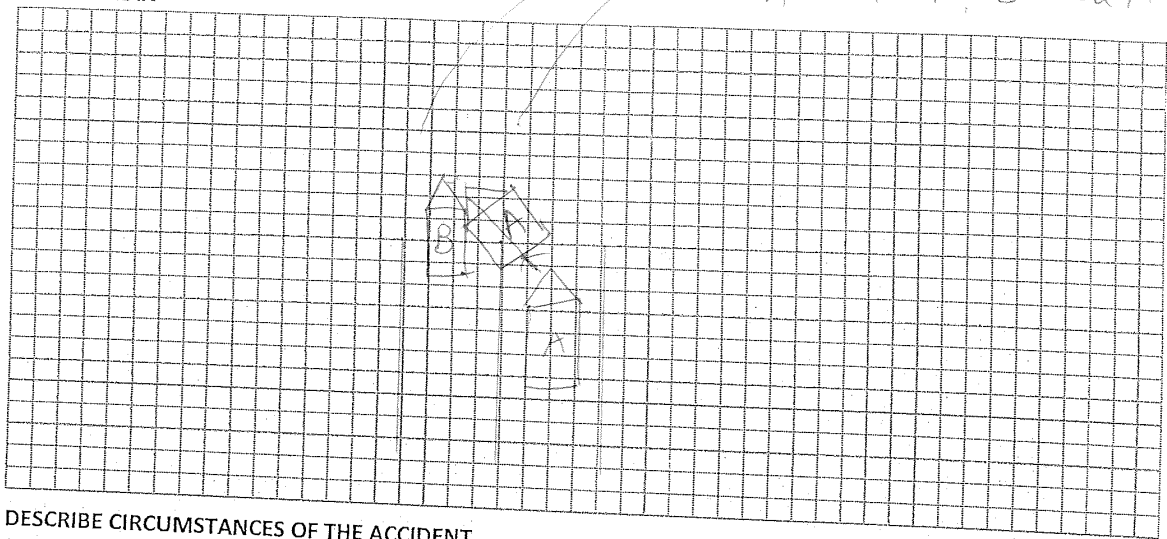


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Before entry to CIA, I need to switch to the left lane leading to CIA. I took a look out and ensure that no vehicle behind so I switched my vehicle to the ~~lane~~ left lane. While half my bus body enter the left lane, I vehicle no. SJA 7414X suddenly came from behind and hit onto the left portion of my bus body. As for vehicle SJA 7414X, its right door area sustained some scratches.

I wish to state that I did not lodge the accident report immediately after the accident is because I did not know the vehicle number of the third party. Only after my insurance company sent the letter of demand to my company then I notice the vehicle number and hence lodge this accident 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.:



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/027135/19
Tarikh : 20/10/2019
Waktu : 1114 AM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R130812
No Repot Bersangkut : TRAFIK JOHOR BAHRU (S)/026380/19

Butir-butir Penerima Repot

Nama : JENEFFER TAY
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Pasport : ---
Alamat : ---

No Personel : R190818
Pangkat : KONST/P
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera : ---

Butir-butir Pengadu

Nama : CHE MUD BIN ABDULLAH
No K/P (Baru) : 520529035289
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Melayu
Pekerjaan : PEMANDU
Alamat Tempat Tinggal : NO 160 JALAN DATIN HALIMAH 80350 JOHOR BAHRU JOHOR MALAYSIA
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
Emel : ---

No Polis/Tentera : 4278044
No Pasport : ---
Tarikh Lahir : 29/05/1952
Warganegara : Malaysia
Umur : 67 tahun 4 bulan

Pengadu Menyatakan:-

PADA 12/10/2019 JAM LEBIH KURANG 1120HRS. SAYA MEMANDU M/BAS NO SH702R DARI SINGAPURA HENDAK MENUJU KE LARKIN. APABILA SAYA SAMPAI DI TAMBAK JOHOR. KETIKA ITU SAYA BERADA DI LALUAN SEBELAH KANAN (LALUAN BAS). JALAN DALAM KEADAAN SESAK DAN BERGERAK PERLAHAN, SEMASA SAYA SEDANG JALAN TERUS, TIBA-TIBA SEBUAH M/KAR NO SJQ7414X YANG BERADA DI LALUAN SEBELAH KIRI TELAH MENGUBAH HALUAN MASUK KE LALUAN SAYA SECARA MENGEJUT DAN TELAH BERSESEL M/BAS SAYA. SAYA TIDAK CEDERA. KEROSAKAN M/BAS BAHAGIAN TEPI KIRI: BODY DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu : **Tandatangan Jurubahasa (Jika ada)** : **Tandatangan Penerima Repot** :

ID Pencetak | Tarikh @ Masa Cetak : R130812 | 21/10/2019 10:31:02 AM

SALINAN YANG DISAHKAN BENAR
 (HANYA UNTUK TUNTUKAN SIVIL)

KETUA IKRAPH BALAI JOHOR BAHRU JOHOR
 TARIK 20/10/2019

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

