#### 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 <u>truthful and accurate</u> 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.
- 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.

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|--|--------------------------------------|
|  | ACCIDENT STATEMENT                   |
| Date Of Report   | 19/03/2019 16:47                     |
| Date Of Accident   | 18/03/2019 23:00                     |
| Exact Location Of Accident   | T2 ARRIVAL DRIVE                     |
| Country/State of Loss  | SINGAPORE                            |
| C  | DETAILS OF OWN VEHICLE               |
| Vehicle Registration Number  | SLM6959J                             |
| Insured/Policyholder   |                                      |
| Name Of Registered Owner   | NEO R & R PTE LTD                    |
| Co Reg No  | 201026086E                           |
| Email Address  | NOEMAIL                              |
| Mobile Phone No  | (LOCAL) +65-96790493                 |
| Alternative Phone No   | OFFICE-96790493                      |
| Vehicle Particulars  |                                      |
| Manufacturer   | ТОУОТА                               |
| Model  | SIENTA 1.5X CVT                      |
| Exact Purpose for which vehicle was being used at time of accident           | WORK                                 |
| 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 HIRE                         |
| Insurance Company  |                                      |
| Name of Insurance Company  | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | 999994579                            |
| Cover Note Number  |                                      |
| Driver   |                                      |
| Name of Driver   | TAN ZHEN HUI                         |
| NRIC No  | S8235200G                            |
| D-4- Of Bloth  | 00/40/4000                           |

 Name of Driver
 TAN ZHEN HU

 NRIC No
 \$8235200G

 Date Of Birth
 23/10/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/06/2005

Driving Experience 13 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96790493

Fax Number

Contact Number OTHERS-96790493

EMail Address NOEMAIL

Address BLK 637C PUNGGOL DRIVE

#06-401

2

NO

NO

1

Postcode 823637

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

NO

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20190319/7004

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMG7692R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver TAN SEOW LIN
NRIC/Passport Number S1230819A
Contact Number 96275957

Address Postcode

Insurance Company Name

Page 2 of 32

# **DETAILS OF INJURED PERSON 1**

TAN ZHEN HUI Name

Approximate Age

Were seat belts worn?

Injuries Sustain BODY Injured person in which vehicle? SLM6959J

Was this injured conveyed to hospital by

ambulance?

Address Postcode

#### Sketch Plan

#### 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 Authorised 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.
- 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.
- The 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.
- By the lodgment 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)

l 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Page 4 of 32

#### Sketch Plan #2

| ETCH PLAN                            |   |  |
|--------------------------------------|---|--|
|                                      | 1 1   | TZ ARRIVAL DRIVE   |
|                                      | 11  |  |
|                                      | 1/2   | A-SLM6959J<br>B-SMG76921                                   |
|                                      |   |  |
| SCRIBE CIRCUMSTANCE                  | S OF THE ACCIDENT   | Xt   |
|                                      |   | DE60.  |
|                                      |   | Op/100 1100M   |
|                                      | 11.   | 10,01  |
|                                      | 1/he  | 03   |
|                                      | Der 40  | 010/2  |
|                                      | 10x / 2   |  |
| 2\9                                  | , , , , ,   |  |
| 1                                    | 3   |  |
| /                                    |   |  |
|                                      |   |  |
|                                      |   |  |
|                                      |   |  |
|                                      |   |  |
|                                      |   |  |
|                                      |   |  |
|                                      |   |  |
| LARATION  declare the foregoing part | iculars are true in every respect.  |  |
| QTE LTO                              | 1/4   | 1913/20  |
| of Senature                          | Driver's Steambarr  |  |
| wholder's Signature                  | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |

#### Sketch Plan #3





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

2 of 3 Report No. T/20190319/7004

#### CONTINUATION OF REPORT

| Driver           | CALLED COMPANIES     | anistation. | Service Control                    |         |                                   | 1 9 0 0 0 0 0 |
|------------------|----------------------|-------------|------------------------------------|---------|-----------------------------------|---------------|
| Name             | TAN ZHEN HUI         |             | ID No                              | ).      | S8235200G                         |               |
| Related Vehicle  | SLM6959J (Car)       |             | Conta                              | act No. | 96790493                          |               |
| Hospital/Clinic  | NIL                  |             | Class<br>Drivin<br>Licend<br>Expin | g       | Class: NIL<br>Date of Expiry: NIL |               |
| Date Treatment   | 19/03/2019 Date Disc |             |                                    | harge   | 19/03                             | /2019         |
| No. of Days gran | ted Medical Leave    | 03          | Degree of                          |         | Slight                            |               |

#### Brief Details.

On the stated time and date , i was stationary at the stated venue waiting for the traffic light to turn green. Suddenly , i felt an impact from the rear. I alighted and realised vehicle bearing carplate number ( SMG7692R ) had collided onto my vehicle rear portion causing damages to my vehicle. After the accident , i felt pain on my neck , shoulder and lower back thus i seek medical attention at intermedical clinic and was given 3 days mc.

#### Sketch Plan #4









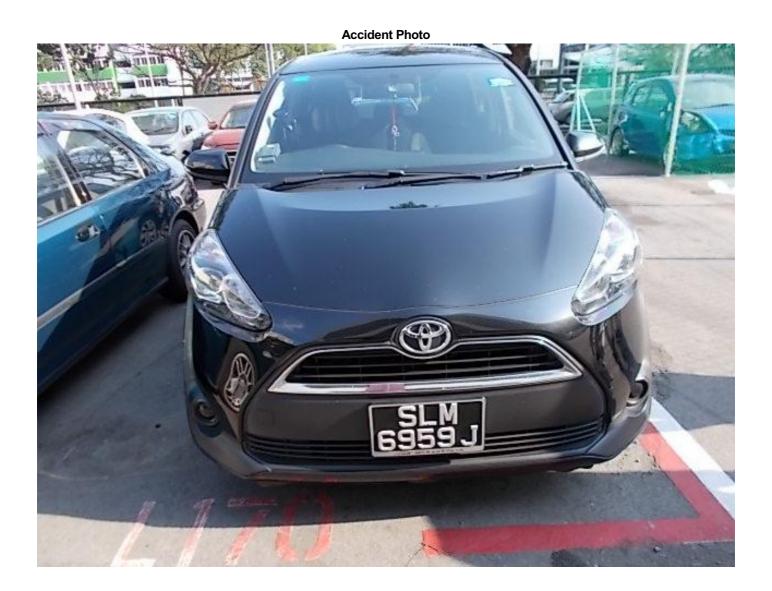




























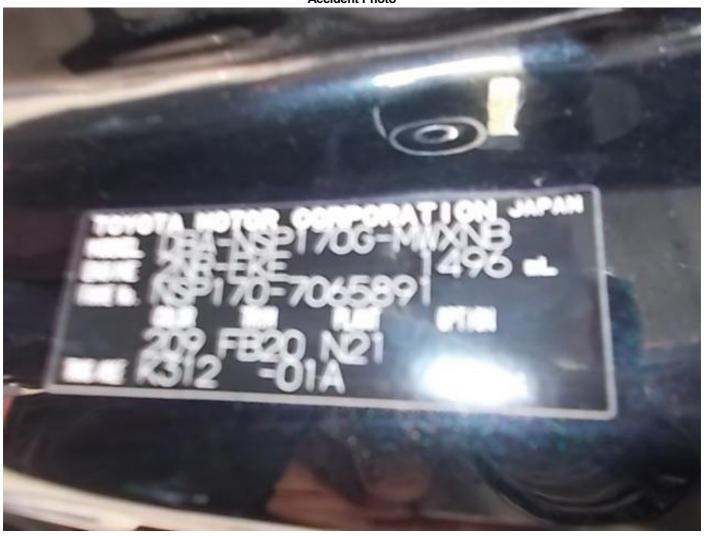


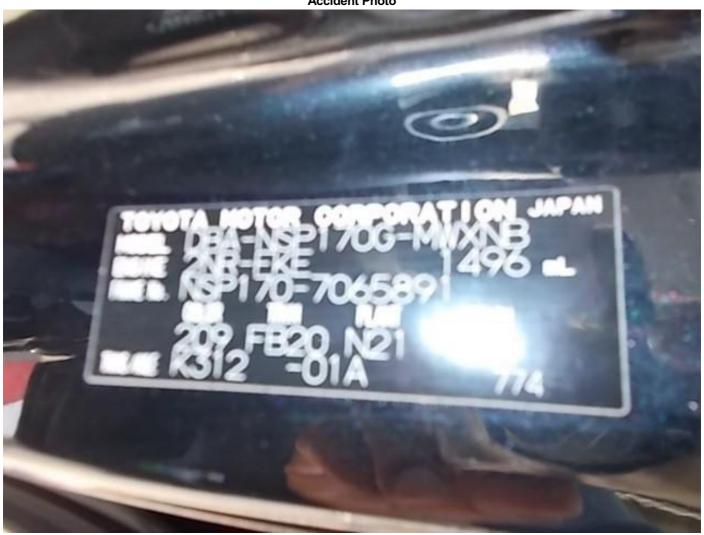


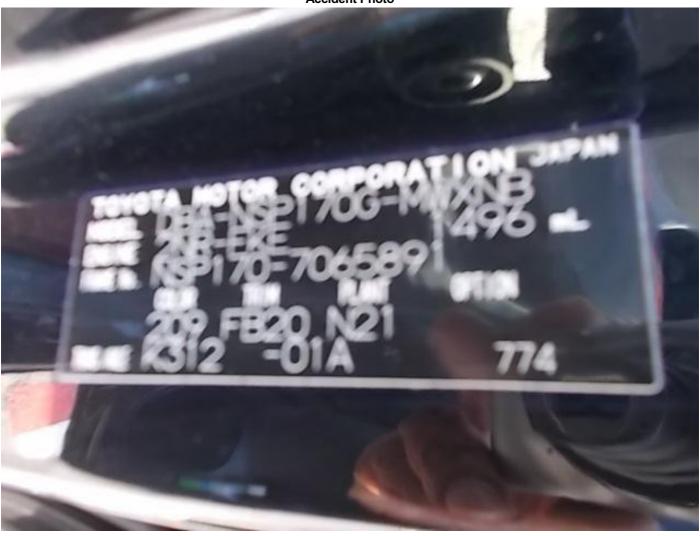












#### **Police Report**





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

1 of 3 Report No. T/20190319/7004

# REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made:<br>19/03/2019 11:15 |                      | Made:                     | Vide Report No.: Station I                                    |                            |  |
|--|----------------------|---------------------------|---|----------------------------|--|
| Informa                                    | nt's Partic          | ulars                     | A STATE OF STREET   | N AMERICAN STREET          |  |
| Name of<br>TAN ZH                          | Informant:<br>EN HUI |                           | Address:<br>APT BLK 637C PUNGGOL D                            | PRIVE #06-401 SINGAPORE    |  |
| ID Type / ID No.:<br>NRIC NO / S8235200G   |                      | 00G                       | 823637<br>  Contact No.:<br>  Home/Office:   Mobile: 96790493 |                            |  |
| Nationality:<br>SINGAPORE CITIZEN          |                      | EN                        | Email:<br>damien@oddtober.com                                 |                            |  |
| Sex:<br>Male                               | Age:<br>36           | Date of Birth: 23/10/1982 | Type of Informant:<br>Driver                                  |                            |  |
| Race:<br>Chinese                           |                      |                           | Language:<br>English  | Institution / School Name: |  |
| Occupation:<br>Grab Driver                 |                      |                           | Driving Licence Information:<br>Class:                        | Date of Expiry:            |  |

| Type of<br>Accident:                                 | Injury<br>Others     | Drink<br>Drive:<br>No                  | Date/Time of<br>Accident:<br>18/03/2019 23:00 | Type of Location<br>Straight Road  |
|--|----------------------|--|---|--|
| T2 ARRIVAL Weather:                                  | DRIVE                | Road Surface:                          |   | Road Speed Limit:  |
| Class  | Traffic Flow: Traffi |  |   | The state of the s |
| Traffic Flow:  |                      |  | -   | Traffic Volume:  |
| Clear<br>Traffic Flow:<br>One Way<br>Type of Collisi | 0                    | Traffic Control:<br>Traffic Light - Wo |   | Traffic Volume:<br>Heavy   |

| Details of Vehicle Involved |      |        |       |       |           | and the same of th |
|-----------------------------|------|--------|-------|-------|-----------|--|
| Vehicle No.                 | Туре | Make   | Model | Color | Condition | No of Passenger  |
