MMOV19135989 / Mova Automotive Pte Ltd - Bukit Merah ENTRY DATE & TIME: 14/10/2019 14:18 SUBMITTED BY: Goh Jia Yu

#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/10/2019 14:18
Date Of Accident	12/10/2019 11:20
Exact Location Of Accident	ALONG CAUSEWAY TWDS JOHOR BAHRU IMMIGRATION CIQ
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW7417X
Insured/Policyholder	
Name Of Registered Owner	JOHARI BIN JAMIL
NRIC No	S7533479F
Email Address	JMLJHR@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94240225
Alternative Phone No	OTHERS-94240225
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5111222706
Cover Note Number	
Driver	

Name of Driver JOHARI BIN JAMIL

 NRIC No
 \$7533479F

 Date Of Birth
 07/11/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 04/08/1998

Driving Experience 21 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94240225

Fax Number

Contact Number OTHERS-94240225

EMail Address JMLJHR@YAHOO.COM.SG

Address BLK 804 WOODLANDS STREET 81 #02-39

Postcode 730804

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? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO NO

YES

NO

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Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

Passenger 2 : PASSENGER NAME:

> GENDER: : FEMALE

Passenger 3 NAME: : PASSENGER

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS DIVISION HQ

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

**Circumstances of Accident** 

PLEASE REFER TO STATEMENT ON THE SKETCH PLAN.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

SH702R

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

BUS

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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)
  - (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 Signa Date & Time:

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

Reporting C NRIC/FIN No.:

Name

SKETCH PLAN	HONG CAUSENAY	TWDS JOH	IOR BAHK	ZV.
SJW7417X		(5	Ś	4
SH702k		N/A		4
				4-
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
LICENSE PLATE: STW94	17X A	CCIDENT DATE & TIME	12/10/2	DIA. @ 1120
CONTACT NUMBER: 9424	)225 · E.	MAIL ADDRESS:	milling soft	Quaha com .99
LOCATION: ATOMY CAN	Iseway twols Jo	hor Bahwa	. Immi	votlen (10:
please befor to	police report	ИВ. Ци	0191012	7041.
A: 04 pax	(2males, 2+	enales)-		
1				
NOTE: PLEASE NOTE THA	T YOUR INSURER MAY HAV	E 14 DAYS TIME FR.	AME FOR YOU	TO SUBMIT AN
OWN DAMAGE CLAIM UNDE				
Please state:				
( ) Claim Own Policy	( ) Claim Third Party ( )	Claim OD/TP at other wo	orkshop (	) Reporting Only
DECLARATION  I/We declare the foregoing particula	ors are true in every respect.		W AUA	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyhol		leporting Centre P	ersonnell's Signature
	Date & Time:	N	IRIC/FIN No.:	14/10/10



# POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

: TRAFIK JOHOR BAHRU(S)

Pegawai Penyiasat : R130812

Daerah

: J/BAHRU SELATAN

Kontinjen

: JOHOR

No Repot

Tarikh

: TRAFIK JOHOR BAHRU(S)/026380/19

Waktu

: 12/10/2019 : 1202 PM

Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama: NOAZZA BINTI ABD WAHID

No Personel: R136178

Pangkat: KPL

Butir-butir Jurubahasa (Jika Ada)

Nama: ---

No K/P (Baru): ---

No Polis/Tentera: ---

No Paspot: ---

Bahasa Asal: ---

Alamat: --

Butir-butir Pengadu

Nama: JOHARI BIN JAMIL

No K/P (Baru): ---

No Polis/Tentera: --

No Paspot: S7533479F

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 07/11/1975 Warganegara: Singapore Umur: 43 tahun 11 bulan

Keturunan : Melayu

Pekerjaan: SENDIRI

Alamat Tempat Tinggal: BLK 737 WOODLAND CIRCLE #07-485, SINGAPURA, 730737

Alamat Ibu/Bapa: ---Alamat Pejabat : ---

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 6594240225

Emel: ---

#### Pengadu Menyatakan:-

PADA 12/10/2019 JAM LEBIH KURANG 1120HRS SEMASA SAYA MEMANDU M/KAR NO SJW7417X DARI SINGAPURA HENDAK KE JOHOR BAHRU , APABILA SAYA SAMPAI DI TAMBAK JOHOR , KETIKA ITU JALNA SESAK DAN SAYA MEMPERLAHANKAN M/KAR SAYA DAN TIBA - TIBA SEBUAH M/BAS NO SH702R YANG DARI LORONG SEBELAH KANAN SAYA TELAH MENUKAR LORONG MASUK KE LALUAN SAYA SECARA TIBA-TIBA DAN MELANGGAR M/KAR SAYA , SAYA TIDAK CEDERA DAN KEROSAKAN M/KAR SAYA PINTU DEPAN KANAN DAN LAIN - LAIN KEROSAKAN TIDAK PASTI LAGI. INILAH LAPORAN SAYA

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R130812 | 12/10/2019 12:22:22 PM

SALINAN YANG DISAHKAN BENAR (HANYA UNTUK TUNTUKAN SIVIL)

KETUA IRAFIK DAERA JOHOR BAHRU. JOHOR TIDAK SOLEH DIGUTIAKAN SWITUK TUJUAN PERBICARAAN

4-10 ció/J-B

pour rulebon





1 of 2

Report No. L/20191012/7041

#### POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 12/10/2019 21:39	Vide Report No.			Station Diary No.
Name Of Informant JOHARI BIN JAMIL	Address 737 WOODLANDS CIRCLE #07-485 SINGAPORE 730737			
ID Type / ID No. NRIC NO / S7533479F	Contact No. Home/Office:		Mobile: 94240225	
Nationality SINGAPORE CITIZEN	Email Address jmljhr@yahoo.com.sg			
Occupation	Sex	Age	Date of Birth	Race
Electrical engineering technician (general)	Male	43	07/11/1975	Malay
Institution/School Name	Language English			
Date/Time Of Incident 12/10/2019 11:20 - 12/10/2019 11:20	Location Of Incident CAUSEWAY (JOHOR)			
Brief details.				

On 12/10/19 at 1120hrs while i was driving my car SJW7417X along the causeway towards Johor Bahru Immigration CIQ. Upon reaching the CIQ, The traffic was heavily congested and while I was moving slowly suddenly a bus with plate no SH702R came from the right lane and hit onto my car door where the driver is seating. There were 3 other passengers in my car and nobody was injured. The driver door is slightly dented and there are paint marks on it. I am lodging this report for my motor insurance claims.

Subjects Involved		
Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 12/10/2019 21:39	
Officer In-Charge Of Case:	Classification Of Case:	
Authentication Stamp		

## **Accident Photo**



## **Accident Photo**



**Driving License** 







## **Accident Photo**



**Accident Photo** 















