SN0822C20006 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/12/2022 12:46 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/12/2022 12:46 (SGT))

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 02/12/2022 12:46 (SGT) Reported by Date of Accident 28/11/2022 13:00 (SGT) Exact Location of Accident Jalan Serampang, Taman Sri Tebrau, Johor Bahru, Johor, Malaysia Additional Location Information ALONG KSL CITY JOHOR BAHRU Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP6574T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHEA SIN (XU XIN) NRIC No SXXXX230E Email Address kennychea@yahoo.com.sg Mobile Phone No (Phone) +65-90189119 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Rush 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 1495

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00084722203

DRIVER

Name of Driver CHEA SIN (XU XIN) NRIC No SXXXX230E Date Of Birth 15/07/1973

Occupation Indoor Date Of Driving Pass 13/05/1998 Driving experience 24 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-90189119 Alt. Phone Number Email Address kennychea@yahoo.com.sg Address 63 PASIR RIS GROVE #01-07 Address complement Postcode 518216 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? Nο 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 FOREIGN VEHICLE 1 Vehicle Registration Number JSV691 Vehicle Category Private car PASSENGER 1 Name JERRY CHEA REE Gender Male PASSENGER 2 Name JESY CHEA HEE Gender Female PASSENGER 3 Name JESMIN CHEA MIN Gender Female PASSENGER 4 Name **GUO SUPING** Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name TRAFIK JOHOR BAHRU Was notice of intended Prosecution given? No

If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	

PLEASE REFER TO SKETCH PLAN AND TRAFIK JOHOR BAHRU (S)/025219/22

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 Vehicle Manufacturer	JSV691
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIN CHIA HUEI
Passport No/FIN	8XXXXXXX5181
Contact Number	(Phone) +60-127272954
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

MPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as truthful and accurate as possible. Any willul management of a 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.
- 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 parties.
- 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 aforeseid.
- 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 ("CIA") may are parmitted 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 Monetery Authority of Singapore and any relevant government agency/sulfority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or deating with my claims including the settlement of the claims and any necessary avestigations 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 "Purposus")
- (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.

Policificiones Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

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Winassperty Reponing Contre Personnel
Diame in in ROCAD card

Sketch Plan

(A) SJP 6574-T

(B) JSV 691

JSCHALL SERAMPANG

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

Wenessed by Reporting Centre Person (Name as in NRIGID card)















11/28/22, 2:06 PM

IPRS



POLIS DIRAJA MALAYSIA REPOT POLIS

: TRAFIK JOHOR BAHRU(S) Balai : J/BAHRU SELATAN Daerah

Pegawai Penylasat : R104724 No. Repot Bersangkut : TRAFIK JOHOR BAHRU(S)/025219/22

: JOHOR Kontinjen

: TRAFIK JOHOR BAHRU(\$)/025220/22 No. Repot

Tarikh : 28/11/2022 Waktu - 1344 PM Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

: KONST/P Nama : MUHAMMAD ARIF BIN No. Badan : R220237 Pangkat

MUSTAFHA

Butir-butir Jurubahasa (Jika Ada):

No. Polis/Tentera : ---No. K/P (Baru) : ---Nama

Bahasa Asal : ---

Pasport

Alamat

Butir-butir Pengadu:

: CHEA SIN Nama

No. Pasport : K0949052R No. Polis/Tentera : --No. K/P (Baru) Tarikh Lahir 15/07/1973 : Letaki Jantina No. Sijil Beranak : -: 49 Tahun 4 Bulan Keturunan : Cina Warganegara : SINGAPORE Umur

BERNIAGA Pekerjaan

Alamat Tinggal BLK 63 PESIR RIS FREVE #01-07, 518216 SINGAPORE

Alamat IbuBapa :---Alamat Pejabat :---

No. Tel (Bimbit) : 6590189119 No. Tel (Pejabat) :--No. Tel (Rumah) :---

Emel

Pengadu Menyatakan :

Tandatangan Pengadu:

PADA 28/11/2022 JAM LEBIH KURANG 1300HRS SEMASA SAYA MEMANDU MIKAR NO SJP6574T DARI KSL CITY HENDAK MENUJU SINGAPORE . APABILA TIBA DI JALAN SERAMPANG , SEMASA ITU SAYA BERHENTI UNTUK MEMBUAT PUSINGAN U DI HADAPAN , TIBA TIBA SEBUAH MIKAR NO JSV691 YANG BERADA DI BELAKANG SAYA TELAH MELANGGAR M/KAR SAYA DIBAHAGIAN BELAKANG. TIADA KECEDERAAN SEMASA KEMALANGAN . KEROSAKAN M/KAR SAYA DIBAHAGIAN (BELAKANG) ADALAH BUMPER . BONET . SENSOR . TAYAR SPARE DAN LAIN LAIN KEROSAKAN BELUM PASTI, SEKIAN LAPORAN DARI SAYA

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot.

ID Pencetak | Tarikh @ Masa Cetak : R104724 | 28/11/2022 02:04:13 PM

SALINAN YANG DISAHKAN BENAR (HANYAUNTUK TOY LIAN SIVIL)

**ETUA TRAFIK DAERAH, JOHOR BAHRU, JOHOR BAH

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