| SLM6959J                    | Car  |        |       |       |           | 0  |
| SMG7692R                    | Car  | NISSAN |       | _     | -         | 0  |

| Details of Person Involved      | 2.75(P.61) 加克斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯  |
|---------------------------------|--|
| Any Pedestrian Involved: No     | THE RESIDENCE OF THE PERSON OF |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA   |

#### **Police Report**





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

2 of 3 Report No. T/20190319/7004

#### CONTINUATION OF REPORT

| Driver                               | And the same of the same of the | acd/torus | Control Control |                                   |            | 47 - 30 - 50 - 60 - 60 - 60 - 60 - 60 - 60 - 6 |
|--------------------------------------|---------------------------------|-----------|-----------------|-----------------------------------|------------|--|
| Name                                 | TAN ZHEN HUI                    |           | ID No           | ).                                | \$8235200G |  |
| Related Vehicle                      | SLM6959J (Car)                  |           |                 | Conta                             | ct No.     | 96790493                                       |
| Hospital/Clinic                      | NIL                             |           |                 | Class<br>Drivin<br>Licen<br>Expin | g          | Class: NIL<br>Date of Expiry: NIL              |
| Date Treatment                       | 19/03/2019 Date                 |           |                 | harge                             | 19/03      | /2019  |
| No. of Days granted Medical Leave 03 |                                 | Degree of |                 | Slight                            |            |  |

#### Brief Details.

On the stated time and date, i was stationary at the stated venue waiting for the traffic light to turn green. Suddenly, i felt an impact from the rear. I alighted and realised vehicle bearing carplate number ( SMG7692R ) had collided onto my vehicle rear portion causing damages to my vehicle. After the accident, i felt pain on my neck, shoulder and lower back thus i seek medical attention at intermedical clinic and was given 3 days mc.

#### **Police Report**





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

3 of 3 Report No. T/20190319/7004

#### CONTINUATION OF REPORT

| Sketch Plan  |          |    |         |        |      |
|--------------|----------|----|---------|--------|------|
| Informant is | not able | to | provide | sketch | plan |

NP168

| 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:<br>Not applicable   | Date/Time: 19/03/2019 11:15   |
| Officer In Charge Of Case:<br>TP / TPHQ /<br>WONG SIEU LUI<br>Contact No.: 65476151 | Classification Of Case:   |
| Authentication Stamp  | J   |