SB0K23590002 / Borneo Motors Pte Ltd ENTRY DATE & TIME: 09/05/2023 10:41 (SGT) SUBMITTED BY: Angela Tan VERSION: 1 (09/05/2023 10:41 (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 09/05/2023 10:41 (SGT) Reported by **Actual Driver** Date of Accident 06/05/2023 12:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS CHANGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Lexus

Auto

2500

Vehicle Registration Number SKS6962D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HENG SWEE KEAT NRIC No S1489995B Fmail Address IRENE SEE@PMO.GOV.SG Mobile Phone No (Phone) +65-63326703 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Gs250 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A300298220QMY

DRIVER

CC

Name of Driver MOHAMAD FAIZAL BIN HUSSIN NRIC No S8542310Z Date Of Birth 29/12/1985 Occupation Indoor

Date Of Driving Pass 01/12/2009 Driving experience 13 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98166336 Alt. Phone Number Email Address MOHAMAD_FAIZAL_HUSSIN@SPF.GOV.SG Address **BLK 785D WOODLANDS RISE** Address complement #05-60 Postcode 734785 Is the driver the policyholder? If No, Relationship of the Driver with the Insured SECURITY OFFICER Does Driver Own Other Vehicles? 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 Chain Collision Weather Conditions Clear Road Surface Dry 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name HENG SWEE KEAT Gender PASSENGER 2 Name CHANG HWEE NEE Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN. ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

SMR9287G
-
-
-
-
Private car
-
-
-
-
-
-
-
FRONT PORTION
2

DETAILS OF OTHER VEHICLE PROPERTY 2

Will Borry at No. 1	
Vehicle Registration Number	SGU4268A
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	REAR PORTION
No. Of Passenger (Including Driver)	1

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 Actual 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.
- 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.
- 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.
- 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/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.

A

icyholder's Signature / Date & Time	& Time (If driver	is not the policyholder) / Witnessed by Re (Name as in NRI	
etch Plan			
	PIE towards	Changi	
:			48
	— BX		==
		A)C> D	
A - SKS 6962			
A - SKS 6962		C - SGU 4268 A	

Describe Circumstance of the Accident
Refer to Police Report. T/20230506/7643 + T/20230508/7055/W
T 2023 0506 7043
720230508 F055 W

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (if driver) and the policyholder) / Date & Time

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

2





1 of 3 Report No. T/20230506/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2023 16:32		Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars				
Name of Informant: MOHAMAD FAIZAL BIN HUSSIN			Address: 785D WOODLANDS R	ISE #05-60 SINGAPORE 734785		
ID Type / ID No.: NRIC NO / S8542310Z			Contact No.: Home/Office:	Mobile: 98166336		
Nationality: SINGAPORE CITIZEN		Email: Mohamad_Faizal Hus	sin@spf.gov.sg			
Sex: Age: Date of Birth: Male 37 29/12/1985			Type of Informant: Driver			
Race: Malay		Language: English				
Occupation: Police officer		Driving Licence Informa Class:	ation: Date of Expiry:			

General Infor	mation of the Accident			MATTER BEATONS
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 06/05/2023 12:20	Type of Location: Straight Road
Location:	1.1.	- Hartreen		
PIE towards (
Lamp Post No Weather:	umber; 1050	Road Surface:		
Clear		Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	sion: ring Vehicles - Head To	Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGU268A	Car		Attarage			0
SKS6962D	Car	LEXUS	GS250	Grey	Slightly Damaged	0



T/20230506/7043

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20230506/7043

CONTINUATION OF REPORT

Details of Perso	n Involved		No.	-8	
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL	Use of Pe	edestriar	Cross	sing: NA
Driver					
Name	PANG XU XIAN			5	S8520397E
Related Vehicle	SGU268A (Car)			ict No.	96920195
Hospital/Clinic	NIL			of g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
No. of Days gran	ted Medical Leave NIL	of	NIL		
Driver		S-100/11	3- 3		
Name	MOHAMAD FAIZAL BIN HUSSIN			Ñ.	S8542310Z
Related Vehicle	SKS6962D (Car)			ct No.	98166336
Hospital/Clinic	NIL			of g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	
No. of Days gran	ted Medical Leave NIL	Degree o	f	NIL	

Brief Details

I am a Police Officer attached to Police Security Command.

On 6/5/2023 @ 1220hrs, while performing active escort duty driving SKS6962D in a motorcade travelling along PIE towards Changi, lamp post no.1050/1, While driving at the 1st lane, front vehicle SGU4268A white Attrage Mitsubishi did not manage to stop in time due to accident ahead thus driver perform emergency brake.

I manage to slow down and to stop the vehicle SKS6962U, the follow on Security vehicle SMR9287G(QX2034L) did not manage to stop in time and collided into the rear of SKS6962U thus it move forward to collided to SGU4268A.

SKS6962D sustained damages to the rear bumper, bonnet and front bumper, SGU4268A sustained damaged to the rear bumper.

No one was injured in this collision.





3 of 3 Report No. T/20230506/7043

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2023 16:32
Officer In Charge Of Case: TP / TPIB / GOH WEI LI Contact No.: 65476394	Classification Of Case:
This report is lodged at Toa Payoh NPC Kiosk 1	





Report No. T/20230508/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2023 14:58		/lade:	Vide Report No.: T/20230506/7043	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: MOHAMAD FAIZAL BIN HUSSIN			Address: 785D WOODLANDS RIS	E #05-60 SINGAPORE 734785	
ID Type / ID No.: NRIC NO / S8542310Z			Contact No.: Home/Office: Mobile: 98166336		
Nationality: SINGAPORE CITIZEN		EN	Email: Flameramer85@gmail.co	m	
Sex: Male	Age: 37	Date of Birth: 29/12/1985	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Police officer			Driving Licence Information Class:	on: Date of Expiry:	

General Infor	mation of the Accident	CITY OF THE CONTRACT OF		STATE OF THE STATE
Type of Accident:	Power Wontell		Date/Time of Accident: 06/05/2023 12:20	Type of Location: Straight Road
Location: PAN ISLAND	EXPRESSWAY			
Weather: Clear		Road Surface: Dry	10	
Traffic Flow: Traffic Control: One Way Not Controlled			12	Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head To f	Rear		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGU4268A	Car	MITSUBISHI	Attrage	White	Slightly Damaged	1
SKS6962D	Car					0
SMR9287G	Car	ТОУОТА		Silver	Slightly Damaged	2





2 of 3 Report No. T/20230508/7055

CONTINUATION OF REPORT

Details of Perso	n Involved		III i emale esta			
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	AND THE SAME	SOF SOF FROM	THE SHARE	8 0 8	Tree	TESTINE IN
Name	MOHAMAD FAIZAL BIN HUSSIN		I	ID No.		S8542310Z
Related Vehicle	SKS6962D (Car)			Contact No.		98166336
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL I		Date	The second second		
No. of Days granted Medical Leave		NIL	Degree of	egree of N		

Brief Details.

This report is to make amendments to report vide T/20230506/7043.

Related vehicle: SGU268A(Car), correct vehicle number is SGU4268A(Car)

In brief details, Para 2: Vehicle number SKS6962U, correct vehicle number is SKS6962D

Para 3: Additional vehicle: SMR9287G (QX2034L) Sustained damages to the front right of the vehicle.





3 of 3

Report No. T/20230508/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. Date/Time: 08/05/2023 14:58			
Signature Of Interpreter: Not applicable				
Officer In Charge Of Case: TP / TPIB / GOH WEI LI Contact No.: 65476394	Classification Of Case:			
NP168				