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 First Submission 29/11/2024 18:45 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 28/11/2024 19:30 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG PIE BEFORE STEVENS EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Yes

Vehicle Registration Number SLM9895P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOCK LAI YEE NRIC No S1645842B Email Address lockly@msn.com Mobile Phone No (Phone) +65-96789187 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volvo Model Xc60 Variant XC60 T5 - B4204T

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?

Vehicle Category Private car Transmission Auto CC 1969 Vehicle Fuel Petrol First Regisration Date 19/04/2017

Chassis no YV1DZ40LDH2125439 Effective Date/Time of Ownership 19/04/2017 08:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100507765-07

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	TAN YI FEI S9331162J 31/08/1993 Indoor 17/04/2014 3 Valid 10 YEARS AND 7 MONTHS Male (Phone) +65-96789187 - yifei_tan@hotmail.com 985 BUKIT TIMAH ROAD #04-07 - 589627 No Child
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Property Raining Wet
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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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 Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
REFER TO ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Vas

Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CMN12.420.7
Note: A second of the second o	SMN3420Z
	BMW
Vehicle Model	X3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SU WENJIE BRANDON
NRIC No	S8620368E
Contact Number	(Phone) +65-93686261
Address	365 CORPORATION DRIVE #08-401
Address complement	-
Postcode	610365
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	YP8721U Mitsubishi Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MANI
Contact Number	(Phone) +65-84973742
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SINGAPORE ACCIDENT STATEMEN	IT
IMPORTANT NOTICE 1. Complete and submit this Form to Allied World's Author 2. Please report correctly the details of the socident to speed up 3. This Form must be completed by the Policyholder and/or the	the claims process. Authorised Driver-
 information provided must be so truthful and accurate as possinsurance companies to repudiate policy liability. 	sible. Any wiful misrepresentation or withholding of material facts may allow
The issue and acceptance of this Form by Insurance compan Any false reporting may be referred to the Traffic Police D	ies is not an admission of policy liability on the part of the insurance companies. spartment for investigation.
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 28" NOV 2029Time: 7:30 PM
Exact Location of Accident	Along PIE see before stores Exit
DETAILS OF OWN VEHICLE	0
Vehicle Registration Number	SLM 9895 P
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cart.)	- Lock lai Yee
Personal Identification - NRIC (SingaporearVPR)	C16458428
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer VOVO Model XCGO
Type of Vehicle*	Saloon OMPV OCRV OVan OLorry
	Bus Mcycle Others,
Exact Purpose for which vehicle was being used at time of	private use.
scrident Are you claiming under your own insurance policy for repair	Yes No (If No,Pie select: OThird Party Reporting
your vehicle? Vehicle Category*	Private Commercial Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AIG
Type of Policy	Comphensive Third Party Fire & Theft TP Only
Fleet Policy	O Yes O No
Policy Number	
Motor CI	
DRIVER	Same as insured above
Name of Driver	Tun Vi Fei
Personal Identification - NRIC (Singaporean/PR)	593311623
- FIN/Passport Number	
Date of Birth	3\ dd/ 08 mm/ [443/yy
Driving Date Pass	17 dd/ 64 mm/ 14 /yy
Year of Driving Experience	Year(s) Month(s)
Occupation	1 Indoor Ouldoor
Gender	Male Female
Contact Number / Mobile Phone / Fax No.	96189187

Address of Driver	.0	kit Timal Road \$64-67 Postcode (589 (27
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V. C	or Chutmail. com
Email Address	O Yes	
Was driver an employee of the Insured's Company?	4.000	€) wo
If No, Relationship of the Driver with the Insured	Son	Ø No
Vehicle Registration Number of Driver's Own Vehicle Registration Number of Driver's Own Vehicle (if	O Yes	O NO
applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collison, Head-On collision, Side Swipe, Front to Rear)		nipe
Weather Conditions	Clear	Reining Others,
Road Surface	O Dry	Wet Others,
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	O Yes	⊘ No
Was any body injured in the accident?	O Yes	Ø No
Was any other vehicle or property damaged?	Ø Yes	○ No
Was there any video captured by Car Camera?	Ø Yes	○ No
Number of Passengers (Including Driver)	1	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	O Yes	No (If Yes, please state which Police Station.)
Police Station Name		
Police Station Address		
Police Stalion Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	O Yes	No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SMN3	420 2
Vehicle Make/ Model/ Colour	BMW	×3
Details of Properties		
Name of Driver	SU WI	ENJIE BRANDON
Personal Identification - NRIC (Singaporean/PR)		203685
- FIN/Passport Number		
Contact Number	9368	6261
	365	COP Portation Drive \$108-401
Address	Singra	re 610365
Name of Insurance Company	1 200	
Nature of Damage		

	1
Address of Driver	Postcode (
Email Address	
Was driver an employee of the Insured's Company?	○ Yes ○ No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	Yes No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collison, Head-On collision, Side Swipe, Front to Rear)	
Weather Conditions	Clear O Raining Others,
Road Surface	O Dry Wet Others
OTHER INFORMATION	
Was any foreign vehicle involved in this accident?	Yes No
Was any body injured in the accident?	Yes O No
Was any other vehicle or property damaged?	○ Yes ○ No
Was there any video captured by Car Camera?	○ Yes ○ No
Number of Passengers (Including Driver)	
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	Yes No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	Yes No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	YP 8721U
Vehicle Make/ Model/ Colour	Mitsubish: Fuso Lorry
Details of Properties	
Name of Driver	Mani
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	84973742
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

Page 2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance or companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GA 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

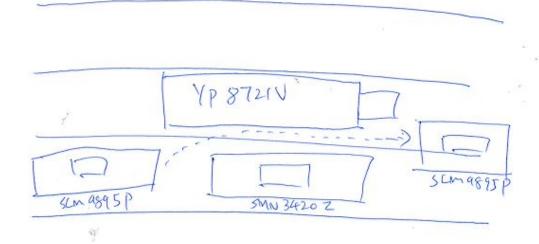
Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre

Personnel

Sketch Plan



1115 8	tude in a traffic jum for me close to an hour. The weather
03 1.05	. It is slight dright, I am in the officere right lane of t
and the	A Charles of the state of the west of the same of the same
road. The	in itent was that on which was as the at rest on the mint may
grove The	1 is 1 1 15 in while doils of the other of
he lorry the afterne	with a slight drezzle. I was in the extreme right lane of the treats is was extremely slow and was mostly stationary. My last meminarish was that my vehicle was so the out rest on the right-mas I passed out and tound passed my vehicle slighty attent about a und the corresponding sides at my which and the corresponding sides at my which and the corresponding sides at my which and the corresponding sides
7	*
19	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

		_	_					-
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UNDERTAKING
I, $\sqrt{\text{An Ki Fei}}$, (NRIC No. $\sqrt{\text{S} 93811627}$, hereby confirm that the Singapore Accident Statement lodged by me on 291112024 at $15:16$ hours pertaining to the accident involving motor car Reg. No: $\sqrt{\text{SLM} 9895P}$ in which I was the driver are true and accurate to the best of my knowledge, information and belief.
I, Lock Lat. Yee , (NRIC No. S16458 42-B), am the owner of motor car Reg. No: SLM 9895P and the policyholder of policy no. 210050776507
We acknowledge that the insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions.
In the event that an unrelated/unreported third party property or injury claim arises or evidence emerges that: a) there is a breach of policy terms and conditions; and/or
 b) Cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions, we irrevocably jointly and severally undertake to absolve my insurer from all liability under the contract
of insurance and we further jointly and severally undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my /our receipt of a written demand from the insurers.
Name of Policyholder North Sales Sa
NRIC No. :3104387224 Date :29/11/2024
Signature Name of Driver Sq33(16) J
NRIC No. 29/11/2024



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : LOCK LAI YEE

Vehicle No.

