

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 Actual 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	12/09/2022 17:10 (SGT)
Reported by	Both
Date of Accident	09/09/2022 18:30 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	M'SIA JOHOR BAHRU CAUSEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCA83U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOAY SWEE HENG
NRIC No	SXXXX619B
Email Address	james_koay@esgroup.com.sg
Mobile Phone No	(Phone) +65-91394551
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X CVT
Variant	-
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
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000004867-00-000

DRIVER

Name of Driver	KOAY SWEE HENG
NRIC No	SXXXX619B
Date Of Birth	25/12/1968
Occupation	Indoor

Date Of Driving Pass	24/10/2001
Driving experience	20 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91394551
Alt. Phone Number	-
Email Address	james_koay@esgroup.com.sg
Address	23 JLN PERMAS 12/16, PERMAS JAYA
Address complement	-
Postcode	JOHOR BAHRU/JOHOR, M'SIA
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JRF8379
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	M'SIA TRAFFIC POLICE
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JRF8379
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)	-

SKETCH PLAN

VEH NO: SCA 834
INSURER: GA
DATE OF ACC: 9/9/22 @ 18:30

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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.

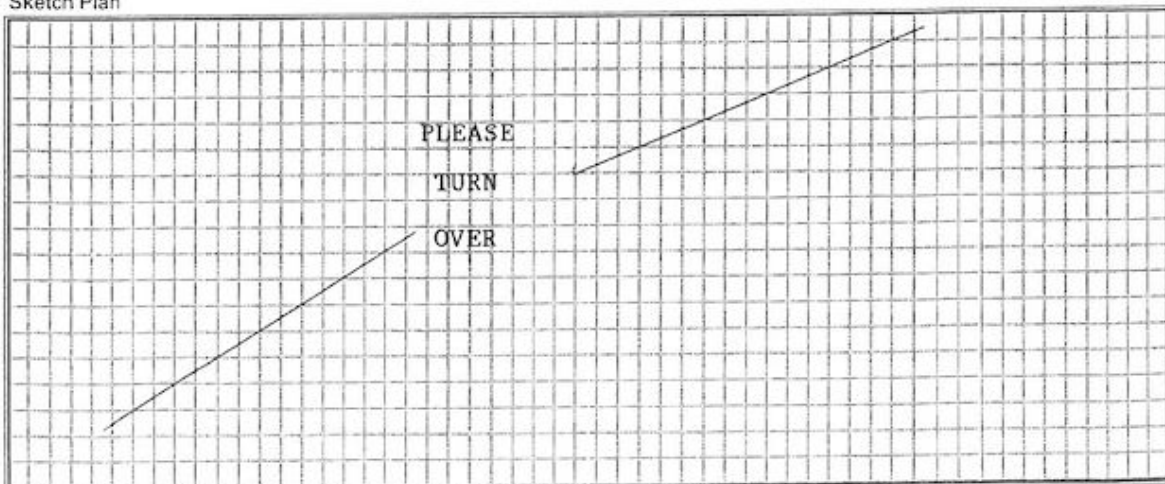

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

 12/9/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) (1/5)

Sketch Plan

PLEASE
TURN
OVER



Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

(☒) Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

A= SCA 83U
B= JRF 8379 (motor car)

On 9/9/2022 at about 1830 hrs, i was driving motorcar no. SCA 83 U, Type Honda Vezel from Singapore to Johor Bahru. While i was driving at Johor Bahru causeway (M'cia side), suddenly a motorcar in front no. JRF 8379 brakes, i can't stop in time and hit into the rear part of the motorcar. There was no injury during the accident. The damage to my motorcar was the front part, bumper, panel, engine cover, left+right light, sensor, water tank and other damage which is not determine yet.

Also refer to M'cia police report.

Declaration

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


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

(15)

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Salinan Repot Polis

Page 1 of 1



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R136100
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/018115/22
Tarikh : 09/09/2022
Waktu : 1854 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : IZUWAN NAZREEN BIN CHE IBRAHIM **No Personel** : R193765 **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 : KOAY SWEE HENG
No K/P (Baru) : 681225025417 **No Polis/Tentera** : A1160397 **No Paspot** : ---
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir** : 25/12/1968 **Umur** : 53 tahun 8 bulan
Keturunan : Cina **Warganegara** : Malaysia
Pekerjaan : PENGURUS
Alamat Tempat Tinggal : NO 23 JALAN PERMAS 12/16 BANDAR BARU PERMAS JAYA, MASAI, 81750 JOHOR
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 6591394551

Pengadu Menyatakan:-

PADA 09/09/2022 JAM LEBIH KURANG 1830HRS.SAYA MEMANDU M/KAR NO SCA83U JENIS HONDA VESEL DARI SINGAPURA MENUJU KE JOHOR BAHRU.SEMASA SAYA MEMANDU DI TAMBAK JOHOR TIBA-TIBA SEBUAH M/KAR NO JRF8379 BREK SECARA MENGEJUT DAN BERHENTI.SAYA BREK TETAPI TERLANGGAR BAHAGIAN BELAKANG M/KAR TERSEBUT.TIADA KECEDERAAN SEMASA KEMALANGAN.KEROSAKAN M/KAR SAYA IALAH DI BAHAGIAN (HADAPAN):BUMPER,PANEL,BONET,LAMPU KIRI KANAN,SENSOR,TANGKI AIR DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI.SEKIAN LAPORAN SAYA.

