

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	18/07/2023 17:41 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2023 12:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM LARKIN TOWARDS JIM QUEE ROAD
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 (PTE) LTD
Company Reg No	1XXXXX108D
Email Address	ljwang@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 - Claiming third party
Vehicle Category	Commercial vehicle
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	LAU SIE WEI
Passport No/FIN	GXXXX110U
Date Of Birth	12/08/1979
Occupation	Outdoor

Date Of Driving Pass	25/02/2022
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +60-581068
Alt. Phone Number	-
Email Address	ljwang@sje.com.sg
Address	149 ROCHOR ROAD , FU LU SHOU COMPLEX
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?	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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	WDC1202
Vehicle Category	Bus

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

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	WDC1202
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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.



Jim 18-07-23
[Signature] 18/7/2023
 Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

from junction towards Jim Quee Road

A - SH 57K
B - WDC 1202

Describe Circumstance of the Accident
on the above stated date and time - I was from
Jarkim heading to Jalan Jim Quee. As I was making the
right turn at Jim Quee Road, suddenly vehicle B
came from my right side and turned to left and my vehicle's
side right portion of my vehicle.

Declaration
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Jim 18-07-23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

v.1.1.2022





















CHASSIS NO : WMAA91ZZ8BC016677
U.W. : 11,260 KG
M.L.W. : 19,000 KG
TYRE SIZE : F. 295/80R-22.5
 : R. 295/80R-22.5(D)
PASS. CAP. : 1 DRIVER ONLY
 : 49 PASSENGERS

Salinan Repot Polis



POLIS DIRAJA MALAYSIA

REPOt POLIS

Balai : TRAFIK JOHOR BAHRU(S) Pegawai Penyiasat : R188489
 Daerah : J/BAHRU SELATAN
 Kontinjen : JOHOR
 No Repot : TRAFIK JOHOR BAHRU(S)/018754/23
 Tarikh : 17/07/2023
 Waktu : 1610 PM
 Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : IZUWAN NAZREEN BIN CHE IBRAHIM No Personel : R193765 Pangkat : KONST/P
 Butir-butir Jurubahasa (Jika Ada)
 Nama : --- No K/P (Baru) : --- No Polis/Tentera: ---
 No Paspot: --- Bahasa Asal : ---
 Alamat: ---

Butir-butir Pengadu

Nama : LAU SIE WEI
 No K/P (Baru) : 790812135533 No Polis/Tentera : --- No Paspot : ---
 No Sijil Beranak : ---
 Jantina : Lelaki Tarikh Lahir : 12/08/1979 Umur : 43 tahun 11 bulan
 Keturunan : Cina Warganegara : Malaysia
 Pekerjaan : PEMANDU BAS
 Alamat Tempat Tinggal : 256,TINGKAT 14,BLOK BFLAT LARKIN, JOHOR BAHRU, 80350 JOHOR
 Alamat Ibu/Bapa : ---
 Alamat Pejabat : ---
 No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 01110581068

Pengadu Menyatakan:-

PADA 17/07/2023 JAM LEBIH KURANG 1248HRS,SAYA MEMANDU M/BAS NO SH577K JENIS MANN DARI LARKIN MENUJU KE JALAN JIM QUEE.SEMASA SAYA MEMANDU BELOK KE KANAN DI JALAN JIM QUEE TIBA-TIBA SEBUAH MBAS NO WDC1202 DARI ARAH BELAKANG KANAN BELOK KE KIRI MASUK KE KAWASAN TEMPAT TURUN PENUMPANG DAN TERLANGGAR BAHAGIAN TEPI KANAN M/BAS SAYA.TIADA KECEDERAAN SEMASA KEMALANGAN.KEROSAKAN M/BAS SAYA IALAH DI BAHAGIAN (TEPI KANAN):PANEL,PINTU TEMPAT LETAK BARANGAN DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

R8211549 | 18/07/2023 10:31:39 AM

SALINAN REPORT
 JOHOR BAHRU (S)
 YANG DISAHKAN BENAR
 UNTUK TUNTUTAN SIVIL
 MARI BINTI SHARIF (DGP)
 SUKSES BAHAGIAN SIASATAN DAN PENGUATKUASAAN TRAFIK
 JOHOR BAHRU SELATAN
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

<http://10.1.1.199/prs/eoffice/viewpol55real.asp?type=printedsalinan&salinan=ya&jenis...> 18/7/2023

7/17/23, 4:28 PM

IPRS



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

KPE 142hu
POL-314
T2
B1

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : LAU SIE WEI
No Kad Pengenalan / Paspot : 790812/35533
No Repot Polis : TRAFIK JOHOR BAHRU(S)/018754/23
Tarikh @ Masa Repot Polis : 17/07/2023 @ 16:10
Pengesahan Penerimaan Repot :

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R188489) S.J.M. MURNIHIDAYAH BINTI MOHD
Tempat Tugas : JOHOR , JOHOR BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 011-39353850

Tarikh @ masa Perjumpaan

Pengesahan Penerimaan Repot :

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