: SLM9895P

Period of Insurance

: 19 Apr 2024 To 18 Apr 2025

Policy No.

: 2100507765-07

Engine/Motor No. Chassis No.

: B4204T111947394 : YV1DZ40LDH2125439 Endorsement No. Issued Date

: 02 Apr 2024 12:22

ABOUT THE COVER

Make/Model

: VOLVO XC60 T5 DRIVE E

Engine Capacity/Tonnage : 1,969.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) the reasynthiate. b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition Limitation as to use*

Mileage Condition

: Unlimited Mileage

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving fution, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LOCK LAI YEE - \$800 (Own Damage), \$800 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Wearnes Automotive Pte Ltd. Add: 249 Alexandra Road Singapore 159935 64304890 63789350

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1900, Part I/V of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485742

WEARNES AUTOMOTIVE - DL (V)

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

45 LENG KEE ROAD SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Danesh alf Sundra Sagran

78 Shenton Way #09-16 AIG Building S079120 | T:+65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.



POLICY SCHEDULE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Policy No. : 2100507765-07

Period of Insurance : 19 Apr 2024 to 18 Apr 2025 Issued Date : 02 Apr 2024 12:22

ABOUT THE POLICYHOLDER

: LOCK LAI YEE Name of Policyholder

985 BUKIT TIMAH ROAD Address

#04-07

SINGAPORE 589627

Occupation/Nature of Business: Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SLM9895P Engine Capacity/Tonnage: 1,969.00 CC

Chassis No. : YV1DZ40LDH2125439 Engine/Motor No. : B4204T111947394 Body Type : SUV

Seating Capacity: 5 First Year of Registration : 2017 : VOLVO XC60 T5 DRIVE E Make/Model

Hire Purchase Company/Employer's Loan : OCBC Bank Ltd

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car Insuring with COE/PARF : Yes Driver Restriction : NA

Person or Classes of Persons Entitled to Drive :

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$\$\$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition : Unlimited Mileage Mileage Condition Mileage Declaration

Limitation as to use

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tution, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with harry trade or business or use for any purpose in connection with Mort Trade.

Other Key Policy Benefits :

Act of God, PA Insured-\$100000, Key Replacement Cover Optional-\$2000, Less of Use 2000cc, Personal Effects-\$1000, Dealer + AIG Authorised Workshops, Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, In-Car Camera Excess Waher, Fixture and Accessories (Cosmetic)-\$5000, Medical Reimbursement-\$1000, Windscreen / Windows, Solar Film-\$1150, Loan Protection, PA to Authorised Driver / Unnamed Passengers-\$10000, Strike, Riots and Civil Commissions, NCD Protector

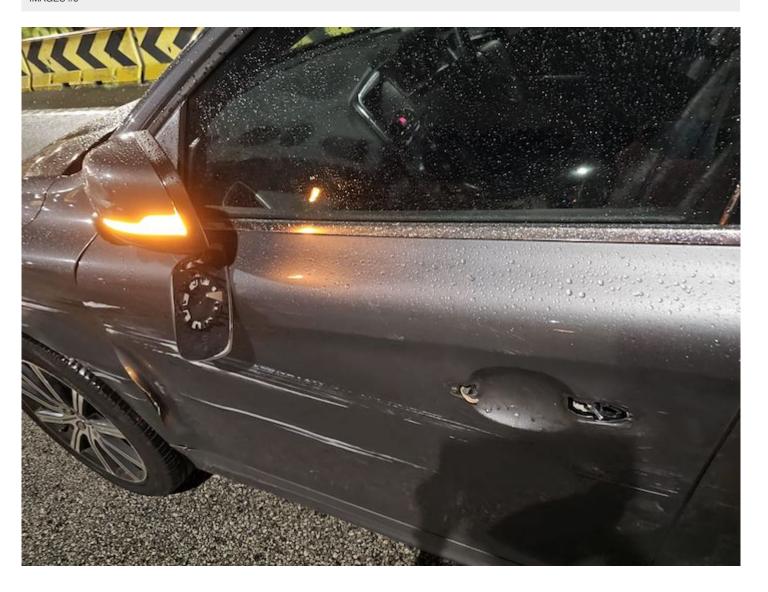
EXCESS	PREMIUM
Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800	Premium : \$ 1,259.13 GST (9%) : \$ 113.32
Section 2 Property Damage - \$0 Windscreen : \$100	Total : \$ 1,372.45
Named Driver LOCK LAI YEE - \$800 (Own Damage), \$800 (Flood Cover)	Your Premium includes the following discount(s): Safe Driver Discount - 5.00%, Multiple Policies Discount - 5.00%, Loyalty Discount - 10.00%, No Claim Discount - 50%

