Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 23/03/2020 15:14

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	10/03/2020 17:25
Date Of Accident	07/03/2020 09:10
Exact Location Of Accident	BEFORE COMPLEX CIQ (JOHOR CUSTOM)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ3255R
Insured/Policyholder	
Name Of Registered Owner	YEW CHEE KUM
NRIC No	SXXXX734C
Email Address	CHEEKUMYEW@YMAIL.COM
Mobile Phone No	(LOCAL) +65-98526120
Alternative Phone No	OTHERS-90666272
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 300187035 QMX
Cover Note Number	
Driver	
Name of Driver	TAN WAN
NRIC No	SXXXX285I
Date Of Birth	03/05/1982
Occupation	INDOOR
Date Of Driving Pass	11/10/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98526120
Fax Number	
Contact Number	OTHERS-90666272
EMail Address	CHEEKUMYEW@YMAIL.COM

Address	27 JALAN HIJAUAN 5/2 HORIZON HILLS ISKANDAR PUTERI JOHOR, MALAYSIA
Postcode	79100
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	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 IPUTERI/002874/20
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND TRAFIK IPUTERI/002874/20

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT8308Y
Vehicle Make/Model/Colour	HYUNDAI VERNA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL RASHID
NRIC/Passport Number	SXXXX810F
Contact Number	96935883
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:

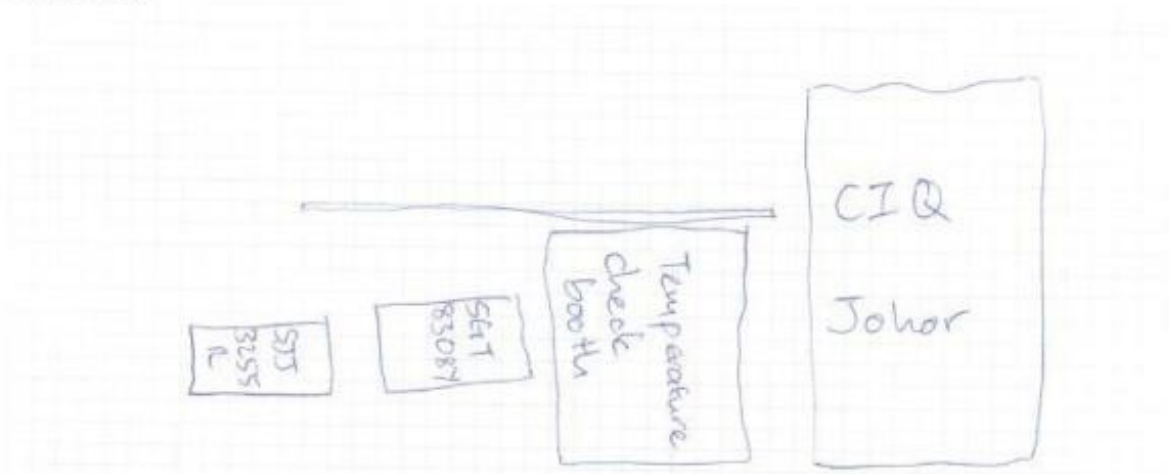
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 10. 3. 2020	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07/03/2020 AT ABOUT 0910 HRS I WAS DRIVING MY MPV SJJ 3255 R FROM SINGAPORE TO MALAYSIA TRAFFIC WAS HEAVY SUDDENLY I ACCIDENTALLY HIT THE CAR INFRONT OF ME SGT 8308 Y. MY CAR HAD A SOME DAMAGE ON MY BUMPER & NOBODY INJURED

TRAFFIC IP JOHORI/002874/20

DECLARATION

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

Policyholder's Signature
Date & Time:
10. 3. 20

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

on 10/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai	: BUKIT INDAH	**Pegawai Penyiasat**	: R175641
Daerah	: ISKANDAR PUTERI		
Kontinjen	: JOHOR		
No. Repot	: TRAFIK IPUTERI/002874/20		
Tarikh	: 09/03/2020		
Waktu	: 0843 AM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot :

Nama	: KARIM BIN MUHAMMAD	**No. Badan**	: R120682	**Pangkat**	: KPL

Butir-butir Jurubahasa (Jika Ada) :

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

Butir-butir Pengadu :

Nama	: TAN WAN				
No. K/P (Baru)	: 820503105554	**No. Polis/Tentera**	: ---	**No. Pasport**	: ---
No. Sijil Beranak	: ---	**Jantina**	: Perempuan	**Tarikh Lahir**	: 03/05/1982
Umur	: 37 Tahun 10 Bulan	**Keturunan**	: Cina	**Warganegara**	: Malaysia
Pekerjaan	: KASINO				
Alamat Tinggal	: NO 27 JLN HIJAUAN 5/2H HORIZON HILLS, 79100 JOHOR				
Alamat IbuBapa	: ---				
Alamat Pejabat	: ---				
No. Tel (Rumah)	: ---	**No. Tel (Pejabat)**	: ---	**No. Tel (Bimbit)**	: 016-5913941
Emel	: MANDYTAN0305@HOTMAIL.COM				

