/3879 / Cycle & Carriage Automotive Pte Ltd - Pandan Gardens ATE & TIME: 28/08/2020 13:21 ED BY: Cheng Jo Jo

SINGAPORE ACCIDENT STATEMENT

MPORTANT 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 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

ACCIDENT STATEMENT

28/08/2020 13:21 Date Of Report

27/08/2020 20:05 Date Of Accident

CTE BEFORE BRADDEL **Exact Location Of Accident**

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SJX9133X Vehicle Registration Number

Insured/Policyholder

TAY HEE HUAT Name Of Registered Owner

NRIC No SXXXX575H

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90228476

Alternative Phone No. OFFICE-90228476

Vehicle Particulars

MITSUBISHI Manufacturer

OUTLANDER-2.0 (A) Model

Exact Purpose for which vehicle was being used at DROP OFF PASSENGER AT MBS

time of accident

Are you claiming under your own insurance policy

YES for repair to your vehicle?

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1800042163-01

Cover Note Number

Driver

Name of Driver TAY JEROLD

NRIC No SXXXX761E Date Of Birth 28/02/1996

Occupation INDOOR Date Of Driving Pass 22/12/2014

Driving Experience 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96487273

Fax Number

Contact Number OFFICE-62894212

EMail Address TAYJEROLD_96@YHAOO.COM.SG BLK 234A SERANGOON AVENUE 2 #02-139 SINGAPORE

551234

as driver an employee of the Insured's Company NO

f No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

CHILDREN

General Information of the Accident

Type Of Accident

Weather Conditions

Road Surface

CLEAR DRY

CHAIN COLLISION

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

YES

YES

NO

2

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: JOLIN TOH YIN QI

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

SERANGOON NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4880999 - FAX NO: 64883561

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACHMENT

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

YQ2337E

Vehicle Make/Model/Colour

ISUZA REWARD

Details Of Properties

Vehicle Category Name of Driver

Contact Number

COMMERCIAL VEHICLE

NRIC/Passport Number

GXXXX859N

HURAIDA ABU

82811532

code

surance Company Name

Vature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2:

Vehicle Registration Number

SGZ76L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHANG CHEE HENG, TERRY

NRIC/Passport Number

Contact Number

81256606

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

II DETAILS OF INJURED PERSON FI

Name

UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

YQ2337E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

. _ _

ambulance?

YES

Address

Postcode

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.
- 3. 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>.
- 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.
- 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)

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:
 - 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:
 - (i) 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Policyholder's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

i re / Ce

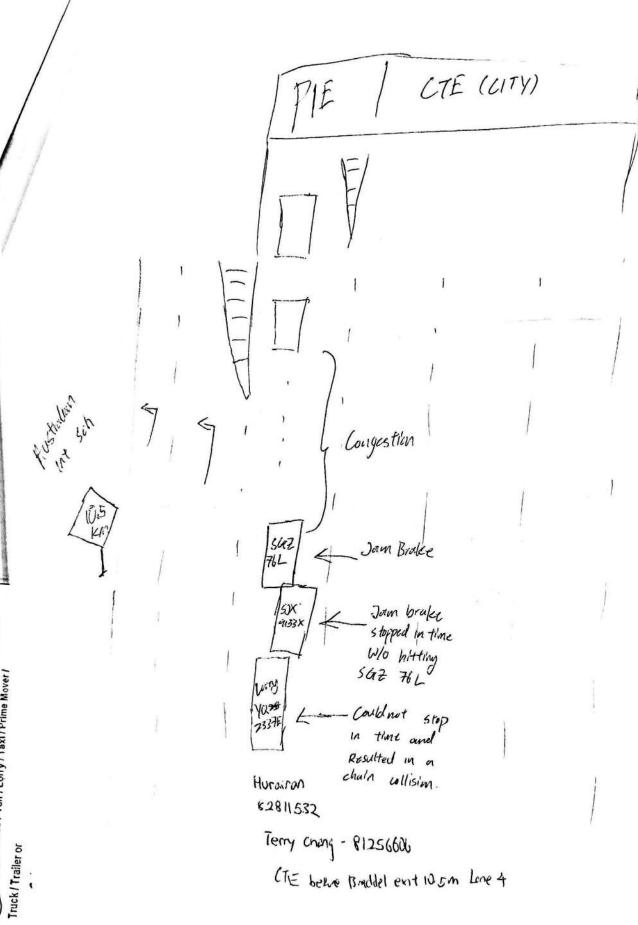
	A management of the second		1_1_1		TTT		TIT		1	177	1 7	T-1
								7-1-1		-	i	
1 -1		+-+-					1+1+	10-1	111			.
-+-+							1			+	-	
					1	or marks						
111	$\downarrow\downarrow\downarrow\downarrow\downarrow$						1					
						+	++++	-1-1		-	+++	++
						111				11		
	-+				- -1-					1-1		
						-1-1-				+	i	
 - - -	++++					111						
							1-1-1	-+-				
 -		-	+++	++++		+++		++1		\Box		++
								-1-1-1				
	1-1-1-1-1-	1-1-										+1-
					L			int after agen in each	Sale Property and the			
ESCRIB	E CIRCUMSTA											
	Reter	to	Policz	report.								

							_					
			-									
DECLA	RATION									<u> </u>		
	RATION eclare the forego	oing part	iculars are t	true in every	respect.					<u> </u>		

Date & Time:

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:



ype: M.Caf I M.Cycle I Bus I Van I Lorry / Taxi I Prime Mover!

N.





1 of 4

Report No. T/20200827/2147

police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2020 23:33			Vide Report No.: F/20200827/0165	Station Diary No. 94		
Informar	ıt's Particu	lars				
Name of Informant: TAY JEROLD			Address: APT BLK 234A SERANGOON AVENUE 2 #02-139 SINGAPORE 551234			
ID Type	/ ID No.: D / S960676	31E	Contact No.: Home/Office: Mobile: 96487273			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 24 28/02/1996			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2020 20:05	Type of Location Straight Road	
Location: CENTRAL EX	(PRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	0	Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ring Vehicles - Head To R	ear		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved	THE STATE OF THE S			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGZ76L	Car	TOYOTA	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD	Black	Slightly Damaged	0
SJX9133X	Car	MITSUBISHI	OUTLANDE R 2.0 CVT	Blue	Seriously Damaged	1
YQ2337E	Lorry	ISUZU	NPR85UH5A	White	Slightly	6





police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE CONTINUATION OF REPORT

Tel No: 1800-4880999

2 of 4 Report No. T/20200827/2147

ny Pedestrian Inv	olvea: No					
o. of Pedestrians	Use of Pedestrian Crossing: NA					
river						
ame TERRY CHANG			ID No.		NIL	
				0 1		81256606
Related Vehicle	ated Vehicle SGZ76L (Car)			Contact No.		81256006
Hospital/Clinic	NIL			Class of		Class: NIL
Hospital/Clinic	INIL			Driving	9	Date of Expiry: NIL
				Licenc	e &	
				Expiry	Date	
Date Treatment	NIL		Date Disc	harge	NIL	
No of Dave gran	ted Medical Leave	NIL	Degree of		NIL	
Driver	ted Micdical Ecoto	1,00				
	TAY JEROLD			ID No		S9606761E
Name	TAT JEROLD					
Related Vehicle	SJX9133X (Car)			Conta	ct No.	96487273
						01 00 04 3
Hospital/Clinic	NIL			Class	10000	Class: 2B,2A,3 Date of Expiry: NIL
	_			Drivin		Date of Expiry. NIL
		39			Date	
		-	Data Dias		NIL	
Date Treatment	NIL 1 Madical Leave	NIL	Date Discharge NIL Degree of Injury NIL			
	nted Medical Leave	INIL	Degree 0	injury	IVIL	
Driver	LUDAIDAN	113242	THE STATE OF THE S	ID No		NIL
Name	HURAIRAN			ID NO		INIL
Related Vehicle	YQ2337E (Lorry)			Contact No.		82811532
Hospital/Clinic	NIL			Class	of	Class: NIL
1 tospital/Offile	1.110			Drivir		Date of Expiry: NIL
				Licer	ice &	
				Expir	y Date	
Date Treatmen	t NIL	100000000000000000000000000000000000000	Date Dis	charge	NIL	
	anted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

T/Radio: Insured / Stu ...

On 27/08/2020 at about 1940hrs, While I was driving my car bearing plate no: SJX9133X, an accident had took place along CTE before Braddell Exit 10.5Km - Lane 4.

From my knowledge, the said CTE was quite congested. I recall driving at the said lane towards the direction Marina Bay Sands. I eventually came to a stop behind a vehicle plate no:SGZ76L, due to the heavy jam. Just then, a lorry bearing plate no: YQ2337E had collided into the back of my vehicle, causing my vehicle to move forward colliding into the vehicle that was infront of me. No government property was damage, however there were some passenger onboard the lorry that was injured and conveyed by





3 of 4

police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

Report No. T/20200827/2147

Tel No: 1800-4880999

CONTINUATION OF REPORT

ambulance.

From my observation, my vehicle had sustain serious damages to the front and the back, resulting in it being towed away.

I wish to inform that TP was at scene to assist in the said accident, my incar camera memory card has also since been seized by TP SSgt Farhan for police investigation.

As instructed, I'm lodging this police report for my encounter.





Police Station Of Origin: serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Report No. T/20200827/2147

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: F / Sgt 2 LUM HOW MUN	Signature Of Informant:				
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2020 23:33				
Officer In Charge Of Case: TP / GIT /	Classification Of Case:				
Sgt 2 DAVID YAP Contact No.: 96192349	SN 154				
Authentication Stamp	Sabye				