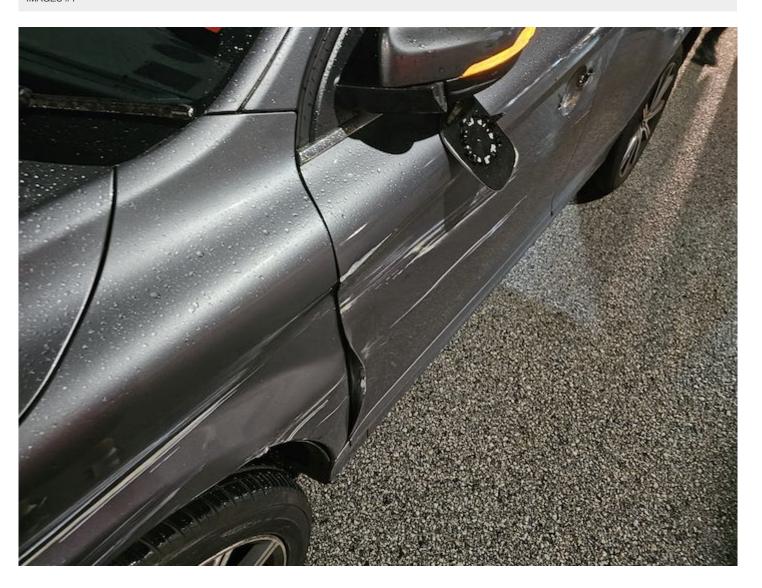
78 Shenton Way #09-16 AIG Building S079120 | T:+65 6419 3000 | www.aig.sg

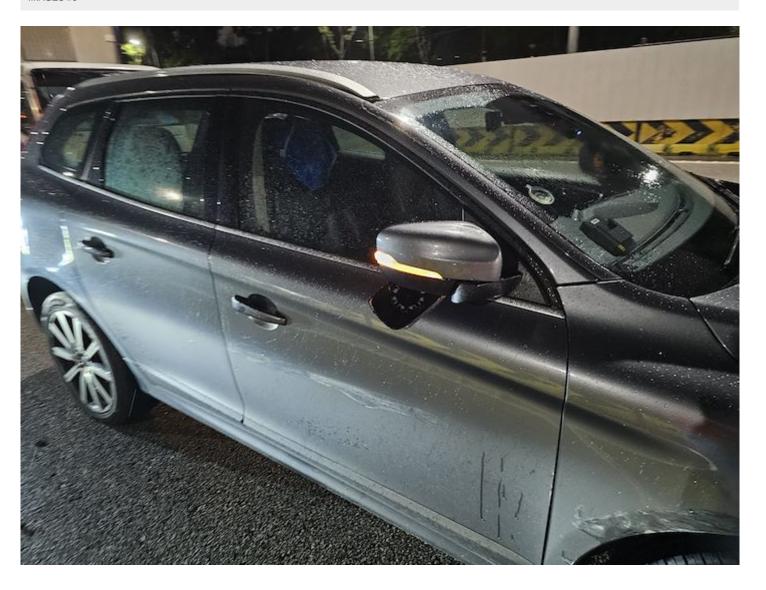
AIG Asia Pacific Insurance Pte. Ltd.