Pengadu Menyatakan :

PADA 07/03/2020 JAM L/KURANG 0910HRS SEMASA SAYA SEDANG MEMANDU MPV NO PENDAFTARAN SJJ 3255 R DARI SINGAPURA KE MALAYSIA ARAH UTARA DAN APABILA SAMPAI DI KOMPLEKS CIQ BANGUNAN SULTAN ABU BAKAR TANJUNG KUPANG DAN PADA KETIKA ITU JALAN SESAK TIBA TIBA SAYA TELAH TERLANGAR BELAKANG SEBUAH MOTORKAR NO PENDAFTARAN SGT 8308 Y JENIS HYUNDAI VERNA.DALAM KEJADIAN INI MPV SAYA MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN DAN LAIN LAIN KEROSAKAN TIDAK DAPATI PASTIKAN LAGI.SEKIAN REPOT SAYA.

Tandatangan Pengadu:	Tandatangan Jurubahasa(Jika ada):	Tandatangan Penerima Repot:
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KAUNTER ADUAN
BALAI POLIS BUKIT INDAH
IPD ISKANDAR PUTERI, JOHOR

ID Pencetak | Tarikh @ Masa Cetak : R120682 | 09/03/2020 09:01:26 AM

POLICE REPORT

POL.316

CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH
POLIS DIRAJA MALAYSIA

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : TAN WAN
No Kad Pengenalan / Paspot : 820503105554
No Repot Polis : TRAFIK IPUTERI/002874/20
Tarikh @ Masa Repot Polis : 09/03/2020 @ 08:43
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R175641) SJN MOHD ALHARIZ BIN ISMAIL
Tempat Tugas : JOHOR , ISKANDAR PUTERI
No Telefon Pejabat : No Telefon Bimbit : 012-3883605
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 :
Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 03:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
Cuti Umum / Khas : Tutup

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

POLICE REPORT

[Polis 25(3)(b) 1/83]
PATJA 10/2003

PENDUA

JADUAL
SCHEDULE

CARS200050710
021999/00287A/20

Borang 1
Form 1

[perenggan 2 (a)]
[paragraph 2 (a)]

AKTA PENGANGKUTAN JALAN 1987
ROAD TRANSPORT ACT 1987

AREA CODE
0	3	2	6

Kepada
To **TAN WAN**

No. Kad Pengenalan
NRIC No. 8 2 0 5 0 3 1 0 5 8 5 4

Alamat
Address **NO 27 JLN HIJAUAN 5/2H HO**
RIZON HILLS
79100

No. Pendaftaran Kenderaan
Motor Vehicle Registration No. S J J 3 2 5 5 R

Jenis Kenderaan
Vehicle Type **MPV**

BAHAWASANYA saya mempunyai sebab-sebab yang munasabah untuk mempercayai bahawa kamu telah melakukan kesalahan yang berikut di bawah:

WHEREAS *I have reasonable ground to believe that you have committed an offence as follows*

Seksyen
Section Akta Pengangkutan Jalan 1987

Kaedah
Rule Kaedah-Kaedah
Rules

dikompaun
offered **LEBUHRAYA LINK KEDUA**

pada/tarikh
on(date) **07/03/2020** jam/pagi/petang
time (a.m/p.m) **09:10 PAGI**

Kesalahan
Offence(s) **1) LN166/59 010 - TIDAPAT KAWAL SEMASA PANDU**

KAMU ADALAH DIMINTA DENGAN INI SUPAYA DIHADIRKAN mengenai kesalahan tersebut di atas
YOU ARE HEREBY ORDERED to appear in person or be represented
di hadapan Mahkamah Majistret di
before Magistrate Court at MAHKAMAH MAJISTRET JOHOR BARU

Pada
On **12/05/2020** pukul
time **9.00** pagi/petang
a.m/p.m

Dikeluarkan pada
Issued on **09/03/2020** pukul
time **04:21** pagi/petang
a.m/p.m

Penerima
Receiver

Pegawai Polis
Police Officer
RB175641
MOHD AL HAFIZ BIN ISMAIL

NOTA : Kesalahan ini boleh/tidak boleh dikompaun
NOTE : This Offence is compoundable/not compoundable

"Jika kesalahan ini boleh dikompaunkan, kamu dinasihatkan supaya mengemukakan
"If the offence is compoundable, you are advised to have the offence compounded
kesalahan ini di kompaunkan kurang 7 hari daripada tarikh sebelum 10/03/2020
PDRM
at any PDRM counter on or before 10/05/2020*

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5865500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAY20030810 Vehicle Registration No: SJJ3255R

Name(as shown in NRIC) : TAN WAN NRIC/FIN/Passport No : SXXXX285Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 90666272 / 98526120

Email Address : _____

Date of Accident : 07/03/2020 Time of Accident : 09:10

Place of Accident : BEFORE COMPLEX CIQ (CAUSEWAY)

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF PASSING TO 11/10/2011

Policyholder / Driver's Signature
Date:

23/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: [illegible]
Date: