

## 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 Submission .....	26/05/2022 20:39 (SGT)
Date of Accident .....	08/05/2022 02:55 (SGT)
Exact Location of Accident .....	Johor, Malaysia
Additional Location Information .....	ALONG 4.5KM JLN JOHOR BAHRU KOTA TINGGI (KL TOWARDS SINGAPORE)
Country/State of Loss .....	Malaysia/Johor Darul Takzim

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNA8708T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ROSLI BIN SAMSUDIN
NRIC No .....	S7316438I
Email Address .....	NEWKINGROSLI73@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87135699
Alternative Phone No .....	+65-87135699

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1597

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5124216196
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	ROSLI BIN SAMSUDIN
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NRIC No .....	S7316438I
Date Of Birth .....	03/05/1973
Occupation .....	Indoor
Date Of Driving Pass .....	05/03/2019
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87135699
Alt. Phone Number .....	+65-87135699
Email Address .....	NEWKINGROSLI73@GMAIL.COM
Address .....	BLK 103 TECK WHYE LANE #07-444
Address complement .....	-
Postcode .....	680103
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JUH8656
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	SANUSI BIN SALAMAT
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	email ntuc
Was there any audio recorded? .....	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	SMJ9008M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN CHEE WEI
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number .....	SLC5175M
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number .....	JUH8656
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**INJURED PERSONS DETAILS****INJURED 1**

Name of injured person .....	ROSLI BIN SAMSUDIN
Gender .....	Male
Phone No .....	(Phone) +65-87135699
Address .....	-
Address Complement .....	-

Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNA8708T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	SANUSI BIN SALAMAT
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNA8708T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

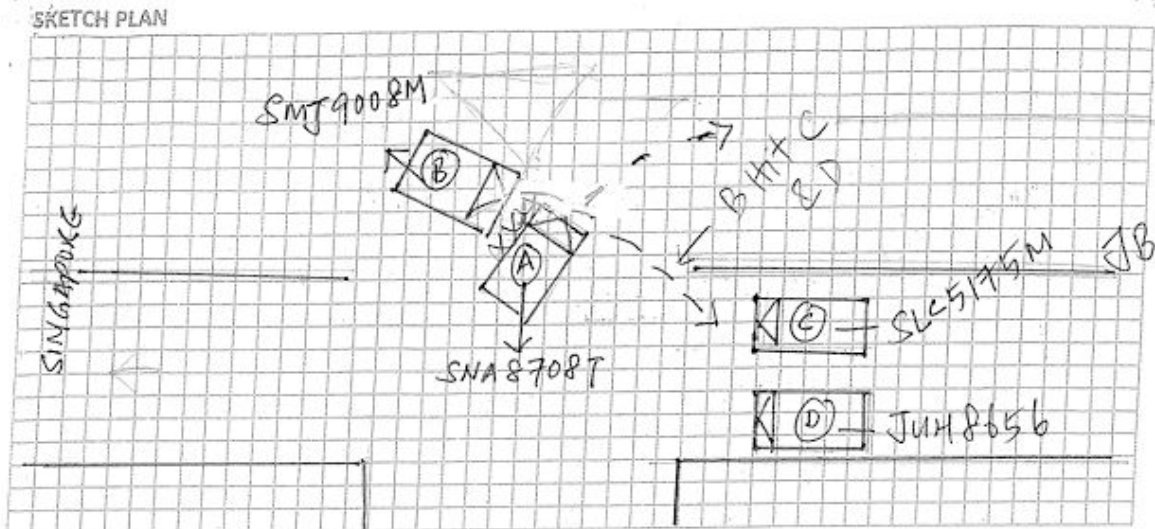
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personnel's Signature  
Name:  
NRIC/FIN No.:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per POLICE Report  
7/20220509/2150

vehicle B, I only the driver but I am not sure if got passenger

vehicle C, 2 person in veh

Malaysia car, no idea how many pple.

TP CLAIM @ other workshop.

