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.

- 4. The issue and acceptance 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 23/05/2023 17:56 (SGT) Reported by **Actual Driver** Date of Accident 22/05/2023 19:00 (SGT) Exact Location of Accident Jalan Dedap 1, Johor Jaya, 81100 Johor Bahru, Johor, Malaysia Additional Location Information JUNCTION WITH JALAN BAKAWALI JOHOR BAHRU Country/State of Loss Malavsia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY6477H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **FOO YEN YEN** NRIC No SXXXX742I Email Address yenyenfoo@hotmail.com Mobile Phone No (Phone) +65-96254021 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D23MPC0001676

DRIVER

Name of Driver **DENNIS TEO POH SHUAN** NRIC No SXXXX469F Date Of Birth 31/05/1977 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number	03/12/2020 2 YEARS AND 5 MONTHS Male (Phone) +65-96254021
Alt. Phone Number	-
Email Address	dennis.tps@hotmail.com
Address	34 DAKOTA CRESCENT #06-04
Address complement	-
Postcode	399936
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Spouse 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)	2
Has the driver been approached by unknown person(s)	Na
soliciting/offering accident claims assistance? Translator's name	No
Translator's ID	-
Translator's phone number	
Translator's email	
Original language used in the statement	
Original language used in the statement	-
FOREIGN VEHICLE 1	
Vehicle Registration Number	JNS1863
Vehicle Category	Private car
PASSENGER 1	
Name	FOO YEN YEN
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20130523/7047 AND T	RAFIK SERI ALAM /006917/23
ATTACHMENT(O)	
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment? Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JNS1863
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. Rease report correctly the details of the accident to speed up the clams process.
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- 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

(a) My insurer , my wiprkshop 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 Singepore 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 riversigations relating to

- (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 making 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 envelopesimal 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 additional and the lisurers' 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 / Date & Poicy Time

& Time

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

essed by Reporting Centre

Sketch Plan

Jalan Dedap 1

Jalan Bakawali

Vehicle A: SMY 6477 H Venicle B: JNS1863

follow	police v	eport!	T 20230523/7	OVC7 \$	TRAFIK SHI	eibigm/
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FAM	ature / Date &	Driver's	Congress of the Congress of th		all	20101 16





















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230523/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2023 14:18			Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars	Michigan San Control	
	f Informant: TEO POH		Address: 34 DAKOTA CRESCENT #06-04 SIN	IGAPORE 399936
	/ ID No.: O / S77774	69F	Contact No.: Home/Office: Mobil	le: 96254021
National MALAY:	S104000011		Email: DENNIS.TPS@HOTMAIL.COM	
Sex: Male	Age: 45	Date of Birth: 31/05/1977	Type of Informant: Driver	
Race: Chinese	0		Language: English	
Occupat Adminis	tion: tration man	ager	Driving Licence Information: Class: 3 Date	of Expiry:

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/05/2023 19:0	Type of Location Straight Road
Location: johor bahru ja	lan dedap			
Weather:		Road Surface:		
Weather: Clear		Road Surface: Dry		
			rking	Traffic Volume:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
JNS1863	Car	TOYOTA	hilux	VVhite	Slightly Damaged	0
SMY6477H	Car	MAZDA	3	Grey	Slightly	1



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20230523/7047

CONTINUATION OF REPORT

	n Involved	AND PERSON	100	WHITE TO	STORE KINDLE
Any Pedestrian I	AND ADDRESS OF THE PARTY OF THE				
No. of Pedestrian	s Injured; NIL	Use of P	edestrian	Cross	ing: NA
Passenger			ID No		
Name	Unknown Passenger				NIL
Related Vehicle	JNS1863 (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL			of g be &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
	ted Medical Leave NIL	Degree o	of	NIL	
Driver	The second of the second	and the same of		MASS	
Name	DENNIS TEO POH SHUAN				S7777469F
Related Vehicle	SMY6477H (Car)		Conta	ct No.	96254021
Hospital/Clinic	NIL			of g ce &	Class: 3 Date of Expiry: NIL
Date	NIL Date		NIL		
	ted Medical Leave NIL	Degree o			
Passenger		A TOTAL OF THE PARTY OF THE PAR			
Name	FOO YEN YEN		ID No		\$79737421
Related Vehicle	SMY6477H (Car)		Contact No.		NIL
Hospital/Clinic	NIL			of g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
	led Medical Leave NIL	Degree o	of	NIL	

Brief Details.

i was at the johor bahru jalan dedap , stationary at the traffic lights when i was hit from behind by a car .

both of us got down from our vehicles and exchanged our particulars , no one was injured , and no police attended to the scene .



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20230523/7047

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Signature Of Informant: Not applicable The identity of the person making this report has been authenticated by Singpass. No signature is required. Signature Of Interpreter: Date/Time: Not applicable 23/05/2023 14:18 Classification Of Case: Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219 This report is lodged at Woodlands West NPC Kiosk 3

NP168

Salman Repot Polis

Page 1 of 1



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai

: TRAFIK SERI ALAM

Pegawai Penyiasat

Daerah

: SERI ALAM : JOHOR

Kontinjen No Repot

: TRAFIK SERI ALAM/006917/23

Tarlich

: 23/05/2023

Westchi Bahasa Diterima : B. Malaysia

: 1042 AM

Butir-butir Penerima Repot

Nama: MOHD FAZLY BIN MOHD SHARIF

No Personel: R166278

Pangkat: KPL

Butir-butir Jurubahasa (Jika Ada)

Namn: -

No IVP (Baru): --

No Polis/Temera: --

No Paspot: --Alamat: --

Bahasa Asal: --

Butir-butir Pengadu

Nama: DENNIS TEO POH SHUAN

No K/P (Baru): 770531016417

No Polis/Tentera: A3663591

No Paspot: ---

No Sijil Beranak : ---

Jantina : Lelaki

Terlkh Lahir: 31/05/1977

Warganegara: Malaysia

Umur: 45 tahun 11 bulan

Koturunan : Cina

Pelterjaan : AKAUNTAN Alamat Tempat Tinggal: 76 JALAN PONDEROSA 3/11 TAMAN PONDEROSA, JOHOR BAHRU, 81100 JOHOR

Alamat Ibu/Bapa: --Alamat Pejabat : ---

No Tel (Rumah): --

No Tel (Pejabat): ---

No Tel (MP): 012-7937030

Pengadu Menyatakan:-

PADA 22/05/2023 JAM LEBIH KURANG 18:00 PETANG, SAYA MEMANDU MOTOKAR NOMBOR SMY6477H DARI TAMAN PONDEROSA MENUJU KE TAMAN JOHOR JAYA PADA KETIKA ITU, APABILA SAYA SAMPAI DI TL JALAN DEDAP IJIALAN BAKAWALI,SAYA BERHENTI KERANA LAMPU ISYARAT MERAH,PADA MASA YANG SAMA, SAYA DENGAR BUNYI YANG KUAT DARI ARAH BELAKANG. SAYA TURUN DAN DAPATI SEBUAH PACUAN 4 RODA NOMBOR JNS1863 TELAH MELANGGAR KENDERAAN SAYA DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN KEROSAKAN MOTOKAR SAYA IALAH BUMPER BELAKANG, BONET BELAKANG DAN LAIN-LAIN ROSAK TAK PASTI SEKIAN LAPORAN SAYA.

Tandalangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandalangan Penerima Repot

ID Pencetak | Tarikh @ Masa Cotalt : A9026987 | 23/05/2023 11:48:33 AM

PEJABAT SALINAN REPOT PEJABAI SALINAN REPOT TRAFIK SERI ALAM SALINAN YANG DISAHKAN BENAR (HANYA UNTUK TUNTUTAN SIVIL)

KETUATRAFIK DAERAH SERIALAM, JOHOR TIDAK BOLEH DIGUNAKAN UNTUK TUJUKA PERBIGATAAN

http://10.1.1.199/prs/eoffice/viewpol55real.asp?type=printedsalinan&salinan=ya&jenissal... 23-May-23