SN09231Q0009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/01/2023 11:54 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (26/01/2023 11:54 (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.

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 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 26/01/2023 11:54 (SGT) Reported by Date of Accident 24/01/2023 11:50 (SGT) Exact Location of Accident Malaysia Additional Location Information SOUTH EXPRESSWAY HIGHWAY FROM MUAR TO **SINGAPORE** Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW3777X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NICHOLAS WEE YONG LIANG NRIC No SXXXX483Z Email Address nicholas@masindologistic.com Mobile Phone No (Phone) +65-96566699 Alternative Phone No

VEHICLE PARTICULARS

Hyundai Model Avante 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 - Reporting only Vehicle Category Private car Transmission Auto CC

Manufacturer

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00091592200

1591

DRIVER

Name of Driver NICHOLAS WEE YONG LIANG NRIC No SXXXX483Z Date Of Birth 04/06/1991

Occupation Indoor Date Of Driving Pass 12/10/2012 Driving experience 10 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-96566699 Alt. Phone Number Email Address nicholas@masindologistic.com Address APT BLK 322 TAMPINES STREET 33 Address complement Postcode 520322 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 Raining Road Surface Wet 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 JSX3437 Vehicle Category Private car DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE 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**

JSX3437

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Colour - Vehicle Category Private category 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) -	Vehicle Variant	_
Name of Driver - Contact Number - Address - Saddress - Saddress complement - Saddress complement - Saddress company Name - Sad	Vehicle Colour	_
Contact Number	Vehicle Category	Private car
Contact Number	Name of Driver	-
Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -		-
Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Address	-
Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Address complement	-
Nature Of Damage Details of property damaged in accident	Postcode	-
Details of property damaged in accident	Insurance Company Name	-
	Nature Of Damage	-
	Details of property damaged in accident	-

SKETCH PLAN

IMPORTANT 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 aforesaid.
- 8. 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:
- (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 ma;
- (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)

2823

Sketch Plan SOUTH EXPRESSWAY HIGHWAY PROPY MUAR TO SINGAPORES

A B Skw 3-7-AX

B - JSX 3-4-3X

Wun2022

escribe Circumstance of the Accident
On 24/01/2023 around 11:50 am I was driving my vehicle
Skw 3777x from much south expressivery highway harding to
2003 1442 from much south expressiony highway handing to
Chopens . When I would get the odial
Slippeng. When I reach and the 84.9 km expressiony, Suddenly the
Venice mont of me lix 243+ change a lakely that I
CATIC ENPORE DUT I THE MIX PARMS ADDITION OF IT A PARMS OF THE
Bull of the Break on time cause he breaked suddenly. two luces
phill of the break on the cause he breaked Suddenly. Home I was
not injured and my vehicle has no damage.
, ,
N .
peclaration

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

Policyholdet Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name aslin NRIC/ID card)

vJun2022

2



POLIS DIRAJA MALAYSIA REPOT POLIS

Ba	- 1
D-71	71

: Jabatan KDN/KA

Pegawai Penyiasat

: R117942

SALINAN

Daerah

: Jabatan KDN/KA

No. Repot Bersangkut : TRAFIK BATU

Kontinjen

: BUKIT AMAN

PAHAT/001319/23

No. Repot

: TRAFIK BATU PAHAT/001323/23

Tarikh

: 24/01/2023

Waktu

: 1405 PM

Bahasa Diterima

: B. Malaysia

Butir-butir Penerima Repot :

Nama

: HUSSIN BIN SAFAR

No. Badan

Bahasa Asal

: R117942

: Cina

Pangkat

KETUA POLIS BALAI

AI POLIS AYER HITAM, JOHO! SEL: 07-7581222

Butir-butir Jurubahasa (Jika Ada) :

Nama

.

No. K/P (Baru) :--

No. Polis/Tentera :---

No. Pasport : --

Alamat

Butir-butir Pengadu:

Nama

: NICHOLAS WEE YONG LIANG

No. K/P (Baru)

No. Polis/Tentera :---

No. Pasport

Warganegara

: K17653032

No. Sijil Beranak :---

Jantina

: Lelaki Tarikh Lahir

: 04/06/1991 : SINGAPORE

Umur

: 31 Tahun 6 Bulan Keturunan

Pekerjaan : LOJISTIK Alamat Tinggal

: 214 JALAN DAMAI 2 TAMAN DAMAI MUAR JOHOR, 84000 JOHOR

Alamat IbuBapa

Alamat Pejabat

No. Tel (Rumah)

No. Tel (Pejabat)

No. Tel (Bimbit) : 065956699

Emel

Pengadu Menyatakan:

PADA 24/01/2023 JAM LEBIH KURANG 11:51 PAGI, SAYA MEMANDU MOTOKAR/WAGON NOMBOR SKW3777X DARI MUAR HENDAK BALIK SINGAPOGE MELALUI LEBUHRAYA PLUS. PADA KETIKA ITU, HUJAN LEBAT DAN JALAN LICIN, APABILA SAYA SAMPAI DI KM 84.9 L/RAYA ARAH (S), TIBA TIBA KENDERAAN DI HADAPAN SAYA NO PENDAFTARAN JSX 3437 TELAH BERHENTI SECARA MENGEJUT , SAYA CUBA ELAK DAN BREK TETAPI TERLANGGAR BELAKANG M/KAR TERSEBUT. SAYA TIDAK MENGALAMI KECEDERAAN. KENDERAAN SAYA TIDAK MENGALAMI KEROSAKAN. INILAH LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R117942 | 24/01/2023 02:20:57 PM

















POLIS DIRAJA MALAYSIA REPOT POLIS

Ba	- 1
D-71	71

: Jabatan KDN/KA

Pegawai Penyiasat

: R117942

Daerah

: Jabatan KDN/KA

No. Repot Bersangkut : TRAFIK BATU

Kontinjen

: BUKIT AMAN

PAHAT/001319/23

No. Repot

: TRAFIK BATU PAHAT/001323/23

Tarikh

: 24/01/2023

Waktu

: 1405 PM

Bahasa Diterima

: B. Malaysia

SALINAN

Butir-butir Penerima Repot :

Nama

: HUSSIN BIN SAFAR

No. Badan

: R117942

Pangkat

KETUA POLIS BALAI AI POLIS AYER HITAM, JOHO! SEL: 07-7581222

Butir-butir Jurubahasa (Jika Ada) :

Nama

.

No. K/P (Baru) :--

No. Polis/Tentera :---

No. Pasport : --Alamat

Bahasa Asal

Butir-butir Pengadu:

Nama : NICHOLAS WEE YONG LIANG

No. K/P (Baru)

No. Polis/Tentera :---

No. Pasport

: K17653032

No. Sijil Beranak :---

: 31 Tahun 6 Bulan Keturunan

Jantina

: Lelaki : Cina

Tarikh Lahir Warganegara

: 04/06/1991 : SINGAPORE

Pekerjaan

Umur

: LOJISTIK

Alamat Tinggal : 214 JALAN DAMAI 2 TAMAN DAMAI MUAR JOHOR, 84000 JOHOR

Alamat IbuBapa

Alamat Pejabat

No. Tel (Rumah)

No. Tel (Pejabat)

No. Tel (Bimbit) : 065956699

Emel

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Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R117942 | 24/01/2023 02:20:57 PM