Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/01/2020 17:26

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 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.

ACCIDENT STATEMENT	
Date Of Report	30/01/2020 17:10
Date Of Accident	23/01/2020 01:15
Exact Location Of Accident	JLN DATO SULAIMAN TAMAN ABAD
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN1097Y
Insured/Policyholder	
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	2XXXXX594C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90603343
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	STATIONARY VEH
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108706042
Cover Note Number	
Driver	
Name of Driver	LOGESWARAN S/O SANMUGAM
NRIC No	SXXXX807D
Date Of Birth	19/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81619014
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BK 120C CANBERRA CRESCENT #10-391
Postcode	753120
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JDQ1896 (PRIVATE CAR)
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?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	**ROAD**: 4 SEMBAWANG CRESCENT , **POSTCODE:** 757633 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:L/20200123/2058

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	JDQ1896
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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

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. 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:	24/01/2020 Driver's Signature (If driver is not the policyholder) Date & Time:	30/01/20 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the police report: L/20200133/2058

DECLARATION

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

Policyholder's Signature
Date & Time:

24/01/2020

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

30/01/20

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

Accident Sketch Plan

Google Maps 334 Jalan Dato Sulaiman

Image capture: Jun 2018 © 2020 Google

Johor Bahru, Johor

Google

Street View

A - SJN1097Y

B - JDQ1896

C - UNKNOWN

SINGAPORE POLICE FORCE

L/20200123/2058

POLICE REPORT (NP299)

Report No. L/20200123/2058

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No: 1800-5549999

Date/Time Report Made	Vide Report No.			Station Diary No.
23/01/2020 15:38				42
Name Of Informant	Address			
LOGESWARAN S/O SANMUGAM	APT BLK 120C CANBERRA CRESCENT #10-391 SINGAPORE 753120			
ID Type / ID No.	Contact No.			
NRIC NO / S8629807D	Home/Office	Mobile		
		81619014		
Nationality	Email Address			
SINGAPORE CITIZEN				
Occupation	Sex	Age	Date of Birth	Race
TECHNICIAN	Male	33	19/10/1986	Indian
Institution/School Name	Language			
Date/Time Of Incident	Location Of Incident			
23/01/2020 01:15	Johor Bharu MALAYSIA			

Brief details.

On 23/01/2020 at about 0115hrs, my vehicle, SJN1097Y was in a car accessories shop at Jalan Dato Sulaiman, Johor Bharu. I was standing near my vehicle when there is one M'sian vehicle, JQ1896 drove passed by the side road at a fast speed and hit the front of my vehicle. I did not suffer any injury.

The damages on my vehicle were heavy dent on the vehicle front doors, the alignment of my front bumper came off and it was heavily dented in.

Signature Of Officer Recording The Report:	Signature Of Informant:
L / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN	
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 15:38
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp KOH BOON TING Contact No.:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

L/20200123/2058

POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. L/20200123/2058

I've reported the matter to the M'sian Police.

Signature Of Officer Recording The Report: L / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 15:38
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp KOH BOON TING Contact No.:	Classification Of Case:
Authentication Stamp	

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai	: TRAFIK JOHOR BAHRU(S)	**Pegawai Penyiasat**	: G21809
Daerah	: J/BAHRU SELATAN		
Kontinjen	: JOHOR		
No. Repot	: TRAFIK JOHOR BAHRU(S)/002232/20		
Tarikh	: 23/01/2020		
Waktu	: 0248 AM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot :

Nama	: R8198349 MUHAMMAD NOR BIN NURUDDIN	**No. Badan**	: R198349	**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	: LOGESWARAN S/O SANMUGAM				
No. K/P (Baru)	: ---	**No. Polis/Tentera**	: ---	**No. Pasport**	: S8629807D
No. Sijil Beranak	: ---	**Jantina**	: Lelaki	**Tarikh Lahir**	: 19/10/1986
Umur	: 33 Tahun 2 Bulan	**Keturunan**	: India	**Warganegara**	: SINGAPORE
Pekerjaan	: MEKANIK				
Alamat Tinggal	: BLK 120C #10-391, CANBERRA CREASANT, 753120 SINGAPORE				
Alamat IbuBapa	: ---				
Alamat Pejabat	: ---				
No. Tel (Rumah)	: ---	**No. Tel (Pejabat)**	: ---	**No. Tel (Bimbit)**	: 81619014
Emel	: ---				

Pengadu Menyatakan :

PADA 23/01/2020 JAM LEBIH KURANG 0115HRS SEMASA SAYA SEDANG MELETAKKAN M/KAR NO SJN1097Y DI DALAM KEDAI EKSESORI KERETA JALAN DATO SULAIMAN TIBA-TIBA SEBUAH M/KAR NO JDQ1896 JENIS PROTON SATRIA MELANGGAR BAHAGIAN DEPAN M/KAR SAYA . SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA BUMPER DEPAN, LAMPU DEPAN, BONET DEPAN, PINTU DEPAN KIRI DAN KANAN, DAN LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

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

ID Pencetak | Tarikh @ Masa Cetak : G21809 | 23/01/2020 03:27:05 AM

SALINAN YANG DI SAHKAN BENAR
HANYA UNTUK TUNTUTAN SIVIL

iPRS

POL.316

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

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : LOGESWARAN S/O SANMUGAM
No Kad Pengenalan / Paspot : S8629807D
No Repot Polis : TRAFIK JOHOR BAHRU(S)/002232/20
Tarikh @ Masa Repot Polis : 23/01/2020 @ 02:48
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (G21809) INSP MOHAMAD FARHAN SAUFI BIN MOHAMED
Tempat Tugas : JOHOR , J/BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 018-3870442
Tarikh @ masa Perjumpaan :

.....
Pengesahan Penerimaan Repot :

.....
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 :

Ahad - Rabu : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 04:00
Petang Khamis : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 02:30
Petang Rehat - 1.00 T/Hari-2.00 Petang
Jumaat,Sabtu-Tutup Cuti

Jenis Dokumen Dibekal Kepada Pengadu :

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

3 days

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

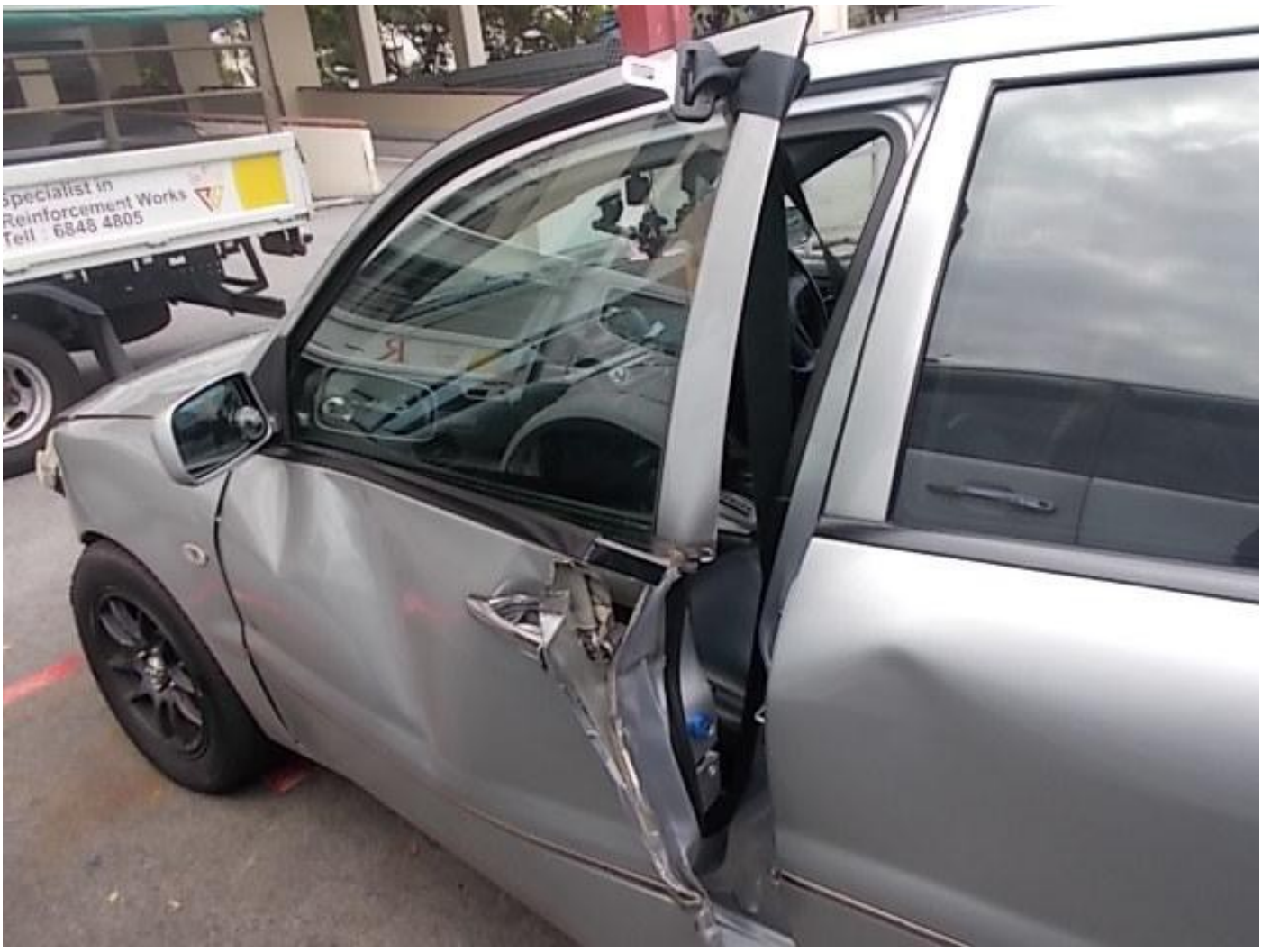
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Report No. L/20200123/2059

