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 05/10/2022 12:59 (SGT) Reported by Driver Date of Accident 04/10/2022 06:05 (SGT) Exact Location of Accident Bukit Batok Street 32, Singapore Additional Location Information **CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC6341X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AEDGE HOLDINGS PTE. LTD. Company Reg No 2XXXXX323E Email Address william@aedge.com.sg Mobile Phone No (Phone) +65-91460806 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace 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 - Reporting only Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNA00009052203

2982

DRIVER

CC

Name of Driver **ROSLINOR BIN MAZLAN** NRIC No SXXXX488G Date Of Birth 23/03/1960 Occupation Outdoor

Date Of Driving Pass 08/05/2001 Driving experience 21 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-87557037 Alt. Phone Number Email Address william@aedge.com.sg Address BLK 337 BUKIT BATOK STREET 34 #04-06 Address complement Postcode 650337 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 No Collision Weather Conditions **DRIZZLING** Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20221004/2019 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **UNKNOWN**

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.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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 the report being made available aforesaid.
- B. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
 - 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 Percanal 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:
 - 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: NRIC/FIN No.:

| | | B- UNFROMIN COI. |
|--|------------------------------------|------------------|
| | R A B | 84. Bato K St 32 |
| | | Carpank |
| DESCRIBE CIRCUMSTANCE | | |
| * 10 | rof to police report * | |
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| DECLARATION I/We declare the foregoing partition of the control o | iculars are true in every respect. | aux orlus/2022 |

















1 of 3 Report No. T/20221004/2019

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

| REPORT OF | AT | RAFFI | CAC | CIDENT |
|-----------|----|-------|-----|--------|

| REPORT OF A TRAFFIC ACCIDENT | | Totalia Disa No. |
|--|---|--|
| Date/Time Report Made: 04/10/2022 10:45 | Vide Report No.: | Station Diary No.: 27 |
| Informant's Particulars | 一个人 | Marie Ma |
| Name of Informant: ROSLINOR BIN MAZLAN | Address: APT BLK 337 BUKIT B 650337 | ATOK STREET 34 #04-06 SINGAPORE |
| ID Type / ID No.: NRIC NO / S1443488G | Contact No.: Home/Office: | Mobile: 87557037 |
| Nationality: SINGAPORE CITIZEN | Email: | To be |
| | | |

Type of Informant: Date of Birth: Sex: Age: Driver 23/03/1960 62 Male Institution / School Name: Language: Race: Malay Driving Licence Information: Occupation: Date of Expiry: Class:

General Information of the Accident Type of Location: Date/Time of Drink Non-Injury Car Park Type of Accident Drive: Others Accident: 04/10/2022 06:05 No Location:

BUKIT BATOK STREET 32

Bus driver

| Weather: Drizzling | Road Surface: Wet | Road Speed Limit: |
|---|---------------------------------|-------------------------------|
| Traffic Flow: | Traffic Control: | Traffic Volume: |
| Type of Collision: Between Moving Vehicles | 3 - Side Swipe - Same Direction | Anyone conveyed by ambulance: |

| Details of V | ehicle involved | THE RESIDENCE OF THE PARTY OF T | City HUSSING CONTRACTOR | TO SECURE OF SECURITY | THE PARTY NAMES | 17日 日本 |
|--------------|-----------------------|--|-------------------------|-----------------------|-----------------|--|
| Vehicle No. | Type M | ake | Model | Color | Condition | No of Passenger |
| PC6341X | Bus/Coach/Mi nibus | | | | No Damage | 0 |

| Details of Person Involved | 中国的特殊的 不是用的的复数形式的 |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999



Report No. T/20221004/2019

CONTINUATION OF REPORT

| Driver Name | ROSLINOR BIN MAZLAN | | ID No. | M | S1443488G | |
|-----------------|-----------------------------|-----|-------------------------------------|-----------|-----------------------------------|--|
| Related Vehicle | PC6341X (Bus/Coach/Minibus) | | Conta | ct No. | 87557037 | |
| Hospital/Clinic | NIL | | Class Drivin Licent Explry | g >e & | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL Date Dis | | | harge | NIL | |
| | ted Medical Leave | NIL | Degree of | finjury | NIL | |

Brief Details.

On 04/10/2022 at about 0605hrs, I was driving a minibus and had parked into one of the parking lots. Subsequently, I drove out from the parking lot and the driver of the car parked beside me then homed at me. I then checked my sideview mirror and noticed the minibus was close to the car but did not hit the car. I then reversed back and to adjust and drove out from the parking lot again. The car driver then signaled me to stop by pressing on his car high beam. I then reverse back and approached the driver who is a male Indian in his 30s. The driver then told me that my minibus hit the side of his car. He then showed me damages like scratches and paint chipped off. However when I looked at the damages, it was old damages which I believed it was not caused by my minibus and there was no damages to my minibus. However the car driver insisted that I hit onto his car. I then told the driver that I need to go to work but the driver stopped me. After a while, I then managed to drive off as I have passengers to pick up. After picking up the passengers and sending them, my company called and enquired if I had involved in an accident. I then told them that I did not hit the car and it is an allegations against me. I wish to state I did not take the driver's particulars as I was in a hurry and I did not hit the car. The minibus is equipped with in-car camera but I have yet to see the footage as it can only be retrieved by the office. I wish to state that I had also received a call from IO Zul who advised me to lodge a police report.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 T/20221004/2019

TIZOZZ TOO NZO TO

Report No. T/20221004/2019

3 of 3

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

SR STAFF SGT MUHAMMAD RIDHWAN BIN BORHAN D

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case: TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN Contact No.: 65476219

NP168

| | | * |
|--------------------------------|----------------|---|
| Date/Time: 04/10/2022 10:45 | 4,6 | |
| Classification Of Case |) : | |