

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	26/06/2023 17:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/06/2023 16:25 (SGT)
Exact Location of Accident	Johor Bahru, Johor, Malaysia
Additional Location Information	CHECKPOINT TOWARDS SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5935M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG CHEE LEONG
NRIC No	S7984719D
Email Address	cheeleongchong1112@gmail.com
Mobile Phone No	(Phone) +65-90669248
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Tucson
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00066300

DRIVER

Name of Driver	CHONG CHEE LEONG
NRIC No	S7984719D
Date Of Birth	05/08/1979
Occupation	Indoor

Date Of Driving Pass	03/11/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90669248
Alt. Phone Number	-
Email Address	cheeleongchong1112@gmail.com
Address	BLK 35 CIRCUIT ROAD #16-434
Address complement	-
Postcode	370035
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Change/cross lane
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)	3
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	-

PASSENGER 1

Name	PAX 1
Gender	Male

PASSENGER 2

Name	PAX 2
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB5163P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FARZAANA BTE MOHD
NRIC No	S8937300Z
Contact Number	(Phone) +65-92308927
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 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

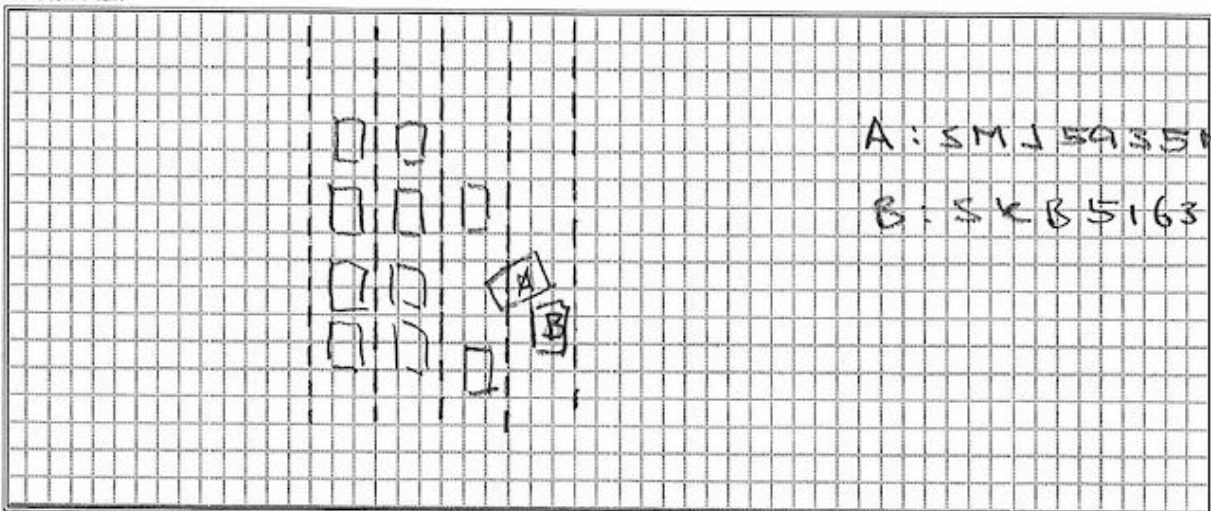
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Chia 26/6/23
Policyholder's Signature / Date & Time

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

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

Sketch Plan



A: My car
B: Opposite party


Describe Circumstance of the Accident

Refer To Police Report

Declaration

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 26/6/23
Policyholder's Signature / Date & Time_____
Driver's Signature (if driver is not the policyholder) / Date
& Time

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



















**SINGAPORE
POLICE FORCE**



T/20230625/2035

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20230625/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2023 14:13	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars			
Name of Informant: CHONG CHEE LEONG		Address: APT BLK 35 CIRCUIT ROAD #16-434 SINGAPORE 370035	
ID Type / ID No.: NRIC NO / S7984719D		Contact No.: Home/Office: Mobile: 90669248	
Nationality: SINGAPORE CITIZEN		Email: cheeleongchong1112@gmail.com	
Sex: Male	Age: 43	Date of Birth: 05/08/1979	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: ENGINEERING MANAGER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/06/2023 16:25	Type of Location: Straight Road
Location: CAUSEWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB5163P	Car	HYUNDAI	ELANTRA	Silver	Slightly Damaged	0
SMJ5935M	Car	HYUNDAI	TL TUCSON FL 2.0 GLS AT 2WD	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ5935M	ECICS LIMITED	MPC23P00066300	13/03/2023	12/03/2024



