

# 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) +60-1110581068               |
| 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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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)**

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 :

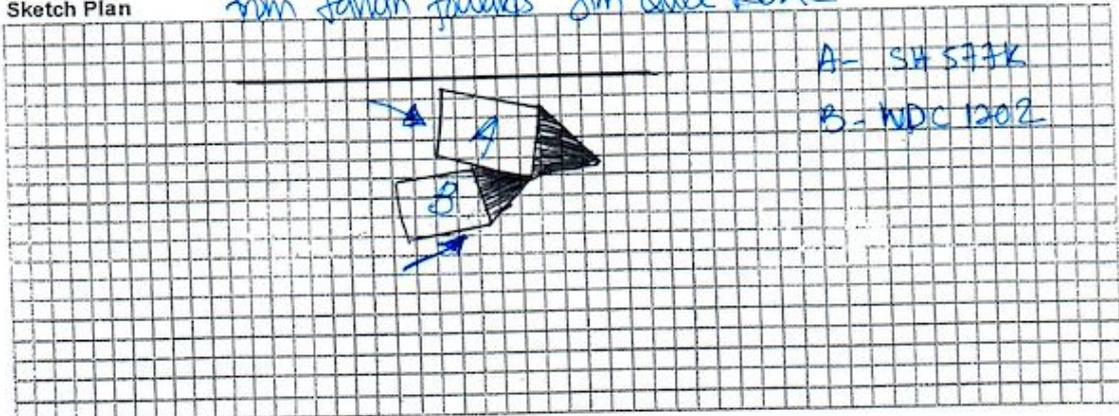
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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/pinal 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: Jim 18-07-23  
 Witnessed by Reporting Centre Personnel: [Signature] 18/7/2023

Sketch Plan

from junction towards Jim Quee Road



A - SH 577K  
 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.1.3.2022























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN092371000B Vehicle Registration No: 8H 577K  
 Name (as shown in NRIC): Lau Si Wei NRIC/FIN/Passport No: G71931104  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 149 Rochor Road - Fu Lu Shou Complex #04-16 Singapore (188425)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 01110581068  
 Email Address: jiuyang@sje.com.sg  
 Date of Accident: 17/07/2023 Time of Accident: 12:48  
 Place of Accident: From Kelvin towards Jim Quee Road  
 Insurance Company: Indica International

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Add driver's mobile number - 01110581068

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date:

18/7/2023  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date:



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

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

KPE 142hri



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

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