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.

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 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

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 Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Private use

No - Claiming third party Private car

Auto 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 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? Nο 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 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) 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? Police Station Name MALAYSIA POLICE POST Was notice of intended Prosecution given? Nο 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

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 Authorised Driver,
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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")

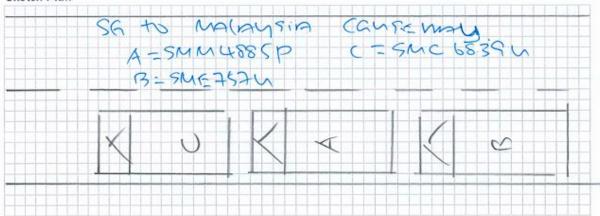
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/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



on	THE	es of the Accident	MENTIN	nate "	> time.
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Declaration

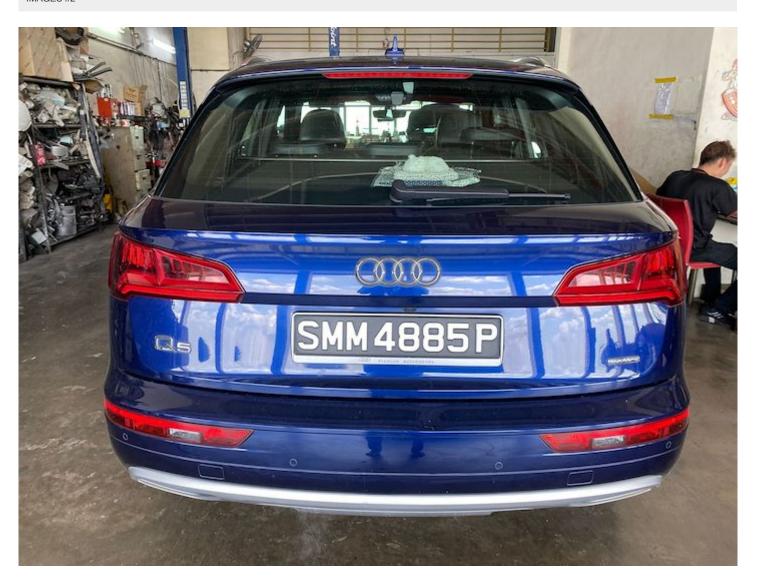
IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

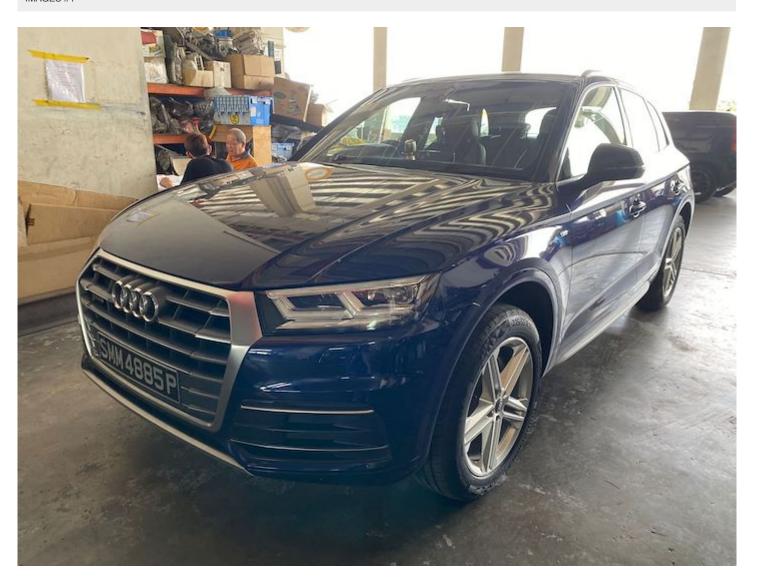
Driver's Signature (If driver is not the policyholder) / Date & Time

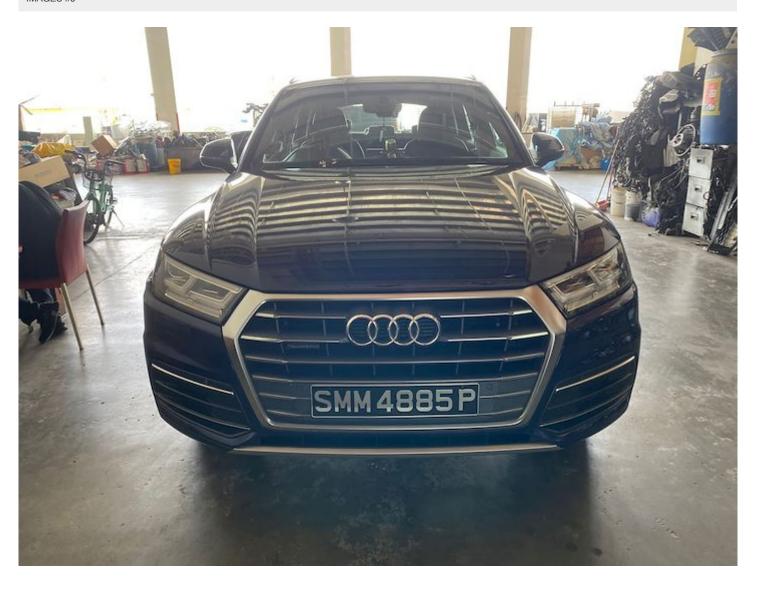
Witnessed by Reporting Centre Personnel

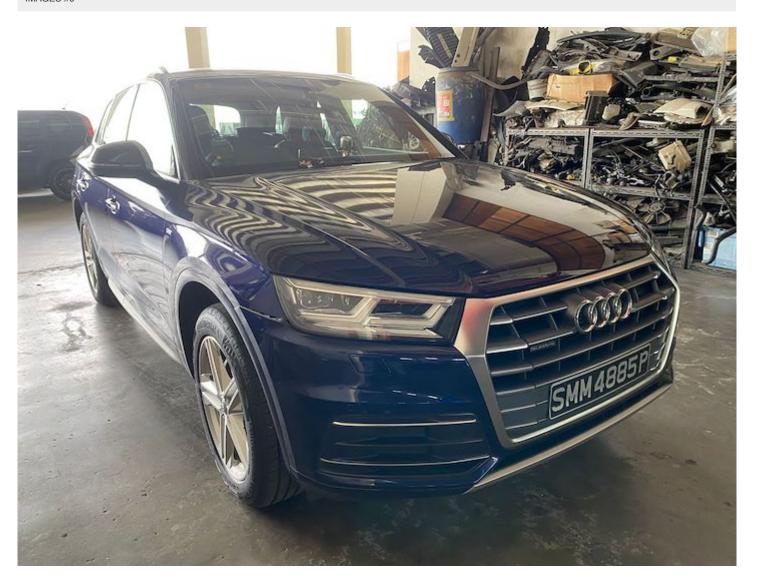




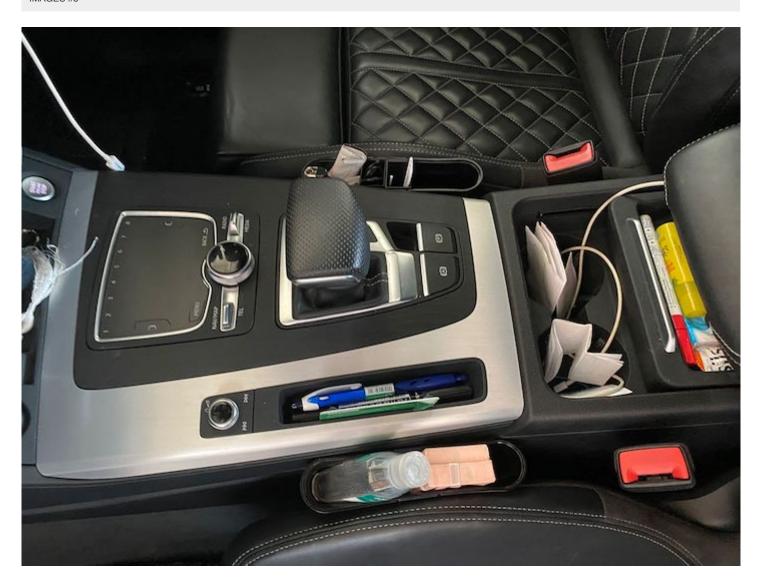














POLIS DIRAJA MALAYSIA CAWANGAN TRAFIK IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN, JALAN TEBRAU, 80250 JOHOR BAHRU 07-2237977

