

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	23/06/2023 13:36 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2023 13:45 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	SINGAPORE TO MALAYSIA CAUSEWAY
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4885P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALFA BINTE RAHIM
NRIC No	S7439908H
Email Address	WAKKANG.ALFAMOVERSVC@GMAIL.COM
Mobile Phone No	(Phone) +65-96496341
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128238741

DRIVER

Name of Driver	MOHAMED HASRIN BIN MOHAMED YUSOFF
NRIC No	S7440671H
Date Of Birth	13/06/1974
Occupation	Indoor

Date Of Driving Pass	03/03/2017
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90289713
Alt. Phone Number	-
Email Address	WAKKANG.ALFAMOVERSVC@GMAIL.COM
Address	BLK 167 WOODLANDS ST 11 #04-11
Address complement	-
Postcode	730167
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
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)	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?	Yes
Police Station Name	MALAYSIA POLICE POST
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN 2

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME757U
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	SMC6839M
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' 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

Witnessed by Reporting Centre Personnel

Sketch Plan

SG to Malaysia Car from Malaysia

A = SMM 4885P C = SMC 6839W

B = SMC 757W

K	U	K	A	K	B
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Describe Circumstances of the Accident

On THE ABOVE MENTION DATE & TIME.

I WAS STATIONERY AT Singapore to Malaysia CAUSEWAY. My VEHICLE WAS STATIONERY DUE TO THE JAM. Suddenly VEHICLE B, BELTING OF ME COLLIDED INTO THE REAR portion of my car. It CAUSED ME TO HIT INTO VEHICLE C IN front OF ME

Declaration

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





















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

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : MOHAMMAD HASRIN BIN MOHAMAD YUSOFF
No Kad Pengenalan / Paspot : K2880993D
No Repot Polis : TRAFIK JOHOR BAHRU(S)016387/23
Tarikh @ Masa Repot Polis : 22/06/2023 @ 16:48
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat :
Tempat Tugas :
No Telefon Pejabat :

(R117756) SJN HASRIN B ABD RAHMAN
JOHOR BAHRU SELATAN

No Telefon Bimbit

: 019-7767756

Tarikh @ masa Perjumpaan

Pengesahan Penerimaan Repot :

HASHIM BIN UJ. ABD. RAHMAN (SJN 117756)
Pegawai Penyiasat Trafik
Bahagian Siasatan dan Penguatkuasaan Trafik
Ibu Pejabat Polis Daerah Johor Bahru (S)

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

Bilik: NO 5

Tingkat: 2

6/22/23, 5:14 PM

iPRS



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R117756
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No. Repot : TRAFIK JOHOR BAHRU(S)/016387/23
Tarikh : 22/06/2023
Waktu : 1648 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : HAZRUL IZWAN B MOHD MARZUKI **No. Badan** : S17293 **Pangkat** : KPL/S

Butir-butir Jurubahasa (Jika Ada) :

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

Butir-butir Pengadu :

Nama : MOHAMMAD HASRIN BIN MOHAMAD YUSOFF
No. K/P (Baru) : — **No. Polis/Tentera** : — **No. Pasport** : K2880993D
No. Sijil Beranak : — **Jantina** : Lelaki **Tarikh Lahir** : 13/06/1974
Umur : 49 Tahun 0 Bulan **Keturunan** : Melayu **Warganegara** : SINGAPORE
Pekerjaan : PENIAGA
Alamat Tinggal : 167 WOODLANDS ST 11 #04-11 730167 SINGAPURA, 730167 SINGAPURA
Alamat IbuBapa : —
Alamat Pejabat : —
No. Tel (Rumah) : — **No. Tel (Pejabat)** : — **No. Tel (Bimbit)** : 6590289713
Emel : —

Pengadu Menyatakan :

PADA 22/06/2023 JAM L/KURANG 1345HRS SAYA SEDANG MEMANDU M/KAR NO SMM4885P DARI SINGAPURA MENUJU KE BADARAYA JOHOR BAHRU, SETIBANYA DI TAMBAK JOHOR MEMASUKI SEMPADAN JOHOR SAYA MEMANDU DI JALAN LURUS DAN KEADAAN TRAFIK SESAK, SAYA MEMBERHENTIKAN M/KAR SAYA TIBA-TIBA SEBUAH M/KAR NO SME757U DARI ARAH BELAKANG MELANGGAR M/KAR SAYA, AKIBAT DARIPADA PERLANGGARAN ITU M/KAR SAYA TERDORONG KEHADAPAN DAN MELANGGAR M/KAR DI HADAPAN SAYA NO SMC 6839M. SAYA MENGALAMI KESAKITAN DI BAHAGIAN DADA DAN BELAKANG BADAN AKIBAT PERLANGGARAN TERSEBUT, KEROSKAN PADA M/KAR DI BAHAGIAN BUMPER HADAPAN DANBELAKANG, PANEL SENSOR BELAKANG, LAMPU BELAKANG DAN HADAPAN, SARUNG, BONET HADAPAN, LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R117756 | 22/06/2023 05:03:55 PM

PEJ. SALINAN REPORT
 TRAFIK JOHOR BAHRU (S)
 SALINAN YANG DISAHKAN BENAR
 (HANYA UNTUK TUNTUTAN SIVIL)


 ZAMRI BIN SHARIFF (DSP)
 KETUA BAHAGIAN SIASATAN DAN PENGUATKUASAAN TRAFIK
 JOHOR BAHRU SELATAN
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN