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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

| aforesaid. | sont to the dronwing of this report at the centre and to copies of the report being made available |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 13/06/2018 11:47 |
| Date Of Accident | 12/06/2018 10:10 |
| Exact Location Of Accident | JOHOR BAHRU TOWARDS SINGAPORE |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLC3065K |
| Insured/Policyholder | |
| Name Of Registered Owner | G-CON FOUNDATION PTE LTD |
| Co Reg No | 201421876C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93828006 |
| Alternative Phone No | OFFICE-93828006 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | LEXUS IS250 AUTO STD FL |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | DMPPHQ17-005538 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHOO LYE WENG |

Name of Driver

NRIC No

S2667172H

Date Of Birth

Occupation

Date Of Driving Pass

Driving Experience

CHOO LYE WENG

S2667172H

30/07/1962

OUTDOOR

14/02/2008

10 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93828006

Fax Number

Contact Number OTHERS-93828006

EMail Address NOEMAIL

15 JLN SIERRA PERDANA Address

3/29 MASAI JOHOR

Postcode 81750

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number **BGD1241 (PRIVATE CAR)**

Number of vehicles involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN

NO

YES

ROAD: JALAN TERBAU, POSTCODE: 80250, COUNTRY: MALAYSIA Police Station Address

Police Station Contact TEL NO: 607-2237977 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 12/06/2018 AT ABOUT 10:00HAR I WAS DRIVE IN MY CAR SLC3065K FROM JOHOR BAHRU TOWARDS SINGAPORE AND AT THE MALAYSIA CAUSEWAY THE TRAFFIC WAS MOVING SLOW AND I STOP, SUDDENLY A CAR BDG1241 FROM THE REAR HIT MY CAR SLC3065K AND MAKE MY CAR MOVE FORWARD AND HIT A CAR JGH5643 WHICH WAS INFRONT OF ME.THE DAMAGE TO MY CAR WAS SCRATCH ON MY FRONT BUMPER, MY REAR BUMPER, BONNET, RIGHT FENDER, RIGHT BRAKE LIGHT AND OTHERS WHICH I DID NOT NOTICE.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number BGD1241

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ZARUL HAFIFI 911110015463 NRIC/Passport Number Contact Number 0177894557

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JGH5643

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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
- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's/Signature
Name:
NAME: WORL NAME

NRIC/FIN No.:

Accident Sketch Plan

| SKETCH PLAN | BAHRU NOWARDS | SIXLYAPOR | E |
|--|---------------------------------------|-----------|--------------------------|
| 04,11 | | | (A) SLC 3065 |
| | 1 NI TO | IN | 8 BGD 1241 |
| | BALAD | CD | @ BGD 1241 @ JGH 5643 |
| | | | |
| | NCES OF THE ACCIDENT | | GH IZHHI |
| | Malaysin Traffic | | |
| do:- | Trafik Johor Bahru (| 5)/01408 | 4/18. |
| | in a Smunra | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ECLARATION | | | |
| ECLARATION We declare the foregoing parallel to the foregoing paralle | irticulars are true in every respect. | (n | 13/06/bold |

JB POLICE REPORT

Salinan Repet Polis

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

: TRAFIK JOHOR BAHRU(S)

Pegawai Penyiasat : R92851

Daerah

: J/BAHRU SELATAN

Kontinjen

No Repot

JOHOR

Turibb

TRAFIK JOHOR BAHRU(S)/014084/18

12/08/2018

Waktu

: 2229 PM Bahasa Diterima : 8. Malaysia

Butir-butir Penerima Repot

Butir-butir Jurubahasa (Jika Ada)

Nama: HASRIN B ABD RAHMAN.

