

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	24/03/2020 14:40
Date Of Accident	16/08/2019 23:00
Exact Location Of Accident	ALONG JALAN WAJA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4088X
Insured/Policyholder	
Name Of Registered Owner	YEE KOK CHOY
NRIC No	SXXXX488J
Email Address	RICKY@SPRAYDRYES.COM.SG
Mobile Phone No	(LOCAL) +65-82222600
Alternative Phone No	OTHERS-91051064

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104553170
Cover Note Number	

Driver

Name of Driver	KATHAMUTHU SELVAPRAKASH
NRIC No	SXXXX879B
Date Of Birth	12/07/1983
Occupation	INDOOR
Date Of Driving Pass	28/08/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82222600
Fax Number	
Contact Number	OTHERS-91051064
Email Address	RICKY@SPRAYDRYES.COM.SG

Address	BLK 189 BOON LAY DRIVE #09-252
Postcode	640189
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	JHH4990 (PRIVATE CAR)
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JOHOR BAHRU CENTRAL
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 16/08/2019 AT ABOUT 23:30HRS WHILE I WAS DRIVING MY CAR SMD4088X FROM NSK PANDAN CITY TOWARDS CITY. WHEN I WAS AT JALAN WAJA AND WANTED TO TURN RIGHT, SUDDENLY A CAR JHH4990 BANG AGAINST THE FRONT RIGHT SIDE OF MY CAR. AFTER THE ACCIDENT THE DRIVER ALREADY ADMIT THAT HE WAS DRUNK AND NO ONE WAS INJURED AND MY CAR DAMAGE ARE THE BUMPER, FENDER, RADIATOR AND OTHER THING I AM NOT SURE.

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	JHH4990
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW WEE SIAH

NRIC/Passport Number	7XXXXXXXX1521
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 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: 24/03/20
12:30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/03/20
12:30 pm

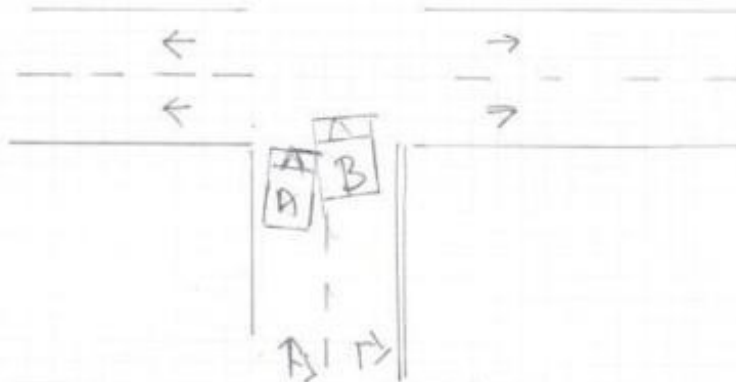
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

JALAN WATA

REFER TO POLICE DOHAR BAHRI (S) / 021154 / 19

DECLARATION

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

Policyholder's Signature

Date & Time: 24/03/20
12:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/03/20
12:30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

JB POLICE REPORT

Salinan Repot Polis

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POLIS DIRAJA MALAYSIA **REPOT POLIS**

Balai : JOHOR BAHRU CENTRAL
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/021154/19
Tarikh : 17/08/2019
Waktu : 0208 AM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R130812
No Repot Bersangkut : TRAFIK JOHOR BAHRU (S)/021153/19

Butir-butir Penerima Repot

Nama : CHE NUR HIDAYU BINTI CHE HASNI
No Personel : R206634
Pangkat : KONST/P
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No K/P (Baru) : ---
No Polis/Tentera : ---
No Paspot : ---
Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu

Nama : KATHAMUTHU SELVAPRAKASH
No K/P (Baru) : ---
No Polis/Tentera : ---
No Paspot : S8366879B
No Sijil Beranak : ---
Jantina : Lelaki
Tarikh Lahir : 12/07/1993
Umur : 26 tahun 1 bulan
Keturunan : India
Warganegara : Singapore
Pekerjaan : MANAGER
Alamat Tempat Tinggal : APT BLK 189 BOON LAY DRIVE #09-252 SINGAPORE, 640189
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
No Tel (Pejabat) : ---
No Tel (HP) : 6591051064

Pengadu Menyatakan:-

PADA 16/8/2019 JAM L/KURANG 11.30 MALAM SEMASA SAYA MEMANDU MOTOKAR NO SMD 4088X DARI NSK PANDAN CITY MENGHALA KE PUSAT BANDAR. SEMASA SAYA MEMANDU DI JALAN WAJA SEMASA SAYA HENDAK MEMBELOK KE KANAN, TIBA-TIBA SEBUAH MOTOKAR NO JHH 4990 TELAH MELANGGAR BAHAGIAN HADAPAN KANAN MOTOKAR SAYA. SELEPAS KEMALANGAN TERSEBUT PEMANDU MOTOKAR JHH 4990 TELAH KELUAR BERJUMPA SAYA DAN TELAH MENGAKU DIA MEMANDU DIBAWAH PENGARUH ALKOHOL (MABUK). SAYA TIDAK CEDERA. KEROSAKAN MOTOKAR SAYA DI BAHAGIAN LAMPU HADAPAN, BUMPER, MUDGUARD, TANGKI AIR DAN LAIN-LAIN KEROSAKAN BELUM PASTI.

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

ID Pencetak | Tarikh @ Masa Cetak

R4188663 | 15/03/2020 02:42:41 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Our Ref: MT/CA/TP/059/1086474-001/MDX/VJ

02 Mar 2020

YEE HOK CHOY
1005 LOWER DELTA ROAD
#10-01 TERESA VILLE
SINGAPORE 099309

Dear Policyholder

CLAIM NUMBER: MT/1086474-001
ACCIDENT INVOLVING SMD4088X / JHH4990 on 16 Aug 2019

We would like to inform you that a claim for S\$7,130.51 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong
Manager
Motor Insurance

NTUC Income Insurance Cooperative Limited

Income Centre 100, Upper Cross Street, Singapore 058552 • Tel: 6788 1777 • Fax: 6738 1200 • Email: enquiry@income.com.sg • Website: www.income.com.sg

an NTUC Social Enterprise

Accident Photo