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

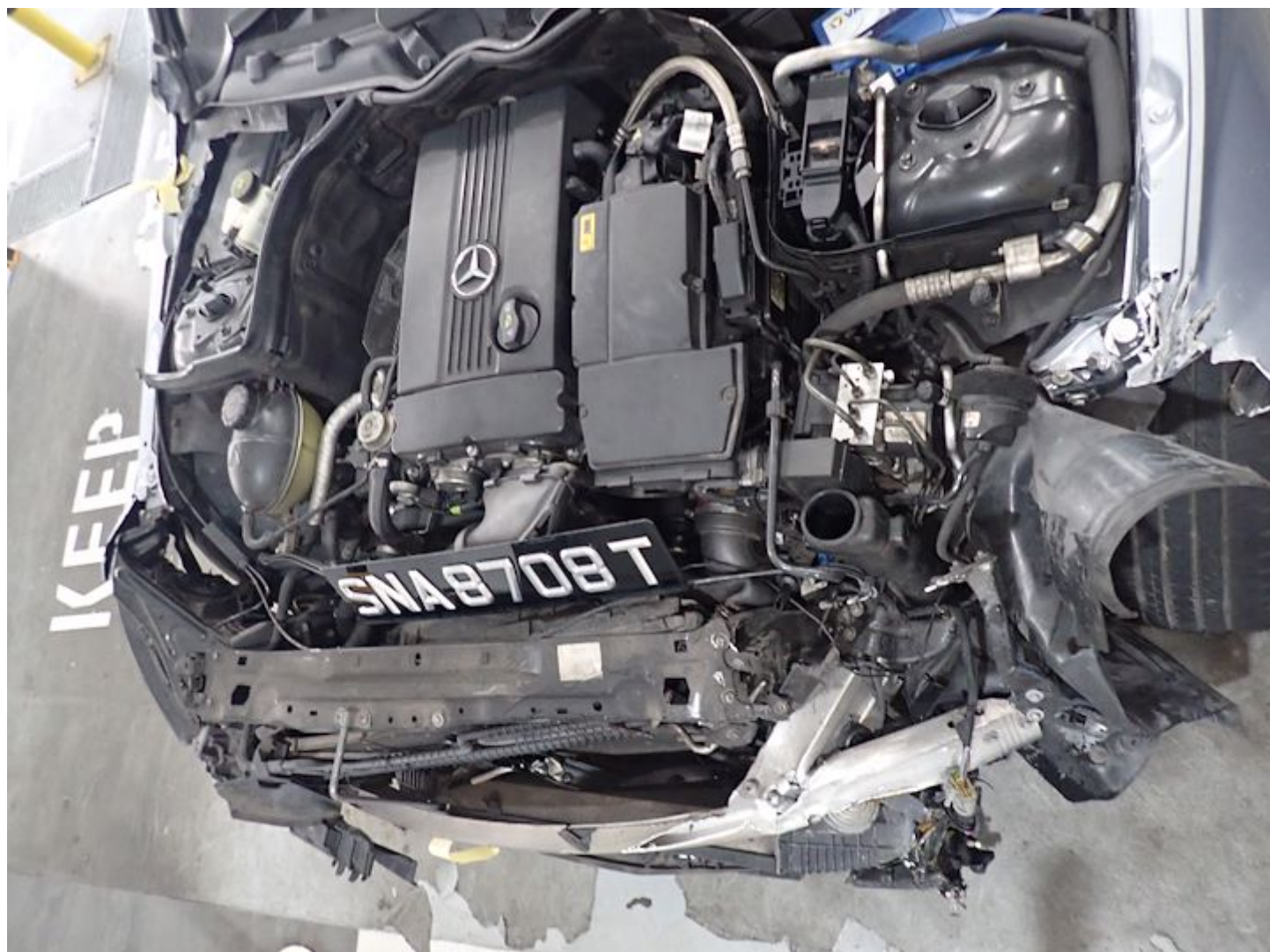
NRIC/FIN No.:













































**SINGAPORE  
POLICE FORCE**



T/20220509/2150

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20220509/2150

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/05/2022 23:34		Vide Report No.:		Station Diary No.: 264
<b>Informant's Particulars</b>				
Name of Informant: ROSLI BIN SAMSUDIN		Address: APT BLK 103 TECK WHYE LANE #07-444 SINGAPORE 680103		
ID Type / ID No.: NRIC NO / S7316438I		Contact No.: Home/Office: Mobile: 87135699		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 03/05/1973	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: PERSONAL DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/05/2022 02:45	Type of Location: Jalan Serampang Traffic Junction
Location:  CAUSEWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ9008M	Car	MERCEDES BENZ		Blue	Seriously Damaged	1
SNA8708T	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Silver	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220509/2150

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20220509/2150

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA8708T	NTUC Income Insurance Co-Operative Limited	5124216196	21/10/2021	20/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN CHEE WEI		ID No.	S9648719C
Related Vehicle	SMJ9008M (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	Serious
Driver				
Name	ROSLI BIN SAMSUDIN		ID No.	S7316438I
Related Vehicle	SNA8708T (Car)		Contact No.	87135699
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/05/2022		Date Discharge	NIL
No. of Days granted Medical Leave		03	Degree of Injury	Serious

**Brief Details.**

On the following mentioned, date time and place. I was involved in an accident with vehicle (SMJ9008M). As I was making a right turn at the junction as the light turned green, all of a sudden there was a huge impact that came from the left of my vehicle. The impact cause my vehicle to swerve onto on coming traffic, however I was lucky as the vehicles at the opposite lane was not moving.