**SINGAPORE
POLICE FORCE**



T/20230625/2035

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

2 of 3

Report No. T/20230625/2035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FARZAANA BINTE MOHD	ID No.	S8937300Z
Related Vehicle	SKB5163P (Car)	Contact No.	92308927
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHONG CHEE LEONG	ID No.	S7984719D
Related Vehicle	SMJ5935M (Car)	Contact No.	90669248
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 24/06/2023 at about 1625hrs, while I was driving my vehicle: SMJ5935M at Malaysia CIQ custom checkpoint heading back to Singapore Checkpoint. The custom checkpoint consist of 04 lanes with counters operating on both sides of the checkpoint. I am driving on the second lane and after showing my right signal, the front half of my vehicle had entered first lane as I am making a lane change to proceed to the right checkpoint counter. The vehicle bearing: SKB5163P which was originally driving on the first lane does not wish to allow me from making the lane change as such her vehicle front left bumper area is directly beside my vehicle's driver side door. I tried to seek her permission for allowing me to enter the lane by instructing her to reverse slightly however she refused to do so.

Subsequently which I inched forward, my driver side door area then collided on her vehicle front left bumper nearing to the foglight area causing a scratch on the foglight area and scratches to my driver's door. I wish to state that during the collision, the custom is congested and vehicles are moving slowly. We stopped our vehicle and I offered for a private settlement however she declined as such I am lodging a police report for insurance claim. My vehicle is installed with front and rear in-car camera and I had saved the footages.

I wished to inform that no one is injured and no police or ambulance attended. After the collision, we had to head back to Johor Bahru police station to lodge a police report. I am lodging this report for record and insurance claim.



**SINGAPORE
POLICE FORCE**



T/20230625/2035

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3

Report No. T/20230625/2035

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 3 LIM KAI EN, VINCENT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/06/2023 14:13

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168

6/24/23, 7:35 PM

IPRS



POLIS DIRAJA MALAYSIA REPOT POLIS

Balat	: TRAFIK JOHOR BAHRU(S)	Pegawal Penyiasat	: R117756
Daerah	: J/BAHRU SELATAN	No. Repot Bersangkut	: TRAFIK JOHOR
Kontinjen	: JOHOR		BAHRU(S)/016578/23
No. Repot	: TRAFIK JOHOR BAHRU(S)/016579/23		
Tarikh	: 24/06/2023		
Waktu	: 1857 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot :

Nama	: IZUWAN NAZREEN BIN	No. Badan	: R193765	Pangkat	: KONST/P
	CHE IBRAHIM				

Butir-butir Jurubahasa (Jika Ada) :

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

Butir-butir Pengadu :

Nama	: CHONG CHEE LEONG				
No. K/P (Baru)	: —	No. Polis/Tentera	: —	No. Pasport	: S7984719D
No. Sijil Beranak	: —	Jantina	: Lelaki	Tarikh Lahir	: 05/08/1979
Umur	: 43 Tahun 9 Bulan	Keturunan	: Cina	Warganegara	: SINGAPORE
Pekerjaan	: JURUTERA				
Alamat Tinggal	: APT BLK 35,CIRCUIT ROAD #16-434, 370035 SINGAPORE				
Alamat IbuBapa	: —				
Alamat Pejabat	: —				
No. Tel (Rumah)	: —	No. Tel (Pejabat)	: —	No. Tel (Bimbit)	: 6590669248
Emel	: —				

Pengadu Menyatakan :