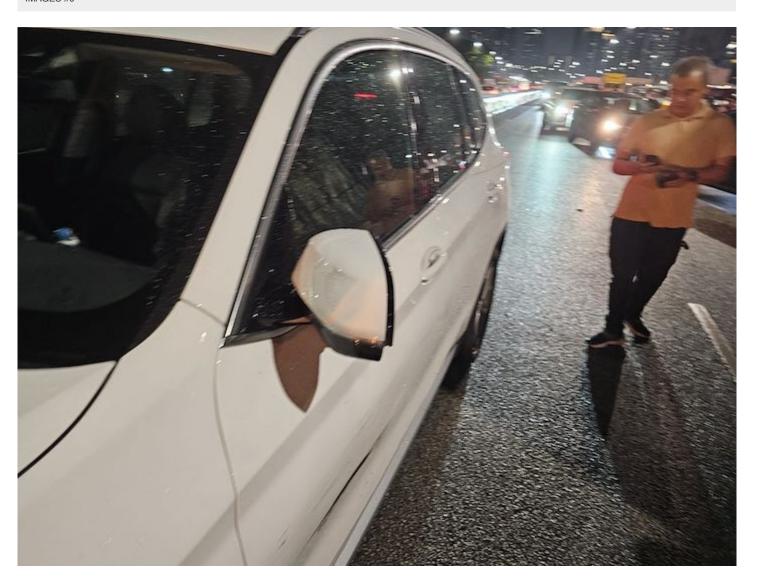




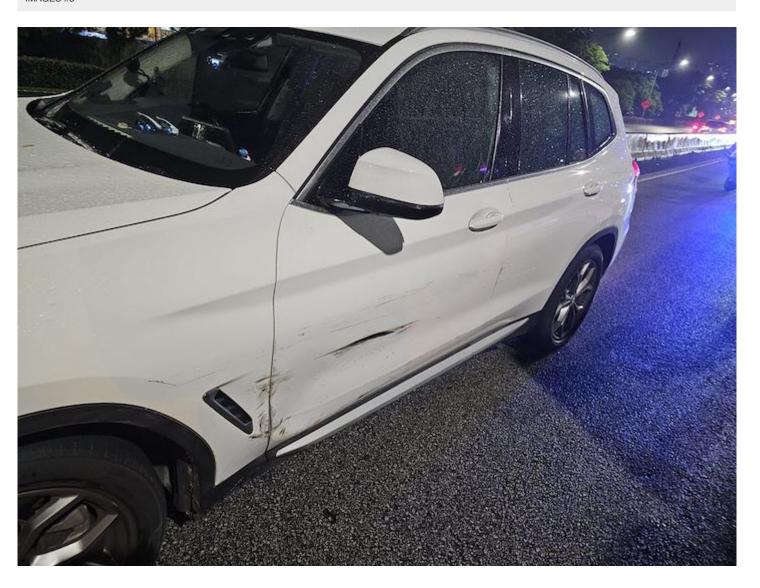


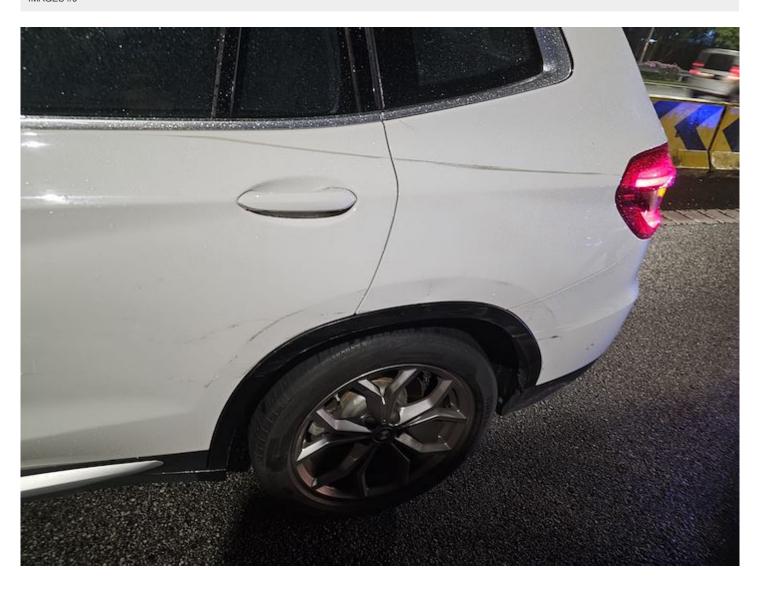












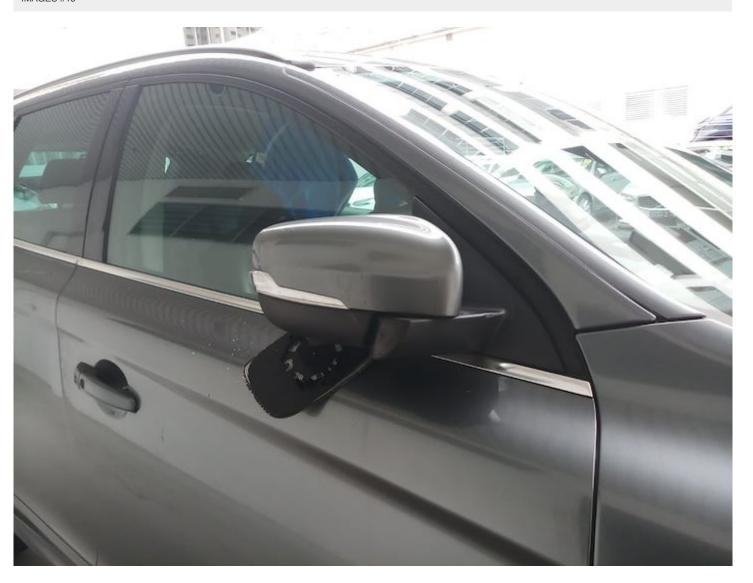










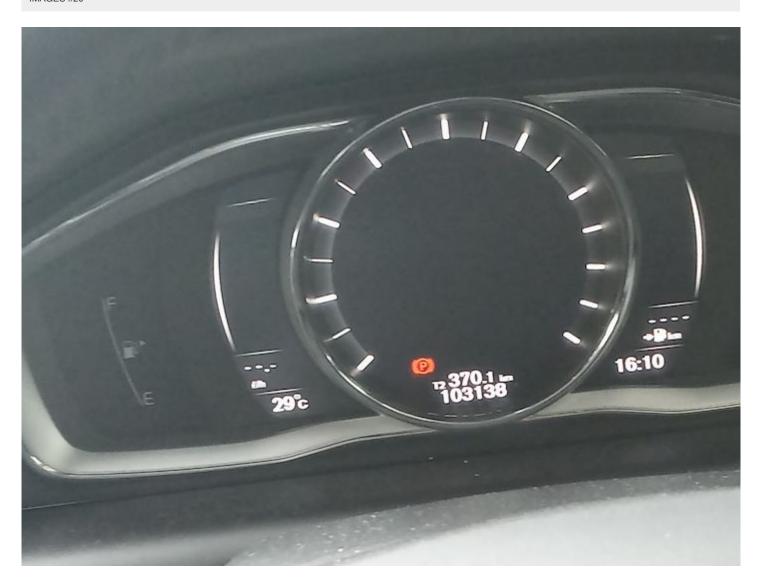














T/20241202/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241202/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 02/12/20	e Report Ma 24 10:39	ade:	Vide Report No.:	Station Diary No.:
Informan	t's Particular	8		
Name of Tan Yi Fe	Informant: ei		Address: 985 Bukit Timah Road #04-0	7 Maplewoods SINGAPORE 589627
ID Type / NRIC NO	ID No.: / S9331162	2J	Contact No.: Home/Office:	Mobile: 96789187
Nationalit SINGAPO	ly: DRE CITIZE	N	Email: yifei_tan@hotmail.com	ure on endour at upon to a femore or un
Sex: Male	Age: 31	Date of Birth: 31/08/1993	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation Multimed	on: ia designer		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2024 19:30	Type of Location Highway
Location: WHITLEY ROAD Weather:		Road Surface:		
		Road Surface;		
		Wet		
Drizzling Traffic Flow: One Way			Traf Hea	fic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLM9895P	Motor car					0
SMN3420Z	Motor car	BMW	Х3	White	Slightly Damaged	1
YP8721U	Lorry	MITSUBISHI	FUSO	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20241202/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241202/7019