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

ID Pencetak | Tarikh @ Masa Cetak : R4488663 | 12/09/2022-00:15:24 AM

SALINAN REPORT
 TRAFIK JOHOR BAHRU(S)
 (UNTUK TUNTUTAN SIVIL)
 IZUWAN NAZREEN BIN CHE IBRAHIM
 TRAFIK JOHOR BAHRU(S)
 018115/22

(Polis 257-Pin. 1/03)
P.U.(A) 104/2003

JADUAL
SCHEDULE

CARS220220465
021499/018115/22

PENDUA

Borang 1
Form 1

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

AKTA PENGANGKUTAN JALAN 1987
ROAD TRANSPORT ACT 1987

ROAD TRANSPORT [NOTICE UNDER SUBSECTION 53(1)] RULES 2003

AREA CODE			
0	2	0	1

Kepada **KOAY SWEE HENG**

To

No. Kad Pengenalan
NRIC No.

6 8 1 2 2 5 0 2 5 4 1 7

Alamat
Address

NO 23 JALAN PERMAS 12/16
BANDAR BARU PERMAS JAYAMA SAI
81750

No. Pendaftaran Kenderaan
Motor Vehicle Registration No.

S C A 8 3 U

Jenis Kenderaan
Vehicle Type

MOTOKAR

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 follow:

Seksyen

Akta Pengangkutan Jalan 1987

Kaedah

Kaedah-Kaedah

Rule

Rules

di(tempat)
at(place)

TAMBAK JOHOR

pada(tarikh)
on(date)

09/09/2022

jam(pagi/petang)
time(a.m/p.m)

06:30 PETANG

Kesalahan
Offence(s)

1) LN166/59 010 - T/DAPAT KAWAL SEMASA PANDU

KAMU ADALAH DENGAN INI DIPERINTAHKAN supaya hadir sendiri atau melalui peguam
YOU ARE HERE BY ORDERED to appear in person or by a counsel
di hadapan Mahkamah Majistret di MAHKAMAH MAJISTRET JOHOR BHARU
before Magistrate Court at

Pada
On

05/01/2023

pukul
time

9.00

pagi/petang
a.m/p.m

Dikeluarkan pada
Issue on

09/09/2022

pukul
time

07:11

pagi/petang
a.m/p.m

Penerima
Receiver

Pegawai Polis
Police Officer
R7136100
KHAMISAH BT JALIL

NOTA : Kesalahan ini boleh/tidak boleh dikompaukan

NOTE : This Offence is compoundable/not compoundable

"Jika kesalahan ini boleh dikompaukan, kamu dinasihatkan boleh mengompaukan

" If the offence is compoundable, you are advised to have the offence compounded

kesalahan ini di mana-mana kaunter pembayaran saman sebelum 29/12/2022"

PDRM
at any PDRM summon payment outlet before 29/12/2022"

9/9/22, 6:55 PM

iPRS



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

POL.316

T2
B6

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : KOAY SWEE HENG
No Kad Pengenalan / Paspot : 68122502547
No Repot Polis : TRAFIK JOHOR BAHRU (S) 018115/22
Tarikh @ Masa Repot Polis : 09/09/2022 @ 18:54
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R126100) SJN KHAMISAH BINTI JALIL
Tempat Tugas : JOHOR, J/BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 019-7813178

Tarikh @ masa Perjumpaan :

Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : LC APRIE 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

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan
Dokumen :

Tandatangan Pegawai Kaunter
Pembekalan Dokumen



POLIS DIRAJA
MALAYSIA

RESIT RASMI

Nombor Resit Induk : 0201002022P0005860
Kedah Bayaran : Tunai
Nombor Siri : -
Umlah : RM4.00
Tarikh Bayaran : 12/09/2022
Keluarnya Resit : JOHOR BAHRU
Nama : KOAY SWEE HENG
Nombor K/P :
Jumlah : 1 muka surat 1/1
Nombor Resit Kecil : Jenis Kutipan RM
0201002022L011364 REPOT KEMALANGAN 4
018115/22



SILA SIMPAN RESIT UNTUK REKOD ANDA
TERIMA KASIH
5002058482201870080086581260630209010019
KK/BPKS/10/600-2/1/2 (2)