07-2237977		Bil.L: NO 5
Resit Akuan Penerimaan Repot Polis :	HAMMAD HASRIN BIN MOHAMAD YUSOFF	
Nama Pengadu No Kad Pengenalan / Paspot : K28 No Repot Polis : TR/ Tarikh @ Masa Repot Polis : 22/ Pengesahan Penerimaan Repot :	HAMMAD HASKIN BIN MO18387/23 880993D AFIK JOHOR BAHRU(S)/016387/23 06/2023 © 16:48 OMA Pejabat Pertanyaan	Billi: NO 5
	2/6/23 @ 1710 L	019-7767756
Rangesahan Penerimaan Repot :	HASKU EIN J. ABD. RAHMAN (SIN 11775) Polytegawai Panyiasas Trafik Tandatangan Pagawai Pianyiasatrundangan Tandatangan Pagawai Penguatkuasaan Trafik	
Juru Gambar: GM DEMR Nama : 019-3/250	Ibu Pejabat Polis Daerah Johor Bahru (S) No Badan :	kat :
Tarikh @ Masa Gambar Diambil	:	****
Combar Diambil	:	
Pengesahan Gambar Diambil	L. Combar	
	Tandatangan Juru Gambar	
Unit Pembekalan Dokumen Siasat	an :	
No Telefon Unit Pembekalan Doku	men :	*
1	Jenis Dokumen Dibekai Kepada	Ī
Waktu Pejabat : Ahar - Rabu : 08:00 Pagi - 01:00	1.Salinan Repot Polis	-
Tengah Hari 02:00 Petang - 04:00	2.Gambar Kenderaan	4
Petang Khamis 08:00 Pagi - 01:0		
/ od.on Datand - U2.35	Cleantan	
Petang Renat 1.00 T/Hari-2.00 P		
Jumaat, Sabtu-Tutup Cuti	5.Lain-lain Dokumen	_
	Tarikh @ Masa Dokumen Diserah :	
/11/	Pengesahan Kaunter Pembekalan	
/		
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	Ta Pe	ndatangan Pegawai Kaunter embekalan Dokumen

6/22/23, 5:14 PM

iPRS



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai

: TRAFIK JOHOR BAHRU(S)

Pegawai Penylasat

: R117756

Daerah

: J/BAHRU SELATAN

Kontinjen

: JOHOR

No. Repot

: TRAFIK JOHOR BAHRU(S)/016387/23

Tarikh Waktu

Nama

: 22/06/2023 : 1648 PM

Bahasa Diterima

: B. Malaysia

Butir-butir Penerima Repot :

: HAZRUL IZWAN B MOHD MARZUKI

No. Badan

: S17293

Pangkat

: KPL/S

Butir-butir Jurubahasa (Jika Ada):

No. K/P (Baru) :--

No. Polis/Tentera : --

No. Pasport : ---Bahasa Asal :---

Alamat

Butir-butir Pengadu:

Nama

: MOHAMMAD HASRIN BIN MOHAMAD YUSOFF

Jantina

Keturunan

No. K/P (Baru)

No. Polis/Tentera :---

No. Pasport

: K2880993D

No. Sijil Beranak : ---Umur

: 49 Tahun 0 Bulan

: Lelaki : Melayu Tarikh Lahir Warganegara : 13/06/1974 : SINGAPORE

Pekerjaan

: PENIAGA

: 167 WOODLANDS ST 11 #04-11 730167 SINGAPURA, 730167 SINGAPURA

Alamat Tinggal 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

iprs.rmp.gov.my/iprsweb/Modules/EO/EO_Salinan_Repot.aspx?cStartDt=20230622 091054

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