CONTINUATION OF REPORT

Driver				100	E PRO	A TOTAL PARTY OF THE PARTY OF T
Name	Tan Yi Fei			ID No		S9331162J
Related Vehicle	SLM9895P (Motor car)			Conta	ict No.	96789187
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
No. of Days grant		Degree of Injury NIL				
Driver		THE REAL PROPERTY.		ALC: UNITED IN	DESCRIPTION OF THE PERSON OF T	
Name	SU WENJIE BRANDO	N		ID No.		S8620368E
Related Vehicle	SMN3420Z (Motor car)			Contact No.		93686261
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of		NIL	
Driver		A TOWN			10000	Vacable Name of the St.
Name	MANI			ID No		NIL
Related Vehicle	YP8721U (Lorry)			Conta	ct No.	84973742
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
	ed Medical Leave (MC)	NIL	Degree of		NIL	

Brief Details.

I was stuck in a traffic jam for close to an hour. The weather was wet with a slight drizzle. I was in the extreme right lane of the road. The traffic was extremely slow and was mstly stationary. My last memore before the incident was that my vehical was at rest. I subsequently passed out and found my vehicle slightly ahead of the lorry and the BMW. The sides of my vehicle and the corresponding sides of the aforementioned vehicles were damaged.



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



3 of 3 Report No. T/20241202/7019