Pangkat: KPL No Personel: R117756

Nama: -

No K/P (Baru): -Behasa Asal : ---

No Polis/Tenters: --

Page 1 cm

No Paspot: -

Alamat: --

Butir-butir Pengadu

Nama : CHOO LYE WENG

No K/P (Baru): 620730065833

No Sijil Beranak : --

Jantina : Lelaki

Keturunan : Cina

Tarikh Lahir: 30/07/1962 Warganegara: Malaysia

No Polis/Tentera: 6771840

Umur: 55 tahun 10 bulan

No Paspot : --

Pekerjaan : SEMDIRI

Alamat Tempat Tinggal: NO 15 JALAN SIERRA PERDANA 3/29 TAMAN SIERRA P 81750 MASAI JOHOR

MALAYSIA

Alamat Ibu/Bapa: ---Alamat Pejabat : --

No Tel (Rumah): --

No Tel (Pejabat): ---

No Tel (HP): 0293828006

Emel: -

Pengadu Menyatakan:-

PADA 12/06/2018 JAM LEBIH KURANG 1000HRS SAYA MEMANDU M/KAR NO SLC3065K DARI JOHOR BAHRU HENDAK KE SINGAPURA SEMASA SAMPAI DI TAMBAK JOHOR MASA ITU PERGERAKAN LALULINTAS PERLAHAN SAYA TELAH BERHENTI TIBA-TIBA SEBUAH MIKAR NO BGD1241 DARI ARAH BELIAKNG MELANGGAR MIKAR SAYA NENYEBABKAN SAYA TERLAJAK KE HADAPAN MELANGGAR MIKAR NO JGH5643 YANG BERADA DI HADAPAN KEROSAKAN MIKAR SAYA DI BAHAGIAN HADAPAN BUMPER CALAR MANAKALAN BAHAGIAN BELAKANG BUMPER.BONET.MUDGURD KANAN,LAMPU BREK KANAN DAN LAIN-LAIN KEROSAKAN SAYA BELUM PASTI LAGI SEKIAN LAPURAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot.

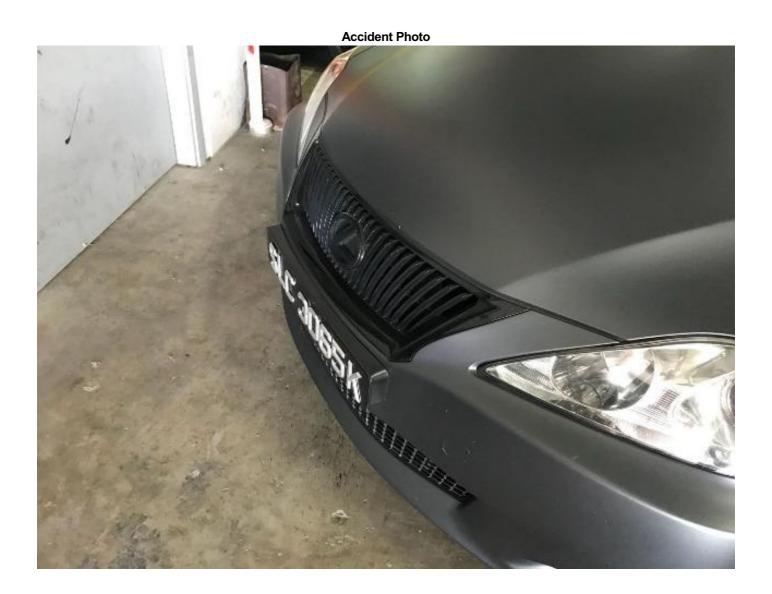
ID Pencetak | Tarikh @ Masa Cetak

: R92851 | 12/08/2018 11:38:44 PM

ALINAN TANG DIANUI BA

(Ketus Polis Daerah) the Pejabat Polis Daeral obor Rahru Sclaren

https://prs.rmp.gov.my/prs/coffice/viewpol55real.asp?type=printedsalinan&salinan&salinas-ya&repolid=021499.014084/18&je... 12/6/2018



Accident Photo





Accident Photo



Accident Photo



