

# 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 ..... 27/12/2022 16:36 (SGT)  
Reported by ..... Both  
Date of Accident ..... 26/12/2022 16:00 (SGT)  
Exact Location of Accident ..... Lebuhraya Persekutuan, Kawasan 17, Klang, Selangor, Malaysia  
Additional Location Information ..... MALAYSIA HIGHWAY KM 20217 (NEAR MELAKA)  
Country/State of Loss ..... Malaysia

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM6700B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JISMI BIN MOHAMMAD  
NRIC No ..... S2009446Z  
Email Address ..... JISMIMOHAMMAD@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-88183910  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Outlander  
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 ..... 2360

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2001690369-01

### DRIVER

Name of Driver ..... JISMI BIN MOHAMMAD  
NRIC No ..... S2009446Z  
Date Of Birth ..... 03/10/1953  
Occupation ..... Indoor

Date Of Driving Pass .....	16/05/2002
Driving experience .....	20 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88183910
Alt. Phone Number .....	-
Email Address .....	JISMIMOHAMMAD@GMAIL.COM
Address .....	BLK 574B WOODLANDS DRIVE 16
Address complement .....	#03-742
Postcode .....	732574
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	3
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) .....	2
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 .....	VJC1438
Vehicle Category .....	Private car

#### PASSENGER 1

Name .....	RATNA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT.

#### 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 .....	VJC1438
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	JUH6493
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**

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

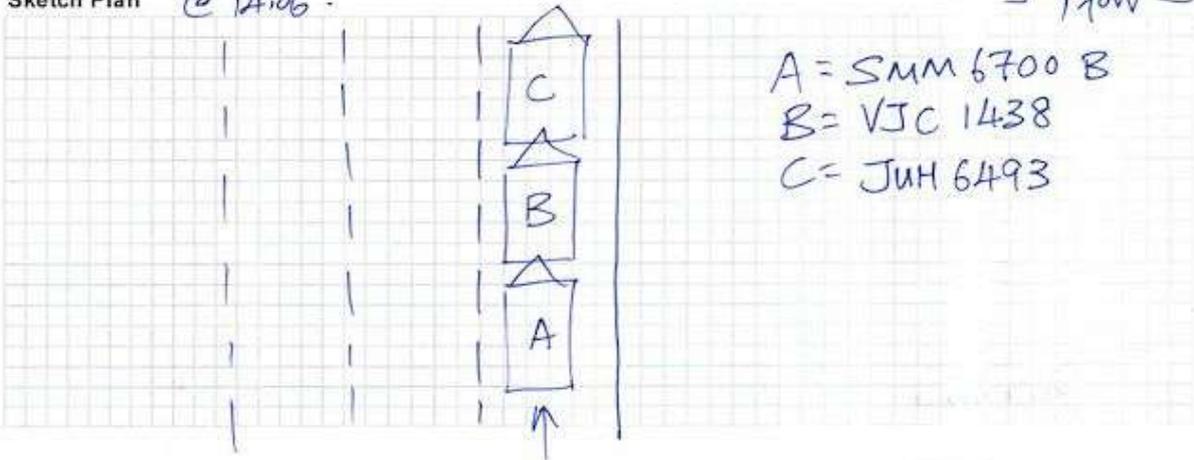
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
 Policyholder's Signature / Date & Time  
 27/10/2022

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

*[Signature]*  
 Witnessed by Reporting Centre Personnel  
 Chang Jee Sing  
 17/10/22

Sketch Plan @ 14:06

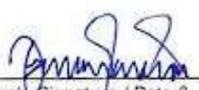


Describe Circumstances of the Accident

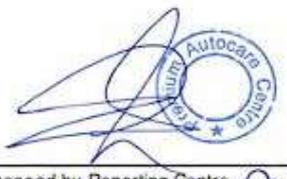
Please refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time  
27/12/2022

