

## 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	15/11/2019 15:38
Date Of Accident	14/11/2019 12:20
Exact Location Of Accident	CAUSEWAY BRIDGE TWDS JB
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN293D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SQUARE WHEELS AUTOMOTIVE PTE LTD
Co Reg No	201819381N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108793205
Cover Note Number	

### Driver

Name of Driver	MOHAMAD JUFFRI BIN ABDUL RASHID
NRIC No	S8407134Z
Date Of Birth	10/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82680841
Fax Number	
Contact Number	OFFICE-82680841
E-Mail Address	NOEMAIL

Address	BLK 868C TAMPINES AVENUE 8 #14-554
Postcode	523868
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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: : MALE
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - G/20191115/2009.

### 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	SMF3732R
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)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLF4286S

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)

1

# Accident Sketch Plan

## SKETCH PLAN

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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) 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 Personne's Signature  
Name:  
NRIC/FIN No.:

Accident Sketch Plan

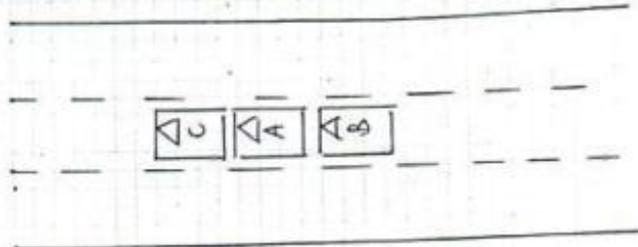
Accident Involving

SKETCH PLAN

Vehicle A: GJN293D

Vehicle B: SMF3732R

Vehicle C: SLF4286J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

DECLARATION

I/We declare that the 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**



**SINGAPORE  
POLICE FORCE**



G/20191115/2009

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20191115/2009

Police Station Of Origin  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

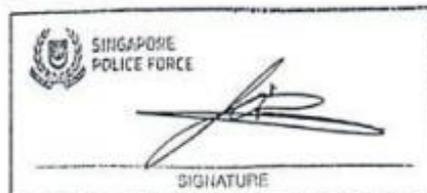
Date/Time Report Made 15/11/2019 01:19	Vide Report No.	Station Diary No. 15
Name Of Informant MOHAMAD JUFFRI BIN ABDUL RASHID	Address APT BLK 868C TAMPINES AVENUE 8 #14-554 SINGAPORE 523868	
ID Type / ID No. NRIC NO / S8407134Z	Contact No. Home/Office	Mobile 82680841
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SCDF AEMT	Sex Male	Age 35
Institution/School Name	Date of Birth 10/03/1984	Race Malay
Date/Time Of Incident 14/11/2019 12:20	Location Of Incident Causeway bridge between Woodland checkpoint and Johor Customs. MALAYSIA	

**Brief details.**

On 14/11/19 at about 1220hrs, I was driving V1 from Singapore towards Johor Bahru. When I arrived in Johor Customs, it was congested and the traffic was moving slowly. When my vehicle was stationary, I felt an impact from the rear of my vehicle. I made a check and discovered V2 had collided into the rear of my vehicle.

Signature Of Officer Recording The Report: G / Sgt 2 NURFAIZ BIN NOORDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2019 01:19
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 ALFIN NG KOK CHIN Contact No.:	Classification Of Case:

Authentication Stamp



Police Report



SINGAPORE  
POLICE FORCE



G/20191115/2009

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191115/2009

The damage to my vehicle is dented rear bumper, boot lid unable to open. I do not have in-car camera. I have made a Malaysian Police report. I am lodging this report for insurance purposes.

I wish to state I received 5 days of medical leave, A2 received 3 days of medical leave, A3 received 5 days of medical leave. Their injuries are as documented in the medical report.

Passengers(family)

A2:

Zainab binte Abbas

S1645824D. Female/ 55 years old

Blk 410 Bedok North Ave 2 #11-76

Hp: 91440907

A3:

Muhammad Aidil Bin Manap

S9605815B. Male/ 23 years old

Blk 410 Bedok North Ave 2 #11-76

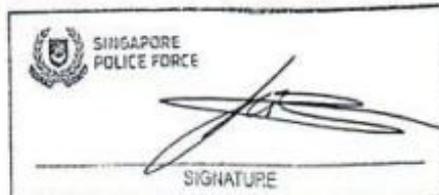
Hp: 91441012

V1: SJN293D

V2: SMF3732R

Signature Of Officer Recording The Report: G / Sgt 2 NURFAIZ BIN NOORDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2019 01:19
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 ALFIN NG KOK CHIN Contact No.:	Classification Of Case:

Authentication Stamp



Scanned by CamScanner

Police Report

iPRS



POLIS DIRAJA MALAYSIA  
REPOT POLIS

Balat : TRAFIK JOHOR BAHRU(S)      Pegawai Penylasat : R130080  
Daerah : J/BAHRU SELATAN  
Kontinjen : JOHOR  
No. Repot : TRAFIK JOHOR BAHRU(S)029528/19  
Tarikh : 14/11/2019  
Waktu : 1408 PM  
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : JENEFFER TAY      No. Badan : R190818      Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada) :

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

Butir-butir Pengadu :

Nama : MOHAMAD JUFFRI BIN ABDUL RASHID  
No. K/P (Baru) : --      No. Polis/Tentera : --      No. Pasport : --  
No. Sijil Beranak : --      Jantina : Lelaki      Tarikh Lahir : 10/03/1984  
Umur : 35 Tahun 6 Bulan      Keturunan : Melayu      Warganegara : SINGAPORE  
Pekerjaan : PEMANDU  
Alamat Tinggal : BLK 868C TAMPINES AVE 8 #14-554 SINGAPORE, 523668 SINGAPORE  
Alamat IbuBapa : --  
Alamat Pejabat : --  
No. Tel (Rumah) : --      No. Tel (Pejabat) : --      No. Tel (Bimbit) : 82680841  
Emel : --

Pengadu Menyatakan :

PADA 14/11/2019 JAM LEBIH KURANG 1220HRS. SAYA MEMANDU MIKAR NO SJN293D DARI SINGAPURA HENDAK MENUJU KE BANDARAYA JOHOR BAHRU, APABILA SAYA SAMPAI DI TAMBAK JOHOR, KETIKA ITU KEADAAN JALAN SESAK DAN BERGERAK PERLAHAN. SEMASA SAYA SEDANG BERHENTI, TIBA-TIBA SAYA TERDENGAR BUNYI DENTUMAN DAN HENTAKKAN KUAT DARI ARAH BELAKANG DAN TELAH DAPATI SEBUAH MIKAR NO SMF3732R TELAH MELANGGAR MIKAR SAYA DARI ARAH BELAKANG. SAYA MENGALAMI KECEDEeraan SAKIT DI BAHAGIAN PINGGANG, MANAKALA IBU SAYA (PENUMPANG DI BAHAGIAN HADAPAN SEBELAH KIRI) PENAMA: ZAINAB BINTE ABBAS PASSPORT NO: K0038639G MENGALAMI KECEDEeraan DI BAHAGIAN KEPALA DAN DI BAHAGIAN JARI KELINGKING SEBELAH KIRI DAN ADIK SAYA (PENUMPANG DI BAHAGIAN BELAKANG) PENAMA: MUHAMMAD AIDIL BIN MANAP NO PASSPORT : E6494910N MENGALAMI KECEDEeraan SAKIT DI BAHAGIAN PINGGANG, KEROSAKAN MIKAR BAHAGIAN BELAKANG: BUMPER, DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Percetak | Tarikh @ Masa Cetak : R130080 | 14/11/2019 02:29:14 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

