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 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 Submission 11/01/2021 18:15 (SGT) Date of Accident 09/01/2021 21:45 (SGT) Exact Location of Accident Pasir Ris Dr 8, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Citroen

Vehicle Registration Number SLV3502R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CYNTHIA THAM SUET NEE (CYNTHIA TAN XUENI) NRIC No. SXXXX550C Email Address spencer.ng@yahoo.com Mobile Phone No (Phone) +65-93223727 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model C4 Variant 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

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2070176538 Cover Note Number

DRIVER

Name of Driver NG HAN YONG, SPENCER NRIC No SXXXX711A Date Of Birth 29/04/1975 Occupation Indoor

Date Of Driving Pass 16/03/1996 Driving experience 24 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97999780 Alt. Phone Number Email Address spencer.ng@yahoo.com Address **BLK 301C ANCHORVALE DRIVE** Address complement #09-35 Postcode 543301 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 drizzling Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name CYNTHIA THAM SUET NEE (CYNTHIA TAN XUENI) Gender **Female** PASSENGER 2 Name **BILOY JHO-AN VILLAESTER** Gender Female PASSENGER 3 NG TZE HOWE, LUCIUS Gender Male PASSENGER 4 Name NG TZE YE, JETHRO Gender Male PASSENGER 5 Name NIGEL THAM GUO JIE Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given?

CIRCUMSTANCES OF ACCIDENT

If yes, against whom?

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFB8288C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour 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	NG TZE HOWE, LUCIUS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLV3502R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person Address Address Complement Post Code	NIGEL THAM GUO JIE - -
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	BODY SLV3502R No No

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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.
- 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, acknow ledge, 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), w hich 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

VENICLE A: SLV 3502R.

VEHICLE B: SFB 8788C

STB 8788C

_	Refer to police Report-
Passengers:	Name) BLLON THO-AN VILLAESTER NRIC) 0 2781 0004
	NAME) CHATHIH THAM SUET LEE NRIC) S7623550[C
	Name) NG TZE HOWE, LUCIUS NRIC) TOGISZOZG
	Name) NG TZE YE, JETHRO NRIC) TIB 22495F
	Name) NIGEL THAM QUO JIE NRIC) SGOIGE FIZ

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























1 of 3

Report No. T/20210110/2025

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

545025 Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 0/01/2021 14:42		Vide Report No.: G/20210109/0241	Station Diary No.: 48	
Informa	nt's Partic	ulars	AL STREET, STREET	OF STATE OF	
and the second	f Informant: N YONG, SF		Address: APT BLK 301C ANCHO 543301	DRVALE DRIVE #09-35 SINGAPORE	
	/ ID No.: O / S75127	11A	Contact No.: Home/Office: Mobile: 97999780		
National SINGAP	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 45	Date of Birth: 29/04/1975	Type of Informant: Driver		
Race: Chinese		Language: Institution / School Na			
Occupation: SELF EMPLOYED		Driving Licence Informa Class:	tion: Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/01/2021 21:45	Type of Location: Flyover	
PASIR RIS D Lamp Post N	COMPANIE CO				
Weather: Drizzling	umber, 50i	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate	
				Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFB8288C	Car					0
SLV3502R	Car					5

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





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 2 of 3 Report No. T/20210110/2025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver		ECOTOR CHE		100	A WAS I	CANCEL SERVICE	
Name	NG HAN YONG, SPENCER		ID No		S7512711A		
Related Vehicle	SLV3502R (Car)		SLV3502R (Car) Cor		Conta	ict No.	97999780
Hospital/Clinic	NIL		Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL Date Disc		harge	NIL			
No. of Days granted Medical Leave NIL			Degree of	f Injury	NIL		

Brief Details.

On 09/01/2021 at about 9.45pm, I was driving my vehicle SLV3502R along Pasir Ris flyover and was waiting for the traffic light to turn green along Pasir Ris Drive 8 near lamp post 50F. The traffic light turned green shortly and I was about to move off however my vehicle was still stationary when I felt an impact coming from the rear of my vehicle and I realized that another vehicle had collided onto the rear of my vehicle.

Both drivers came out of our respective vehicles and I called for the Police however the other driver tried to ask for a private settlement but I told him to wait for the Police to arrive.

Traffic Police came down to the scene ref G/20210109/0241 and TP took my SD card and the acknowledgement slip was issued to me.

The other driver was brought away by TP for drink driving.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

3 of 3 Report No. T/20210110/2025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

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.

Signature Of Officer Recording The Report F / Sgt 3 TAN WEI XIANG ROY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2021 14:42
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476224	Classification Of Case:
Authentication Stamp NP168	POLICE FORCE WHOLE FORCE WHOL
1 1	SIGNATURE