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

  
Witnessed by Reporting Centre Personnel  
Chang Chee Sing  
170W



**SINGAPORE  
POLICE FORCE**

**POLICE REPORT (NP299)**

Police Station Of Origin  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



1 of 2  
Report No. J/2022122712058

Date/Time Report Made 27/12/2022 15:03		Station Diary No. 54	
Name Of Informant JISMI BIN MOHAMMAD		Address APT BLK 574B WOODLANDS DRIVE 16 #03-742 SINGAPORE 732574	
ID Type / ID No. NRIC NO / S2009446Z		Contact No. Home/Office	Mobile 88183910
Nationality SINGAPORE CITIZEN		Email Address	
Occupation SECURITY OFFICER	Sex Male	Age 69	Date of Birth 03/10/1953
Institution/School Name	Language		Race Malay
Date/Time Of Incident 26/12/2022 16:00	Location Of Incident MELAKA MALAYSIA		

**Brief details.**

On 26/12/2022 at about 1600hrs, I was driving my car bearing registration number SMM6700B, back from Kuala Lumpur to Singapore on the 1st lane. At that time, I was at Melaka and there was a heavy traffic jam.

As I was driving, my car accidentally collided onto the car in front. The car's registration number is VJC1438. My car sustained damages on its front while the other car sustained damages on its rear.

Signature Of Officer Recording The Report: J / SGT 2 MOHAMAD NURHADIE SYAFIQ BIN MOHAMAD SANI <div style="text-align: right; margin-top: 10px;">  </div>	Signature Of Informant: <div style="text-align: right; margin-top: 10px;">  </div>
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2022 15:03
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) GLEN SEE WEI ZHENG Contact No.: 67910000	Classification Of Case:



## POLIS DIRAJA MALAYSIA REPOT POLIS

Balai	: AIR KEROH	Pegawai Penyiasat	: R186610
Daerah	: MELAKA TENGAH	No. Repot Bersangkut	: TRAFIK ALOR
Kontinjen	: MELAKA		: GAJAH/009024/22
No. Repot	: TRAFIK ALOR GAJAH/009028/22		
Tarikh	: 26/12/2022		
Waktu	: 1814 PM		
Bahasa Diterima	: B. Malaysia		

**Butir-butir Penerima Repot :**

Nama	: MOHD AZIM BIN ABD RAHMAN	No. Badan	: R192767	Pangkat	: L/KPL
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**Butir-butir Jurubahasa (Jika Ada) :**

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

**Butir-butir Pengadu :**

Nama	: JISMI BIN MOHAMMAD				
No. K/P (Baru)	: ---	No. Polis/Tentera	: ---	No. Pasport	: S2009446Z
No. Sijil Beranak	: ---	Jantina	: Lelaki	Tarikh Lahir	: 03/10/1953
Umur	: 69 Tahun 2 Bulan	Keturunan	: Melayu	Warganegara	: SINGAPORE
Pekerjaan	: BERSARA				
Alamat Tinggal	: APT BLK 574B WOODLANDS DRIVE 16, 03-742, 7325/4 SINGAPORE				
Alamat IbuBapa	: ---				
Alamat Pejabat	: ---				
No. Tel (Rumah)	: ---	No. Tel (Pejabat)	: ---	No. Tel (Bimbit)	: 6588183910
Emel	: ---				

**Pengadu Menyatakan :**

PADA 26/12/2022 JAM LEBIH KURANG 1600HRS SEMASA SAYA MEMANDU DI LORONG PERTAMA SEBELAH KANAN DI LEBUH RAYA UTARA SELATAN DARI KUALA LUMPUR MENUJU KE JOHOR.SAMPAI DI KM 202.7 SAYA MEMANDU KERETA JENIS MITSUBISHI OUTLANDER WARNA COKLAT NO PENDAFTARAN(SMM 6700 B).SAYA TELAH TERLANGGAR BAHAGIAN BELAKANG KERETA DIHADAPAN SAYA JENIS PRODUA ARUZ WARNA HITAM NO PENDAFTARAN(VJC 1438) DAN KERETA SAYA MENGALAMI KEROSAKAN DIBAHAGIAN BUMPER HADAPAN,BOONET HADAPAN TIDAK BOLEH DIRAPATKAN DAN PINTU SEBELAH KIRI TIDAK BOLEH DIBUKA SERTA LAMPU SPORT LIGHT SEBELAH KIRI PECAH.LAIN-LAIN KEROSAKAN SAYA TIDAK PASTI.