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No: 1800-5549999

Date/Time Report Made	Vide Report No.	Station Diary No.
23/01/2020 15:38		42

Name Of Informant	Address
LOGESWARAN S/O SANMUGAM	APT BLK 120C CANBERRA CRESCENT #10-391 SINGAPORE 753120
ID Type / ID No. NRIC NO / S8629807D	Contact No. Home/Office / Mobile 81619014
Nationality SINGAPORE CITIZEN	Email Address
Occupation TECHNICIAN	Sex: Male / Age: 33 / Date of Birth: 19/10/1986 / Race: Indian
Institution/School Name	Language
Date/Time Of Incident 23/01/2020 01:15	Location Of Incident Johor Bharu MALAYSIA

Brief details.

On 23/01/2020 at about 0115hrs, my vehicle, SJN1097Y was in a car accessories shop at Jalan Dato Sulaiman, Johor Bharu. I was standing near my vehicle when there is one M'sian vehicle, JQ1896 drove passed by the side road at a fast speed and hit the front of my vehicle. I did not suffer any injury.

The damages on my vehicle were heavy dent on the vehicle front doors, the alignment of my front bumper came off and it was heavily dented in.

Signature Of Officer Recording The Report:	Signature Of Informant:
L / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN	
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 15:38
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp KOH BOON TING Contact No :	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. L/20200123/2058

I've reported the matter to the M'sian Police.

Signature Of Officer Recording The Report: L / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 15:38
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp KOH BOON TING Contact No.:	Classification Of Case:
Authentication Stamp	

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai	: TRAFIK JOHOR BAHRU(S)	**Pegawai Penyiasat**	: G21809
Daerah	: J/BAHRU SELATAN		
Kontinjen	: JOHOR		
No. Repot	: TRAFIK JOHOR BAHRU(S)/002232/20		
Tarikh	: 23/01/2020		
Waktu	: 0248 AM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot :

Nama	: R8198349 MUHAMMAD NOR BIN NURUDDIN	**No. Badan**	: R198349	**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	: LOGESWARAN S/O SANMUGAM				
No. K/P (Baru)	: —	**No. Polis/Tentera**	: —	**No. Pasport**	: S8629807D
No. Sijil Beranak	: —	**Jantina**	: Lelaki	**Tarikh Lahir**	: 19/10/1986
Umur	: 33 Tahun 2 Bulan	**Keturunan**	: India	**Warganegara**	: SINGAPORE
Pekerjaan	: MEKANIK				
Alamat Tinggal	: BLK 120C #10-391, CANBERRA CRESCENT, 753120 SINGAPORE				
Alamat Ibu/Bapa	: —				
Alamat Pejabat	: —				
No. Tel (Rumah)	: —	**No. Tel (Pejabat)**	: —	**No. Tel (Bimbit)**	: 81519014
Emel	: —				

Pengadu Menyatakan :

PADA 23/01/2020 JAM LEBIH KURANG 0115HRS SEMASA SAYA SEDANG MELETAKKAN MKAR NO SJN1097Y DI DALAM KEDAI EKSESORI KERETA JALAN DATO SULAIMAN TIBA-TIBA SEBUAH MKAR NO JDQ1896 JENIS PROTON SATRIA MELANGGAR BAHAGIAN DEPAN MKAR SAYA . SAYA TIDAK CEDERA. KEROSAKAN MKAR SAYA BUMPER DEPAN, LAMPU DEPAN, BONET DEPAN, PINTU DEPAN KIRI DAN KANAN, DAN LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu	Tandatangan Jurubahasa (Jika ada)	Tandatangan Penerima Repot
_____	_____	_____

ID Pencetak | Tarikh @ Masa Cetak : G21809 | 23/01/2020 03:27:05 AM

Police Report

POL.315

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

Basit Akuan Penerimaan Repot Polis :

Nama Pengadu : LOGESWARAN S/O SANMUGAM
No Kad Pengenalan / Pasport : 880209075
No Repot Polis : TRAFIK JOHOR BAHRU/S/002232/20
Tarikh @ Masa Repot Polis : 23/01/2020 @ 02:48
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (921609) INSP MOHAMAD FARHAN SAUFI BIN MOHAMED
Tempat Tugas : JOHOR , JBAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 018-3870442
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Baden : Pangkat :

Tarikh @ Masa Gambar Diambil :
Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Ahad - Rabu : 08:00 Pagi - 01:00
Tengah Hari 02:00 Pelang - 04:00
Petang Khamis : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 02:30
Petang Rehat - 1.00 T/Hari-2.00 Petang
Jumaat,Sabtu-Tutup Cuti

Jenis Dokumen Dibekal Kepada Pengadu :

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

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen