Your NCD will be affected due to late reporting

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 witholding 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	10/03/2023 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

IMPORTANT NOTICE

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

17/03/23

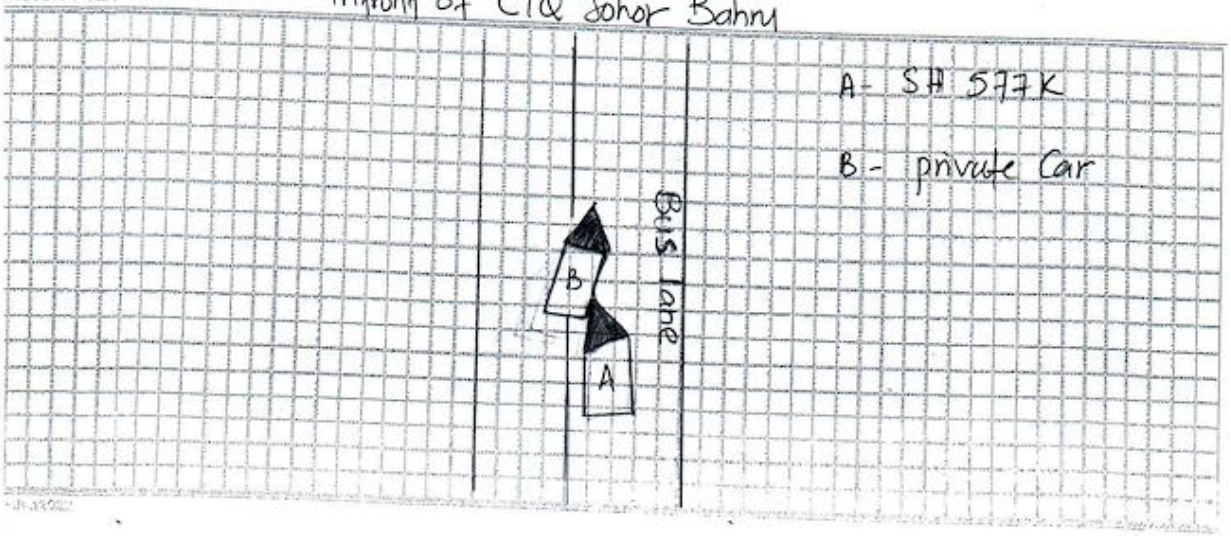
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

17/03/2023

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

Sketch Plan

Infront of CIQ 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 CIQ 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

17/03/23

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

17/03/2023

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

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: F1199152BN

(*Vehicle Driver/~~Policyholder~~) (*) Please delete as appropriate

Address: 149 Rochor Road # 04-16 Singapore (188425)

Contact (Tel): Mobile No.: 01127382600

Email Address: pjwang@sjc.com.sg

Date of Accident: 10/03/2023 Time of Accident: 18:00

Place of Accident: Infront of CIQ 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 Date of Accident - 10/03/2023

20/03/23

Policyholder / Actual Driver's Signature
Date:

21/03/2023

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
No Personel : S17293
Pangkat : KPL/S
No K/P (Baru) : ---
No Polis/Tentera: ---
Bahasa Asal : ---

Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot: ---
Alamat: ---

Butir-butir Pengadu
Nama : WONG YIH HOE
No K/P (Baru) : 770622015049
No Polis/Tentera : A3664480
No Paspot : ---
No Sijil Beranak : ---
Jantina : Lelaki
Tarikh Lahir : 22/06/1977
Umur : 45 tahun 8 bulan
Keturunan : Cina
Warganegara : Malaysia
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 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

(HANYA UNTUK TUNTUTAN SIVIL)

TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

POL.316

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

Bil.k : No 6
Tajuk : 2

Resit Akuan 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 @ 12:59
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 : .....

13/3/23 1342

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

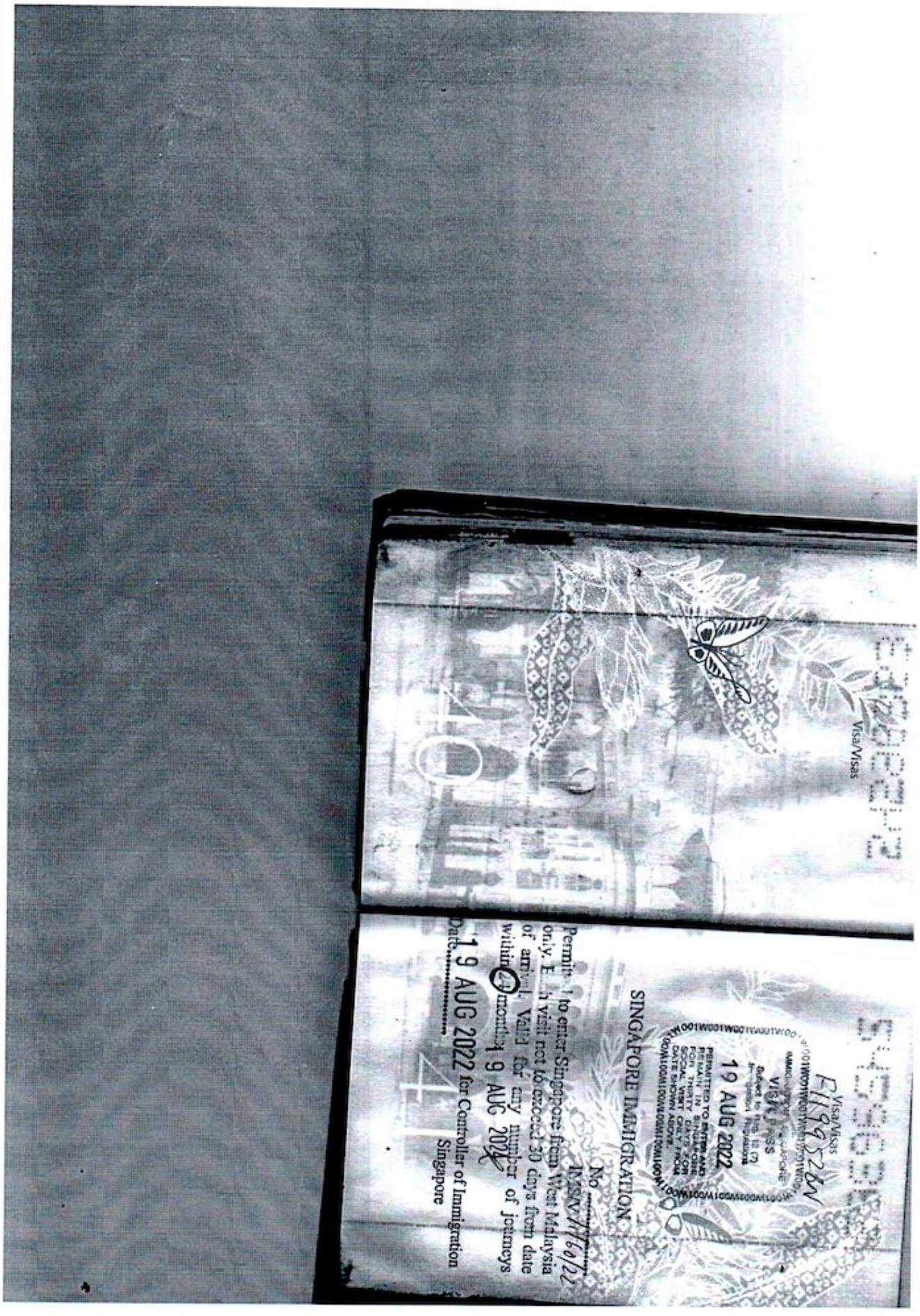
Jenis Dokumen Dibekal Kepada Pengadu :

1.Salinan Repot Polis ☑
2.Gambar Kenderaan ☐
3.Rajah Kasar Kemalangan ☐
4.Keputusan Siasatan ☐
5.Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah : .....

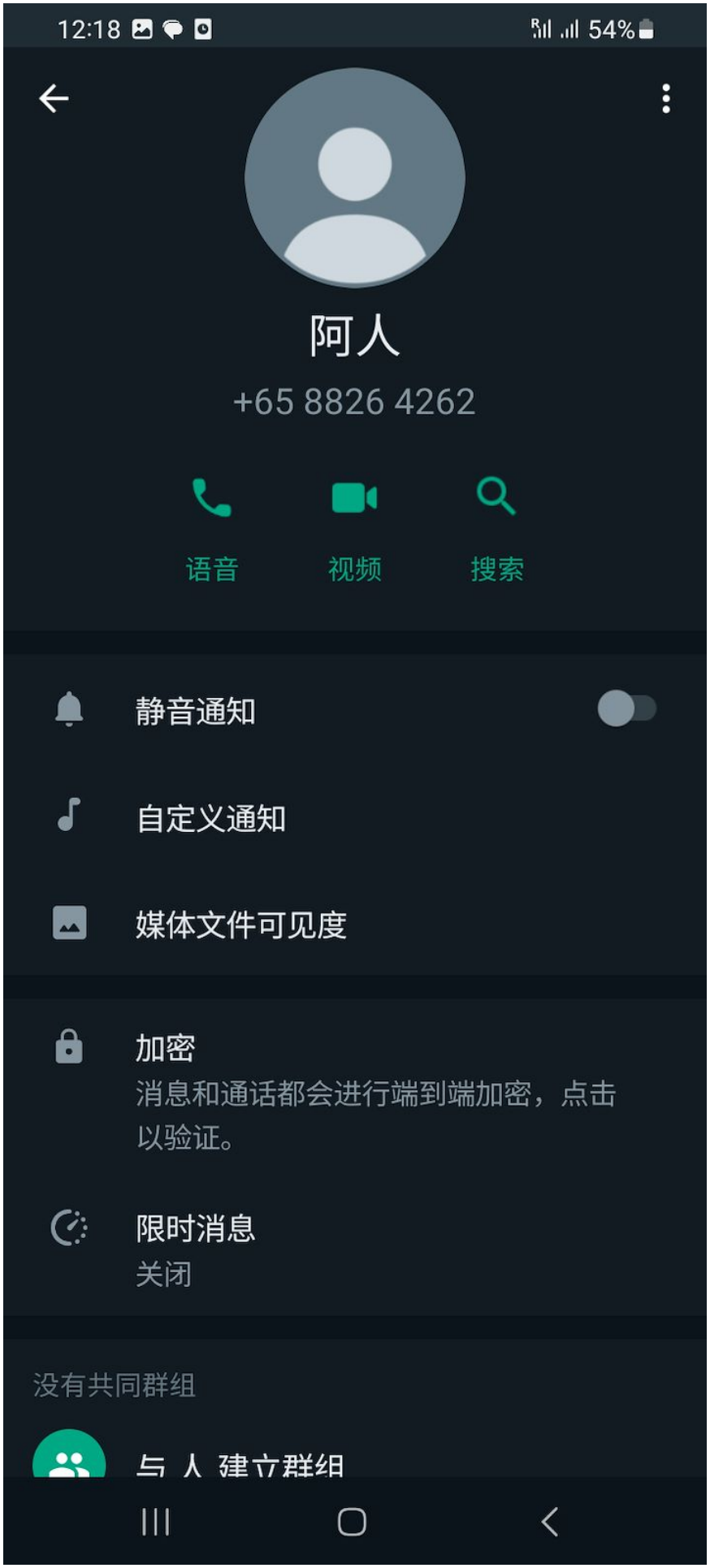
Pengesahan Kaunter Pembekalan Dokumen : .....

Tandatangan Pegawai Kaunter Pembekalan Dokumen


Visa/Visas
Visa/Visas
SINGAPORE IMMIGRATION
VISIT PASS
19 AUG 2022
Permitted to enter Singapore from West Malaysia only. Each visit not to exceed 30 days from date of arrival. Valid for any number of journeys within 6 months
19 AUG 2022
19 AUG 2022 for Controller of Immigration
Singapore


12:18
54%
阿人
2023年3月10日
消息和通话都会进行端到端加密。对话之外的任何人，甚至包含 WhatsApp 都无法读取或收听。点击了解更多。
0:18
19:26
可以給我你的lesson? 對
19:29
0:18
19:30
0:09
19:30
19:32 的未接语音通话
0:34
21:02
開車
21:21
0:07
21:22
0:53
22:34
发送消息


12:18
54%
阿人
06:15
1:08
06:17
1:27
06:37
您已删除这条消息
06:55
0:24
07:36
給我lesson 有那麼難?
09:21
0:45
10:16
星期一
個報個的。走保險
17:28
0:09
17:29
0:04
17:33
你新加坡車，我新加坡車，我在新加坡報了。
17:35
发送消息


12:18
54%
阿人
+65 8826 4262
语音
视频
搜索
静音通知
自定义通知
媒体文件可见度
加密
消息和通话都会进行端到端加密，点击以验证。
限时消息
关闭
没有共同群组