I then immediately came down to make a check and realized that SMJ9008 had beat the red light therefore collided into my vehicle. I made a check on my passenger and she had some injuries due to the backlash caused by the impact. I also felt pain in my lower back due to it.

Shortly after Ambulance and the Malaysian traffic police was at scene. I was not conveyed to hospital however I went to the Traffic Police in Malaysia to lodge a Police report regarding this matter.

On 09/05/2022 at about 1530hrs I went to Ng Teng Fong Hospital and was given sick leave from 09/05/2022 to 11/05/2022.





**SINGAPORE  
POLICE FORCE**



T/20220509/2150

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20220509/2150

CONTINUATION OF REPORT

I also wish to state that I have dashcam footage of the whole incident.



**SINGAPORE  
POLICE FORCE**



T/20220509/2150

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Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No, T/20220509/2150

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
J/  
SGT 2 TEO LING DUAN, BRYAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/05/2022 23:34

Officer In Charge Of Case;  
TP / GIT /  
STAFF SGT NUR ADELINA BINTE  
MOHAMMAD FUAT  
Contact No.: 65476066

Classification Of Case:

NP168

5/16/22, 2:54 PM

IPRS



## POLIS DIRAJA MALAYSIA

### REPOT POLIS

Balai	: TRAFIK JOHOR BAHRU(S)	Pegawai Penyiasat	: R128904
Daerah	: J/BAHRU SELATAN	No. Repot Bersangkut	: TRAFIK JOHOR
Kontinjen	: JOHOR		BAHRU(S)/007674/22
No. Repot	: TRAFIK JOHOR BAHRU(S)/007681/22		
Tarikh	: 08/05/2022		
Waktu	: 0433 AM		
Bahasa Diterima	: B. Malaysia		

## Butir-butir Penerima Repot :

Nama	: MUHAMMAD FITRI	No. Badan	: R212652	Pangkat	: KONST
	: NARIMAN BIN HAMID				

## Butir-butir Jurubahasa (Jika Ada) :

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

## Butir-butir Pengadu :

Nama	: ROSLI BIN SAMSUDIN				
No. K/P (Baru)	: ---	No. Polis/Tentera	: ---	No. Pasport	: K1159996K
No. Sijil Beranak	: ---	Jantina	: Lelaki	Tarikh Lahir	: 03/05/1973
Umur	: 49 Tahun 0 Bulan	Keturunan	: Melayu	Warganegara	: SINGAPORE
Pekerjaan	: PEMANDU PERSENDIRIAN				
Alamat Tinggal	: APT BLK 103 TECK WHY E LANE 07-444, 680103 SINGAPORE				
Alamat IbuBapa	: ---				
Alamat Pejabat	: ---				
No. Tel (Rumah)	: ---	No. Tel (Pejabat)	: ---	No. Tel (Bimbit)	: 6587135699
Emel	: ---				

## Pengadu Menyatakan :

PADA 08/05/2022 0255HRS SEMASA SAYA MEMANDU M/KAR NO SNA8708T DARI JALAN SERAMPANG HENDAK KE KSL.PADA KETIKA ITU,SEMASA TIBA DI PERSIMPANGAN LAMPU ISYARAT KM4.5 J/BAHRU KOTA TINGGI,SAYA MEMBELOK KE KANAN UNTUK MASUK SIMPANG.TIBA-TIBA SEBUAH M/KAR NO SMJ9008M DARI ARAH SEBELAH KIRI M/KAR SAYA JALAN TERUS LALU MELANGGAR PEMBAHAGI JALAN DAN TERUS MELANGGAR BAHAGIAN ATAS DEPAN M/KAR SAYA.SAYA TIDAK CEDERA DAN KEROSAKAN M/KAR SAYA ADALAH BAHAGIAN:BUMPER DEPAN,SENSOR DEPAN,LAMPU KIRI/KANAN DEPAN,SPOTLIGHT KIRI/KANAN,BONET DEPAN,LOWER ARM DEPAN KIRI/KANAN,RIM KIRI/KANAN DEPAN,PANEL DEPAN,TANGKI AIR,TANGKI AIRCOND,PINTU KIRI/KANAN DEPAN,MUDGUARD KIRI/KANAN DEPAN,PANEL KIRI/KANAN,DAN LAIN-LAIN KEROSAKAN-BELUM PASTI.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R188663 | 16/05/2022 02:53:44 PM