

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 Authorised Driver.
3. 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 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 Report | 08/11/2018 13:44 |
| Date Of Accident | 08/11/2018 07:25 |
| Exact Location Of Accident | CROSS JUNCT OF SEMBAWANG RD & YISHUN AVE 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | SLX5035Z |
| Insured/Policyholder | |
| Name Of Registered Owner | HITACHI CAPITAL ASIA PACIFIC PTE LTD |
| Co Reg No | 199400399N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98313369 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | WISH-1.8 (A) |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1800038735 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAY SENG WEE |
| NRIC No | S8224102G |
| Date Of Birth | 29/07/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/09/2002 |
| Driving Experience | 16 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98313369 |
| Fax Number | |
| Contact Number | |
| EEmail Address | ZHENG_CHENGWEI@ME.COM |

Address 315A YISHUN AVE 9 #12-206
 Postcode 761315
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

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 this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER AS ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ6746K
 Vehicle Make/Model/Colour MAZDA 3
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver NIE JIANJUN
 NRIC/Passport Number S7461042J
 Contact Number 98365169
 Address
 Postcode
 Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

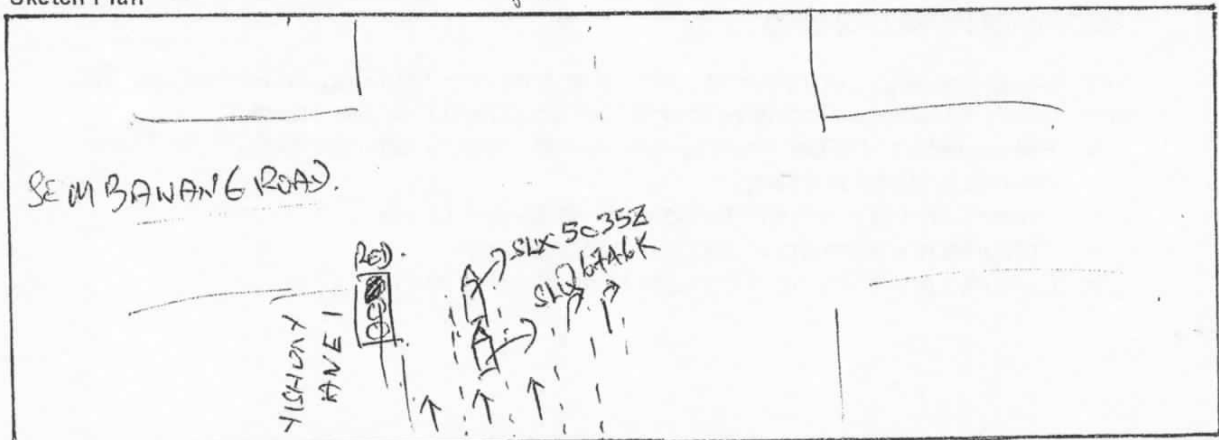


Policyholder's Signature / Date & Time

8/11/18
10.30am
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

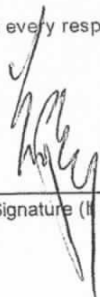
I stopped my vehicle at the traffic junction due to traffic light indicate 'Red'. The other party ^{SLD 6746K} did not observe the traffic light and caused the accident at the traffic junction of Kaulamang Road and YISHINI AVE 1.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 8/11/18
10.30am

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20181108/7032

1 of 3

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

Report No. T/20181108/7032

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 08/11/2018 22:38 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TAY SENG WEE | | | Address: APT BLK 315A YISHUN AVENUE 9 #12-206 SINGAPORE 761315 | | |
| ID Type / ID No.: NRIC NO / S8224102G | | | Contact No.: Home/Office: Mobile: 98313369 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: zheng_chengwei@me.com | | |
| Sex: Male | Age: 36 | Date of Birth: 29/07/1982 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Business development executive | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 08/11/2018 07:25 | Type of Location: X-Junction |
| Location: YISHUN AVENUE 1 | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: 50 Km/h |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|---------|-------|-------------------|-----------------|
| SLQ6746K | Car | MAZDA | Mazda 3 | Grey | Seriously Damaged | 2 |
| SLX5035Z | Car | TOYOTA | Wish | White | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--------------------------------------|--------------|-----------|-------------|
| SLQ6746K | AIG ASIA PACIFIC INSURANCE PTE. LTD. | | | |



**SINGAPORE
POLICE FORCE**



T/20181108/7032

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

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Report No. T/20181108/7032

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLX5035Z | AIG ASIA PACIFIC INSURANCE PTE. LTD. | AIG 1800038735 | 18/04/2018 | 17/04/2019 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Vehicle Owner | | | |
| Name | Nie JianJun | ID No. | S7461042J |
| Related Vehicle | SLQ6746K (Car) | Contact No. | 98365169 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Vehicle Owner | | | |
| Name | TAY SENG WEE | ID No. | S8224102G |
| Related Vehicle | SLX5035Z (Car) | Contact No. | 98313369 |
| Hospital/Clinic | ROYAL MEDICAL CENTRE | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 08/11/2018 | Date Discharge | 08/11/2018 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |

Brief Details.

I was travelling towards Mandai Road from Yishun Ave 1 for work. I had stopped my car (SLX5035Z) before the traffic light junction as the traffic light turned from Amber to Red. The other party SLQ6746K did not observe the traffic light and caused the accident at the traffic junction of Sembawang Road and Yishun Ave 1.

Front View Video Clip during the impact is available from my car camera



**SINGAPORE
POLICE FORCE**



T/20181108/7032

3 of 3

Report No. T/20181108/7032

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/11/2018 22:38

Classification Of Case: