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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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? 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? Nο 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? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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**

SKG8548S

Vehicle Registration Number

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

- 1. Please report correctly the details of the accident to speed up the claims process.
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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.
- 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 garties.
- 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/mailipackages); 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.

111111

Policyholder's Signature / Date & Time

15 75/8/2022

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 DNO LINK B4 C10 SULTAN ABU

BAAAR

A - SIRB 732 E

B - SKGESUSS

vJun2022

cribe Circumstance of the Accident	
On 20/08/22 at about 1910 hrs. , drive me at	y ora
all the time at	
on the extreme right lane at malaysia-Sing	apore
, , ,	1
and Link before CIO sultan Abu Bakan. Ve	ch B
from my left come nto my lane and	grazed
ento my left sicle portion of my veh.	gfter
the impact he swerved back his och.	1 had
attach a photoe at the scene the weh	B photo
,	
	_
	-
	_

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

vJun2022



POLIS DIRAJA MALAYSIA REPOT POLIS

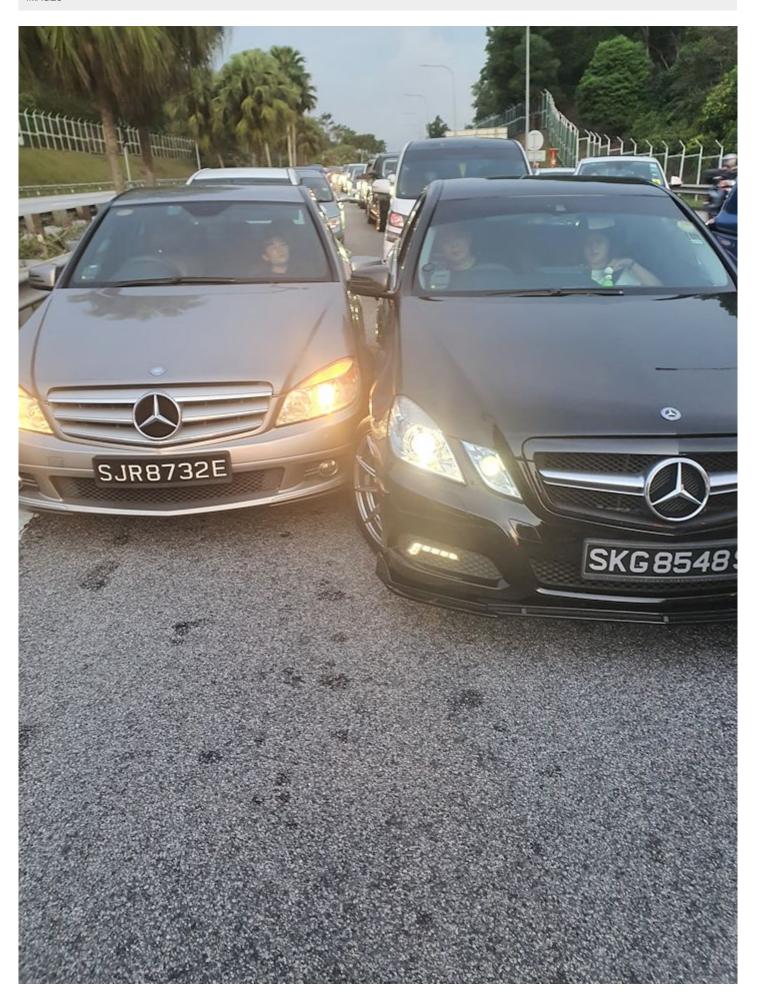
Balai		: TRAFIK ISKANI	DAR PUTERI		Pegawai	Penylasat : R190	31/
Daerah		: ISKANDAR PUT	TERI				
Kontinjen		: JOHOR					
No. Repot		: TRAFIK IPUTER	RI/008085/22				
Tarikh		: 20/08/2022					
Waktu		: 2309 PM					
Bahasa D	iterima	: B. Malaysia					
Butir-buti	r Peneri	ma Repot :					
Nama		MAD HARITH AIMAN AHMAD	No. Badan	: R2	21805	Pangkat	: KONS/P
Butir-buti	r Juruba	hasa (Jika Ada) :					
Nama	:		No. K/P (Baru)	:		No. Polis/Tentera	:
No. Paspo	ort :		Bahasa Asal				
Alamat	:						
Butir-buti	r Penga	du:					
Nama		: TAN CHIANG NAM	М				
No. K/P (E	Baru)	: 700603045011	No. Polis/Tent	tera	: A1545809	No. Pasport	:
No. Sijil B	Beranak	1	Jantina		: Lelaki	Tarikh Lahir	: 03/06/1970
Umur		: 52 Tahun 2 Bulan	Keturunan		: Cina	Warganegara	: Malaysia
Pekerjaar	1	: KONTRAKTOR					
Alamat Ti	nggal	: NO 13261 JALAN	RAJAWALI 7 BA	NDA	R PUTRA, 810	000 JOHOR	
Alamat Ib	иВара	:					
Alamat P	ejabat	: —					
No. Tel (R	(umah)		No. Tel (Peiab	at)	:	No. Tel (Bimbi	t): 01159837137

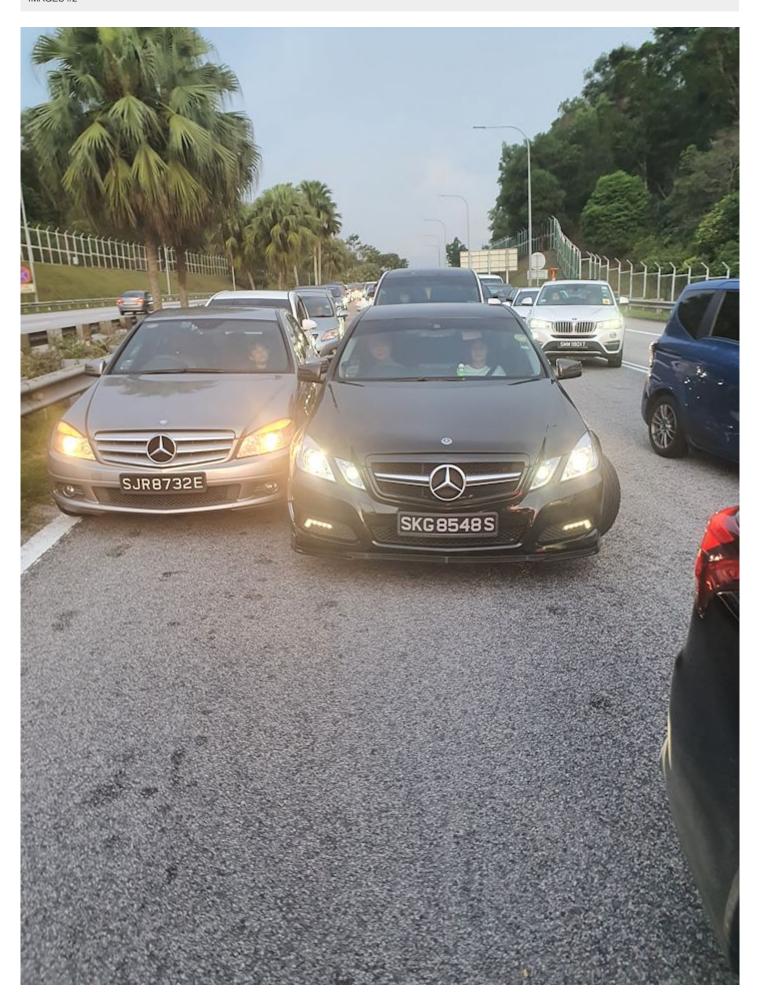
Pengadu Menyatakan :

Emel

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.

