

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 25/08/2022 18:00 (SGT)
Reported by Driver
Date of Accident 20/08/2022 19:10 (SGT)
Exact Location of Accident Lebuhraya Hubungan Kedua Malaysia - Singapura, 81550 Gelang Patah, Johor, Malaysia
Additional Location Information B4 CIQ SULTAN ABU BAKAR
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR8732E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PIKASA BUILDERS PTE. LTD.
Company Reg No 2XXXXX963N
Email Address leechin@pikasabuilders.com
Mobile Phone No (Phone) +65-67479865
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00149242202

DRIVER

Name of Driver TAN CHIANG NAM
NRIC No SXXXX298A
Date Of Birth 03/06/1970

Occupation	Outdoor
Date Of Driving Pass	29/06/1990
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90627889
Alt. Phone Number	-
Email Address	chiangnamtan@gmail.com
Address	BLK 172 BUKIT BATOK WEST AVE 8
Address complement	#20-341
Postcode	650172
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?	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)	2
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	LIM FOONG KIEW
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	TRAFIK ISKANDAR PUTERI JOHOR BAHRU
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS 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	SKG8548S
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**

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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.
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6. 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.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

MALAYSIA - SINGAPORE JND LINK B4 CIO SULTAN ABU

BABAR

A - 51R8732E
B - SKG8548S

vJun2022

Describe Circumstance of the Accident

On 20/08/22 at about 1910hrs, I drive my veh
all the time at
on the extreme right lane at 'Malaysia-Singapore'
2nd Link before CIQ Sultan Abu Bakar. Veh B
from my left ~~came~~ swerved into my lane and grazed
onto my left side pontoon of my veh. After
the impact he swerved back his veh. I had
attach 2 photos at the scene the veh B photos.

Declaration

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



Policyholder's Signature / Date & Time

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

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



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK ISKANDAR PUTERI **Pegawai Penyiasat** : R190317
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No. Repot : TRAFIK IPUTERI/008085/22
Tarikh : 20/08/2022
Waktu : 2309 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : AHMAD HARITH AIMAN No. Badan : R221805 **Pangkat** : KONS/P
 BIN AHMAD

Butir-butir Jurubahasa (Jika Ada) :

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

Butir-butir Pengadu :

Nama : TAN CHIANG NAM
No. K/P (Baru) : 700603045011 **No. Polis/Tentera** : A1545809 **No. Pasport** : ---
No. Sijil Beranak : --- **Jantina** : Lelaki **Tarikh Lahir** : 03/06/1970
Umur : 52 Tahun 2 Bulan **Keturunan** : Cina **Warganegara** : Malaysia
Pekerjaan : KONTRAKTOR
Alamat Tinggal : NO 13261 JALAN RAJAWALI 7 BANDAR PUTRA, 81000 JOHOR
Alamat IbuBapa : ---
Alamat Pejabat : ---
No. Tel (Rumah) : --- **No. Tel (Pejabat)** : --- **No. Tel (Bimbit)** : 01159837137
Emel : ---

Pengadu Menyatakan :

PADA 20/08/2022 JAM LEBIH KURANG 1910HRS, SAYA MEMANDU M/KAR NO.PENDAFTARAN SJR8732E DARI SINGAPURA HENDAK MENUJU KE KULAI. SEMASA SAMPAI DI KM2.4 LEBURAYA LINKEDUA SAYA BERGERAK LURUS DI LORONG KANAN. TIBA-TIBA SEBUAH M/KAR NO.PENDAFTARAN SKG8548S DARI LORONG TELAH MASUK KE LORONG SAYA LALU MENGHIMPIT M/KAR SAYA. DALAM KEJADIAN INI SAYA TIDAK MENGALAMI SEBARANG KECEDERAAN. KEROSAKAN M/KAR SAYA IAITU PADA BUMPER DEPAN, FENDER DEPAN KIRI, CERMIN SISI KIRI DAN LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R221805 | 20/08/2022 11:14:26 PM





























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 BIN AHMAD

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No. Pasport : --- **Bahasa Asal** : ---
Alamat : ---

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