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

- 5. Internation provided must be as distinct an additional provided must be as distinct and additional provided must be as distinct and additional provided must be as distinct and additional provided must be associated as distinct and additional provided must be associated as distinct and additional provided must be associated as distinct and additional provided must be as dis 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 18:56 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 28/11/2024 08:00 (SGT) Exact Location of Accident 2 Airport Rd, Singapore 539939 Additional Location Information KPE TOWARDS ECP AFTER TAMPINES ROAD EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNM8010J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN FEI LIN NRIC No. SXXXX678F Email Address angelinetan@flagshipfoods.com.sg Mobile Phone No (Phone) +65-93219819 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant **CROSS HYBRID**

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 1999 Vehicle Fuel Petrol-CNG First Regisration Date 30/06/2023 Chassis no ZVG111004538

Effective Date/Time of Ownership 30/06/2023 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd Policy Number / Cover Note Number MP322535

DRIVER

Name of Driver TAN FELLIN NRIC No. SXXXX678F Date Of Birth 01/01/1966 Occupation Indoor Driving Pass Date 21/08/1986 Driving License Pass Class Driving License Validity Valid Driving experience 38 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-93219819 Alt. Phone Number Email Address angelinetan@flagshipfoods.com.sg Address 134 PUNGGOL WALK Address complement #09-21 Postcode 828778 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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 PASSENGER 1 Name **FRICA TAY** Gender Female **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? Nο If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT T/20241202/7046

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 Vehicle Model	SGN3228J Toyota Corolla
Vehicle Variant	-
Vehicle Colour	Blue
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	ERICA TAY Female SNM8010J Yes No
Name of injured person	TAN FELLIN
Gender	Female
Phone No	-
Address	
Address Complement Post Code	-
Post Code Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SNM8010J Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Pisase report corrocally the distante of this accident to upsed up the claims process.
- 2. This Formmust be countleted by the Polleyholday motor the Authoria of Evigar,
- 3. Information provided must be as graphful stat accurate as possible. Any a first interspresentation or withholding of material tools may allow insurance companies to regulate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy lability 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 GM. Records Management Control established by the General Insurance Association of Singapore (GM) for archiving and that copies of this report will fer a fee be made swellable upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hareby consent to the archaving of this report at the centre and to copies of the report being made available afores aid.
- 8. Consent under the Personal Data Protection Act (PUPA)

Lunderstand, acknowledge, agree and consent that

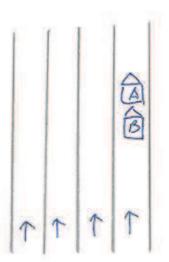
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") maytere permitted to collect, use, discloses and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and (rensfer such Personal Information to all insurers) who have insured vehicle(s) involved in this accident (all insurers) 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 purposers) of the surers' and the police of the purposers of the collective of the purposers of the purp
- (f) processing, handling and/or dealing with my claims including the saidlement of the claims and any necessary investigations relating to the claims.
- (ii) investigating the accident and/or my claims;
- (ii) 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 flaw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or rocce of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the hauters and/or GIA to their third party service providers or agents (including their law yers/law films), 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 Peporting Centre Personnel

Sketch Plan



KPE towards ECP

> A= SNM 8010J B= SGN 3228J

Describe Circumstances of the Accident Date: 28 nov 2014 I was driving to work with my daughter trice Tay. We work driving on KPE to towards Exp 9km mark, just after tampines Road exit at around 8-00cm The fact car There was wordt word peak how and 10 I was evuising enound to kem he and was focusing on the read and front car, the car in front of me Toyota. Attis SAN 32287 Suddenly brate, so I also brake and the next second I realize I was hit at the back by a Toyota Altis SEN 3008J. The impact was great. I fed unwell will consult Doctor later.

Declaration

W/le declare the foregoing particulars are true in every respect.

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



Winessed by Reporting Centre





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241202/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time 02/12/202	Report Ma 4 12:55	ade;	Vide Report No.:	Station Diary No.:
Informant	s Particular	8		
Name of Intan fei lin	nformant:		Address: 134 PUNGGOL WALK #09-21 ECC	OPOLITAN SINGAPORE 828778
ID Type / I NRIC NO	D No.: / S1705678	3F	Contact No.: Home/Office:	Mobile: 93219819
Nationality SINGAPO	: RE CITIZE	N	Email: angelinetan@flgshipfeeds-com-sg	angelinetan@flagshipfloods.com, s
Sex: Female	Age: 58	Date of Birth: 01/01/1966	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupatio Administra	n: 🦸 ition manag	ger	Driving Licence Information: Class: 3	Date of Expiry:

General Information	of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2024 08:00	Type of Location: Straight Road
Location: KALLANG PAYA L	EBAR EXPRESSWAY	(4/	d:
Weather: Clear	97	Road Surface: Dry-	4	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traf Hea	fic Volume: vy
Type of Collision: Between Moving V	ehicles - Head To Rea	ar .		one conveyed by sulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SGN3228J	Motor car	TOYOTA	corolla	Blue	Seriously Damaged	1
SNM8010J	Motor car	TOYOTA	cross	White	Seriously Damaged	1

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNM8010J	HL Assurance	MP322535	30/06/2024	29/06/2025



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



2 of 3 Report No. T/20241202/7046

CONTINUATION OF REPORT

Details of Person	Uvolved				
Any Pedestrian In	valved: Na	(X) ========		9.7	
No. of Pedestrians	Injured: NIL	Use of Pedest	rian (Crossin	g: NA
Driver					
Name .	RYAN ONG BOON LIANG	16	O No.		S9671820I
Related Vehicle	SGN3228J (Motor car)	C	conta	ct No.	NIL
Hospital/Clinic	NIL	L	Class Oriving icenc Expiry	9	Class; NIL Date of Expiry; NIL
Date Treatment	NIL	Date Discharg	90	NIL	
	ed Medical Leave (MC) NIL	Degree of Inju		NIL	
Driver			3011		
Name	TAN FEI LIN	11	D No.		S1705678F
Related Vehicle	SNM8010J (Motor car)		onta	ct No.	93219819
Hospital/Clinic	TOWN HALL CLINIC PTE LTD	E	Class Oriving icend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2024	Date Dischar	ae	29/11	/2024
	ed Medical Leave (MC) 04	Degree of Inju	×	Slight	
Passenger		E MARS STATE	É		
Name	ERICA TAY	11	D No		S9728111D
Related Vehicle	SNM8010J (Motor car)	C	Conta	ct No.	86921792
Hospital/Clinic	SHENTON MEDICAL GROUP	L	Class Drivin Licent Expiry	9	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Dischar	ae	29/11	/2024
	ed Medical Leave (MC) 03	Degree of Inju	-	Slight	CONTRACTOR OF THE PARTY OF THE

Brief Details

i was driving on the way to work with my daughter as passenger, driving along KPE nearing the 9km mark towards KPE tunnel the traffic was heavy and I was driving about 70km/hr. the car in front of me brake and so i brake when the car behind me hit into my rear, the front car was not hit by me as I brake in time and the driver drove away after checking to make sure that I did not hit his car. My car rear was badly damaged by the impact. My daughter and I were shaken and both of us had backache and whiplash the next day. We went to consulted GP and were given 3 and 4 days MC.



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



3 of 3

Report No. T/20241202/7046

CONTINUATION OF REPORT

te/Time: 12/2024 12:55
essification Of Case:

NP168