

## 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	07/11/2019 17:39
Date Of Accident	05/11/2019 15:00
Exact Location Of Accident	KM3 JLN JOHOR BHARU GELANG PATAH(MALAYSIA)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS3137P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR K SASI
NRIC No	S1501253F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97491854
Alternative Phone No	OFFICE-97491854

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MW003001-R04
Cover Note Number	

### Driver

Name of Driver	MR K SASI
NRIC No	S1501253F
Date Of Birth	19/01/1961
Occupation	INDOOR
Date Of Driving Pass	24/03/1993
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97491854
Fax Number	
Contact Number	OFFICE-97491854
Email Address	NOEMAIL

Address	BLK 505 CHOA CHU KANG ST 51 #08-183
Postcode	680505
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	BJX6042 (COMMERCIAL VEHICLE)
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)	1

#### 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

REFER TO 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	BJX6042
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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 stored / 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.

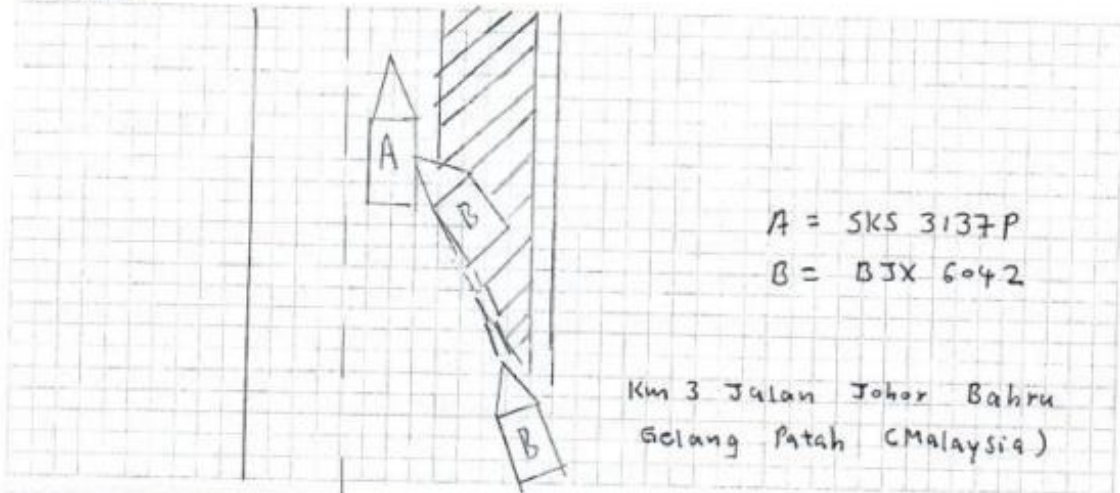
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.11.2019 at about 3pm, I was travelling along km3  
Jalan Johor Bahru Gelang Patah (Malaysia) I was travelling straight.  
Suddenly Vehicle B hit my right side vehicle.

### 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.:

# POLICE REPORT

11/6/2019

IPRS



## POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK ISKANDAR PUTERI  
Daerah : ISKANDAR PUTERI  
Kontinjen : JOHOR  
No. Repot : TRAFIK IPUTERI/012186/19  
Tarikh : 06/11/2019  
Waktu : 1146 AM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R141971

### Butir-butir Penerima Repot :

Nama : MOHAMAD AIZAT BIN MOHAMAD NAYAN  
No. Badan : R197181  
Pangkat : KONST/P

### Butir-butir Jurubahasa (Jika Ada) :

Nama : ---  
No. Pasport : ---  
Alamat : ---  
No. K/P (Baru) : ---  
Bahasa Asal : ---  
No. Polis/Tentera : ---

### Butir-butir Pengadu :

Nama : K SASI  
No. K/P (Baru) : ---  
No. Sijil Beranak : ---  
Umur : 58 Tahun 10 Bulan  
Pekerjaan : JURUTEKNIK  
Alamat Tinggal : APT BLK 505 CHOA CHU KANG STREET 51 #08-183 SINGAPORE, SINGAPORE, 680505  
Johor  
Alamat IbuBapa : ---  
Alamat Pejabat : ---  
No. Tel (Rumah) : ---  
Emel : ---  
No. Polis/Tentera : ---  
Jantina : Lelaki  
Keturunan : India  
No. Pasport : K1625277A  
Tarikh Lahir : 19/01/1961  
Warganegara : SINGAPORE  
No. Tel (Pejabat) : ---  
No. Tel (Bimbit) : 6597491854

### Pengadu Menyatakan :

PADA 05/11/2019 JAM LEBIH KURANG 1500 HRS SAYA MEMANDU M/KAR NO SKS3137P DARI STESEN MINYAK GELANG PATAH HENDAK BALIK KE TEMPAT KERJA DI SETIA BISNES PARK. APABILA SAMPAI DI KM 3 JALAN JOHOR BHARU GELANG PATAH ULU CHOH SEMASA SAYA SEDANG BERGERAK LURUS DAN BERADA DI LORONG TENGAH SERTA KEADAAN JALAN YANG SESAK TIBA-TIBA SEBUAH M/LORI NO BJX6042 YANG DARI ARAH KANAN SAYA TELAH MELANGGAR M/KAR SAYA. SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA PINTU DEPAN/BELAKANG KANAN, BUMPER BELAKANG KANAN, MUDGUARD BELAKANG KANAN DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R197181 | 06/11/2019 11:57:55 AM

TAMBAHAN REPOT

TRAFIK PD ISKANDAR PUTERI  
DAERAH YANG DIDAHKAN BENAR  
(ISKANDAR PUTERI, JOHOR)  
(TAN SIVIL)

TRAFIK MAJLIS ISKANDAR PUTERI, JOHOR

TRAFIK MAJLIS ISKANDAR PUTERI, JOHOR



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