TUJUAN SAYA BUAT REPOT UNTUK BUAT TUNTUTAN INSURAN.

SEKIAN REPORT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R192767 | 26/12/2022 06:28:41 PM





































**SINGAPORE  
POLICE FORCE**

**POLICE REPORT (NP299)**

Police Station Of Origin  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



1 of 2  
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ID Type / ID No. NRIC NO / S2009446Z	Contact No. Home/Office	Mobile 88183910
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Occupation SECURITY OFFICER	Sex Male	Age 69
Institution/School Name	Date of Birth 03/10/1953	Race Malay
Date/Time Of Incident 26/12/2022 16:00	Location Of Incident MELAKA MALAYSIA	

**Brief details.**

On 26/12/2022 at about 1600hrs, I was driving my car bearing registration number SMM6700B, back from Kuala Lumpur to Singapore on the 1st lane. At that time, I was at Melaka and there was a heavy traffic jam.

As I was driving, my car accidentally collided onto the car in front. The car's registration number is VJC1438. My car sustained damages on its front while the other car sustained damages on its rear.

Signature Of Officer Recording The Report: J / SGT 2 MOHAMAD NURHADIE SYAFIQ BIN MOHAMAD SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2022 15:03
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) GLEN SEE WEI ZHENG Contact No.: 67910000	Classification Of Case:



**SINGAPORE  
POLICE FORCE**

POLICE REPORT (NP299)



J/20221227/2058

2 of 2

CONTINUATION OF REPORT

Report No. J/20221227/2058

We disembarked our vehicles and exchanged details. None of us are injured from the incident.

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report:  
J / SGT 2 MOHAMAD NURHADIE  
SYAFIQ BIN MOHAMAD SANI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/12/2022 15:03

Officer In-Charge Of Case:  
J / Jurong Police Divisional Investigator  
INSP (2) GLEN SEE WEI ZHEN  
Contact No. 67040000



POLIS DIRAJA MALAYSIA

CAWANGAN TRAFIK

IBU PEJABAT POLIS DAERAH ALOR GAJAH

78000 MELAKA  
06-5563222Resit Aduan Penerimaan Repot Polis :

Nama Pengadu : JISMI BIN MOHAMMAD  
 No Kad Pengenalan / Paspot : S2009446Z  
 No Repot Polis : TRAFIK ALOR GAJAH/009028/22  
 Tarikh @ Masa Repot Polis : 26/12/2022 @ 18:14  
 Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R186610) SJN ABI NUBLI BIN SHABERI  
 Tempat Tugas : BUKIT AMAN , Jabatan KDN/KA  
 No Telefon Pejabat : No Telefon Bimbit : 017-7227949

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 - 05:00 Petang  
 Jumaat :  
 08:00 Pagi - 12:30 Tengah Hari  
 02:45 Petang - 05:00 Petang  
 Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1.Salinan Repot Polis	<input type="checkbox"/>
2.Gambar Kenderaan	<input type="checkbox"/>
3.Rajah Kasar Kemalangan	<input type="checkbox"/>
4.Keputusan Siasatan	<input type="checkbox"/>
5.Lain-lain Dokumen	<input type="checkbox"/>

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan  
 Dokumen : .....

Tandatangan Pegawai Kaunter  
 Pembekalan Dokumen



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Alamat	: ---				

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Pekerjaan	: BERSARA				
Alamat Tinggal	: APT BLK 574B WOODLANDS DRIVE 16, 03-742, 7325/4 SINGAPORE				
Alamat IbuBapa	: ---				
Alamat Pejabat	: ---				
No. Tel (Rumah)	: ---	No. Tel (Pejabat)	: ---	No. Tel (Bimbit)	: 6588183910
Emel	: ---				

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