PADA 24/06/2023 JAM LEBIH KURANG 1620HRS,SAYA MEMANDU M/KAR NO SMJ5935M JENIS HYUNDAI TUCSON DARI JOHOR BAHRU MENUJU KE SINGAPURA.SEMASA SAYA BERHENTI UNTUK MENUKAR LALUAN DARI KIRI KE KANAN DI ANTARA 2 LALUAN LALUAN KERETA TAMBAK JOHOR TIBA-TIBA SEBUAH M/KAR NO SKB5163B DARI ARAH BELAKANG KANAN TERLANGGAR BAHAGIAN TEPI KANAN M/KAR SAYA.TIADA KECEDERAAN SEMASA KEMALANGAN.KEROSAKAN M/KAR SAYA IALAH DI BAHAGIAN (HADAPAN KANAN);PINTU HADAPAN KANAN DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R117756 | 24/06/2023 07:29:27 PM

J. SALINAN REPORT
TRAFIK JOHOR BAHRU (S)
SALINAN YANG DISAHKAN BENAR
SANYA UNTUK TUNTUTAN SIVIL)

AMRI BIN SHARIFF (DSP)
KETUA BAHAGIAN SIASATAN DAN PENGUATKUASAAN TRAFIK
JOHOR BAHRU SELATAN
TIDAK BOLEH DIGUNA-KAN UNTUK TUJUAN PERBICARAAN

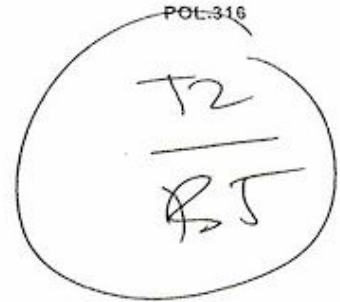
6/24/23 7:00 PM

PRS



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

POL-316

Rekod Akaun Penerimaan Repot Polis :

Nama Pengadu : CHONG CHEE LEONG
No Kad Pengenalan / Pasport : S79847190
No Repot Polis : TRAFIK JOHOR BAHRU(S)/016579/22
Tarikh @ Masa Repot Polis : 24.06.2023 @ 18:57
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R117756) SJN HASRIN B ABD RAHMAN
Tempat Tugas : JOHOR, JOHOR BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 019-7767756
Tarikh @ masa Perjumpaan : 24.06.2023 @ 18:57
Pengesahan Penerimaan Repot :
Cawangan Siasatan / Perundangan
Bahagian Siasatan dan Penegakan Undang-undang Trafik
Ibu Pejabat Polis Daerah Johor Bahru (S)
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 :

Abad - 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



KETUA BAHAGIAN SIASATAN DAN PENGUATKUASAAN TRAFIK
 IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
 80250 JOHOR BAHRU
 JOHOR

072237977 Samb:

TRAFIK PDRM - PEM 1
 Tarikh : 24/06/2023 7:11:59 PTG

NAMA PENGADU : CHONG CHEE LEONG
 ALAMAT : APT BLK 35, CIRCUIT ROAD #16-434
 370035 Lain-lain

Tuan/Puan,
PEMAKLUMAN PENYIASATAN KES KEMALANGAN JALAN RAYA

NO. REPOT : TRAFIK JOHOR BAHRU(S)/016579/23
 TRH/MASA RPT : 24/06/2023 18:57
 TRH/MASA KEMALANGAN : 24/06/2023 16:25
 TEMPAT KEMALANGAN : TAMBAK JOHOR

Merujuk kepada repot tuan/puan seperti di atas:

2. Dimaklumkan repot tersebut disiasat dibawah :
 - 2.1. Sek/Kaedah : R6 LN166/59 - MEMOTONG CARA BAHAYA/POTONG 'Q'/UBAH HALUAN
 - 2.2. Pegawai Penyiasat

Nama : R117756 - HASRIN B ABD RAHMAN
 Alamat : KETUA BAHAGIAN SIASATAN DAN PENGUATKUASAAN TRAFIK, TRAFIK
 JOHOR BAHRU SELATAN
 80250 JOHOR BAHRU, JOHOR
 No.Tel.Pej : 072237977 ()
 No.Tel.Bimbit :

3. Sebarang perkembangan siasatan, pihak kami akan memaklumkan kepada tuan/puan.

Sekian, Terima kasih.

(Peg. Penyiasat Trafik)
 s/k : KBSPTD
 KS(T)NO. 0214/JSPT/KST/06911/23

Dipaparkan Oleh: R117756 - SJN HASRIN B ABD RAHMAN 24/06/2023 19:13