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: 02/12/2024 10:39
Officer In Charge Of Case: TP / TPIB / SHARON YE JIAHUI Contact No.: 65476324	Classification Of Case:
NP168	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 046580 Tel (65) 6224 0010 Fax (65) 6224 0010 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5655500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

	Original Report No	>,,			Vehicle Kegistration				
	Name(as shown in NRIC) :	TAN	11	FEI	NRIC/FIN/Passpor	on No: STM989	4		
	(*Vehicle Driver/Veh	icle Owner	(*) Ple	ease delete a	s appropriate				
						Singapore()		
	Contact (Tel) :				Mobile No.:				
	Email Address :	20/11/2024			Time of Accident: 19:30 REFORE STEVENS EXIT				
	Date of Accident :	- 6	, ,	515	BEF PE	SKEVENS B	LIT		
	Place of Accident :	7000		1					
	Insurance Company:	MG					100000		
١	ADDITIONALINFORM	MATION /	MEN	MENTS:					
,	I have made a report	I have made a report on the above mentioned accident and would like to include additional information or							
	make the following a	mendment	S:						
		·		- 05	Roper & V	IDEO			
	ATTACHED	Loi	-10	E LE	1 0/01				
	(OMO)					KOMO TILA			
	CHOMO!								
	CONOT.					COMOTIVE COM			
	- CONOT	Alice and the second se							
					Reporting C		re		
	Policyholder / Drive	er's Signatur	re		Reporting C Name: NRIC/FIN NO	entre Personnel's Signatur	e		