

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 17/03/2023 14:21 (SGT)
Reported by Driver
Date of Accident 11/03/2023 18:00 (SGT)
Exact Location of Accident Malaysia
Additional Location Information INFRONT OF CIQ JOHOR BAHRU
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH577K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SINGAPORE-JOHORE EXPRESS (PRIVATE) LIMITED
Company Reg No 1XXXXX108D
Email Address pjwang@sje.com.sg
Mobile Phone No (Phone) +65-62928149
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Man
Model SU 283F (A91)
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Bus
Transmission Manual
CC 6871

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D19MFL0000003_04

DRIVER

Name of Driver WONG YIH HOE
Passport No/FIN FXXXX52BN
Date Of Birth 22/06/1977
Occupation Outdoor

Date Of Driving Pass	29/09/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +60-1127382600
Alt. Phone Number	-
Email Address	pjwang@sje.com.sg
Address	149 ROCHOR ROAD
Address complement	# 04-16
Postcode	188425
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

****THERE WERE 70 PASSENGERS INCLUDING DRIVER IN THE BUS DURING THE ACCIDENT. DRIVER UNABLE TO PROVIDE THE PASSENGERS DETAILS.**

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	UNKNOWN
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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4. The ~~use~~ use 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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



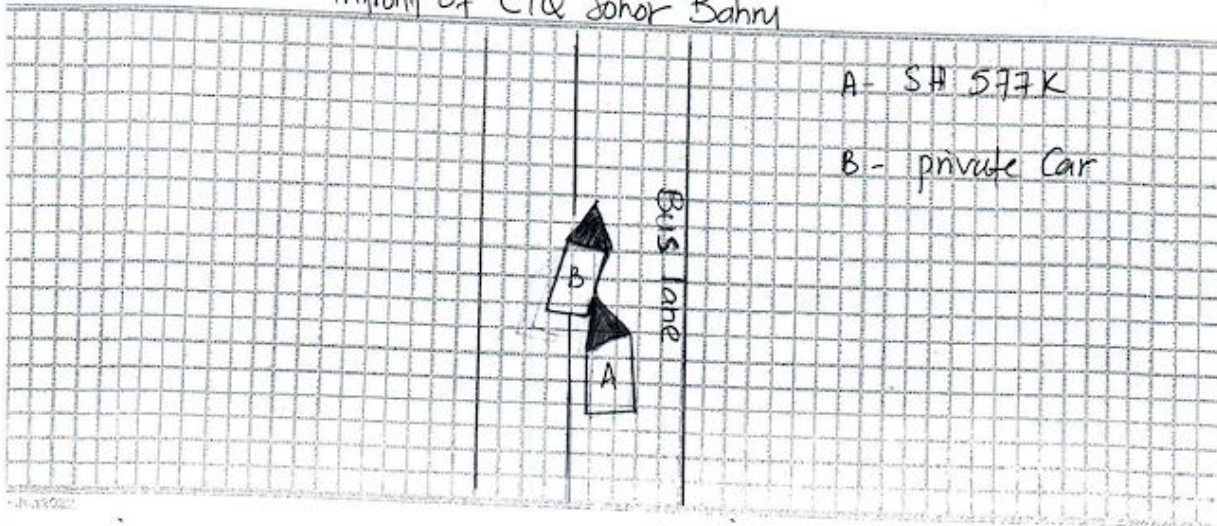
Policyholder's Signature / Date & Time

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

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

Sketch Plan

In front of CIO Johor Bahru



Describe Circumstance of the Accident

On the above stated date and time I was driving my bus bearing plate NO. SH 577K from Singapore heading to Johor Bahru. After arrived at the route of the C10 Johor a car, I didn't know she came from which direction of left cut into my bus lane and collided with my bus. No injuries for myself and my passengers. there was 70 passengers on my bus.

After the incident, we just talked through phone as I couldn't come down to exchange particulars or take pictures of her car since I had passengers on board.

I told her through phone to exchange particulars and to go down to report together but she did not provide any details till date.

I have made a police Report at Johor's Police Station.

I am making a report here for my safety purpose as this Car driver did not provide me any details and I also did not have any pictures of the incident, the car number as well as her particulars.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in RICAD Card)

[Signature] 17/03/23

[Signature] 17/03/2023

















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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09233H0002 Vehicle Registration No: SH 577K
 Name (as shown in NRIC): Wong Yih Hoe NRIC/FIN/Passport No: F119952BN
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 149 Rochor Road # 04-16 Singapore (188425)
 Contact (Tel): _____ Mobile No.: 01127382600
 Email Address: pjwang@sje.com.sg
 Date of Accident: 11/03/2023 Time of Accident: 18:00
 Place of Accident: Infront of CIO Johor Bahru
 Insurance Company: India International

(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:

Amend upload other documents - Evidence of conversation
between rep and Insured.

Policyholder / Actual Driver's Signature
Date:

Amended 17/03/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

Salinan Repot Polis



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
 Daerah : J/BAHRU SELATAN
 Kontinjen : JOHOR
 No Repot : TRAFIK JOHOR BAHRU(S)/006687/23
 Tarikh : 13/03/2023
 Waktu : 1259 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R188489

Butir-butir Penerima Repot
 Nama : HAZRUL IZWAN B MOHD MARZUKI
 Butir-butir Jurubahasa (Jika Ada)
 Nama : ---
 No Pasport : ---
 Alamat : ---

No Personel : S17293

Pangkat : KPL/S

No K/P (Baru) : ---
 Bahasa Asal : ---

No Polis/Tentera : ---

Butir-butir Pengadu
 Nama : WONG YIH HOE
 No K/P (Baru) : 770622015049
 No Sijil Beranak : ---
 Jantina : Lelaki
 Keturunan : Cina
 Pekerjaan : PEMANDU BAS
 Alamat Tempat Tinggal : NO 28 JALAN SUTERA JINGGA 1 TAMAN SUTERA, 81200 JOHOR
 Alamat Ibu/Bapa : ---
 Alamat Pejabat : ---
 No Tel (Rumah) : ---

No Polis/Tentera : A3664480

No Pasport : ---

Tarikh Lahir : 22/06/1977
 Warganegara : Malaysia

Umur : 45 tahun 8 bulan

No Tel (Pejabat) : ---

No Tel (HP) : 01127382600

Pengadu Menyatakan:-

PADA 11/03/2023 JAM L/KURANG 1800HRS SAYA SEDANG MEMANDU M/BAS NO SH557K DARI SINGAPURA MENUJU KE BANDARA JOHOR BAHRU. SETIBANYA DI LALUAN KASTAM JOHOR BAHRU BAS SEBUAH M/KAR NO TIDAK PASTI DARI ARAH KIRI MEMOTONG BARISAN DAN MASUK KE LALUAN BAS DAN BERGESEL DENGAN M/BAS SAYA. TIADA KECEDERAAN HANYA KEROSAKAN PADA M/BAS DI BAHAGIAN BUMPER HADAPAN KIRI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R8211549 | 13/03/2023 02:34:57 PM

SAKSI JOHOR BAHRU (S)
 SALINAN YANG DISYUJUKAN BENAR
 (HANYA UNTUK TUNTUTAN SIVIL)

ZAMRUD E. S. (DSP)
 KETUA BAHAGIAN SIVIL DAN PENGUKUTKUSAAN TRAFIK
 JOHOR BAHRU SELATAN
 TIDAK BOLEH DIJAWAB UNTUK TUJUAN PERBICARAAN

13/03/2023
<http://100.100.100.100/viewno155real.asp?type=printedsalinan&salinan=ya&jenis...>

3/13/23, 1:39 PM

iPRS

POL.316



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

Bilik : NO6
Jedut : 2

Resit Akaun Penerimaan Repot Polis :

Nama Pengadu : WONG YIH HOE
No Kad Pengenalan / Paspot : 770622015049
No Repot Polis : TRAFIK JOHOR BAHRU(S)/006687/23
Tarikh @ Masa Repot Polis : 13/03/2023 @ 12:50
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R188489) SJN MURNIHIDAYAH BINTI MOHD
Tempat Tugas : JOHOR, J/BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 011-39353850 ✓
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 :

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