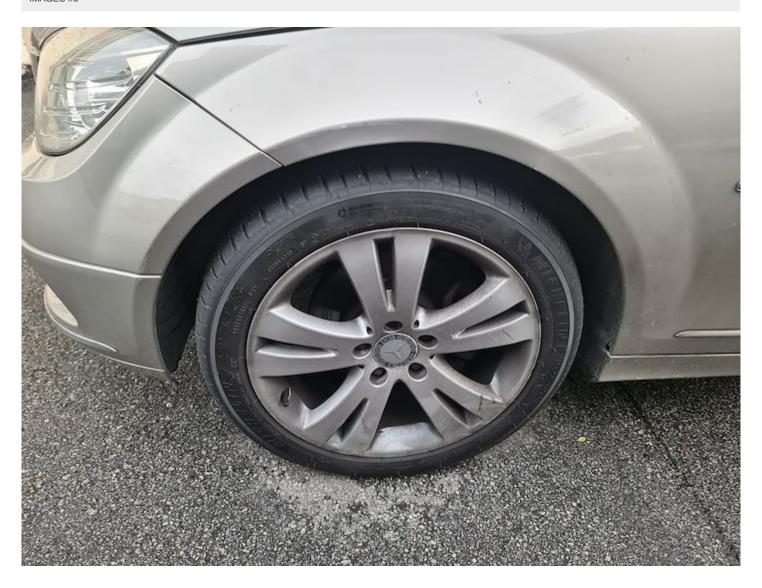
Tandatangan Pengadu:	Tandatangan Jurubahasa(Jika ada):	Tandatangan Penerima Repot:
Z6'		-//
ID Pencetak Tarikh @ Masa	Cetak : R221805 20/08/2022 11:14:26 PM	9





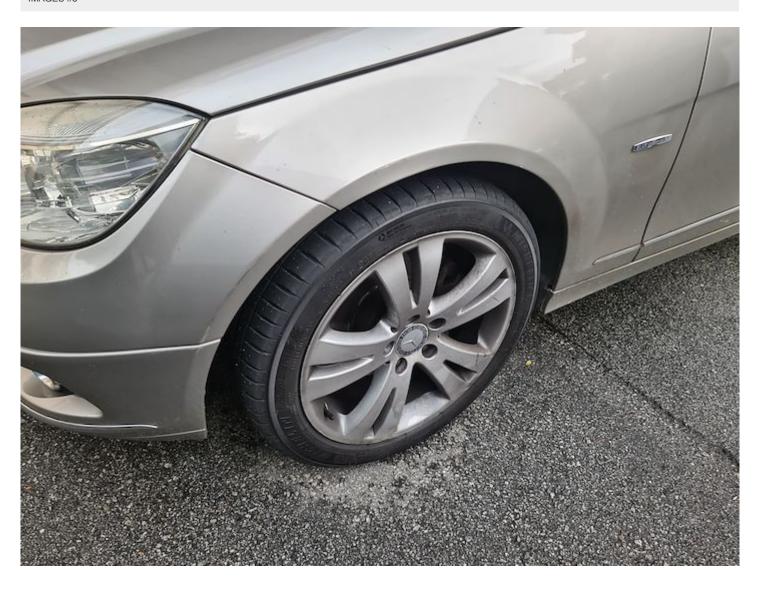
























POLIS DIRAJA MALAYSIA REPOT POLIS

Balai		: TRAFIK ISKAND	DAR PUTERI	Pegawai	Penylasat : R190	317
Daerah		: ISKANDAR PUT	ERI			
Kontinjen	1	: JOHOR				
No. Repo	t	: TRAFIK IPUTER	RI/008085/22			
Tarikh		: 20/08/2022				
Waktu		: 2309 PM				
Bahasa D	iterima	: B. Malaysia				
Butir-buti	r Penerir	ma Repot :				
Nama	100000	MAD HARITH AIMAN AHMAD	No. Badan : R	221805	Pangkat	: KONS/P
Butir-buti	ir Juruba	hasa (Jika Ada) :				
Nama	:		No. K/P (Baru) :	-	No. Polis/Tentera	:
No. Pasp	ort :		Bahasa Asal :	_		
Alamat	:					
Butir-buti	ir Penga	du :				
Nama		: TAN CHIANG NAM	А			
No. K/P (Baru)	: 700603045011	No. Polis/Tentera	: A1545809	No. Pasport	:
No. Sijil E	Beranak	:	Jantina	: Lefaki	Tarikh Lahir	: 03/06/1970
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Pekerjaar	n	: KONTRAKTOR				
Alamat T	inggal	: NO 13261 JALAN	RAJAWALI 7 BAND	AR PUTRA, 81	000 JOHOR	
Alamat Ib	uBapa	; 				
Alamat P	ejabat	:				
No. Tel (F	Rumah)	:	No. Tel (Pejabat)	:	No. Tel (Bimbit):01159837137

Pengadu Menyatakan:

Emel

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:	andatangan Jurubahasa(Jika ada):	Tandatangan Penerima Repot:
<u>B</u>		1/2
ID Pencetak Tarikh @ Masa Cetak	: R221805 20/08/2022 11:14:26 PM	9