ST0B21230002 / TRANS EUROKARS PTE LTD [609042]
ENTRY DATE & TIME: 03/02/2021 17:11 (SGT)
SUBMITTED BY: TRANSEUROKARS PTE LTD - TANJONG PENJURU
VERSION: 1 (03/02/2021 17:11 (SGT))

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.
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	03/02/2021 17:11 (SGT)
Date of Accident	02/02/2021 20:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI JUST BEFORE PAYA LEBAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS4814M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AUBREY QUEK SWEE NOI
NRIC No	SXXXX206I
Email Address	DIONNG1998@GMAIL.COM
Mobile Phone No	(Phone) +65-98281494
Alternative Phone No	(Home) +65-98281494

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	No
Policy Number	-
Cover Note Number	2070015917

DRIVER

Name of Driver	DION NG GUO LIN
NRIC No	SXXXX219G
Date Of Birth	08/10/1998
Occupation	Indoor

Date Of Driving Pass	16/11/2018
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97210968
Alt. Phone Number	-
Email Address	DIONNG1998@GMAIL.COM
Address	BLK 267 PASIR RIS ST 21
Address complement	#08-412
Postcode	510267
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
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?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLR8472G
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	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR8472G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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7. 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 :

   (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.

   (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.

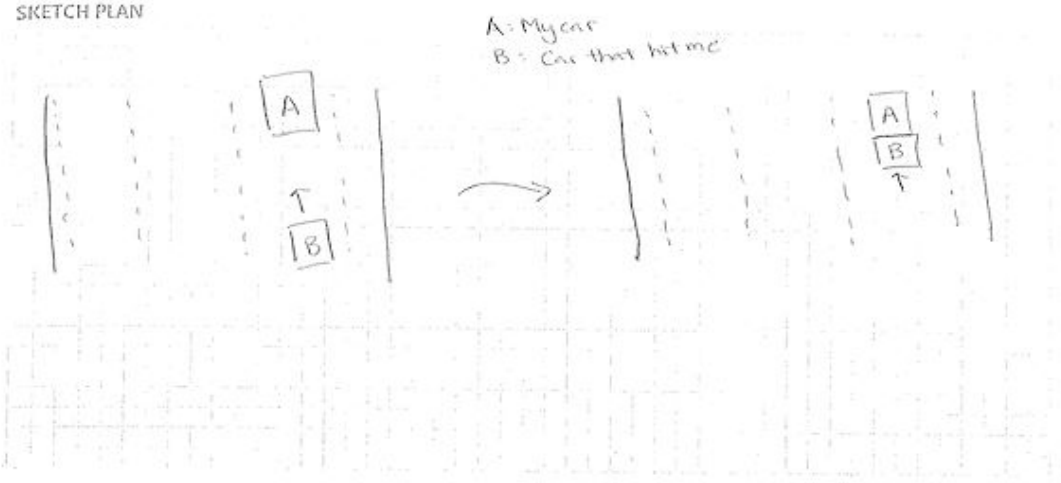
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.
REF: G/20210202170776
IO: JOFIHANO BIN MOHAMED ALI

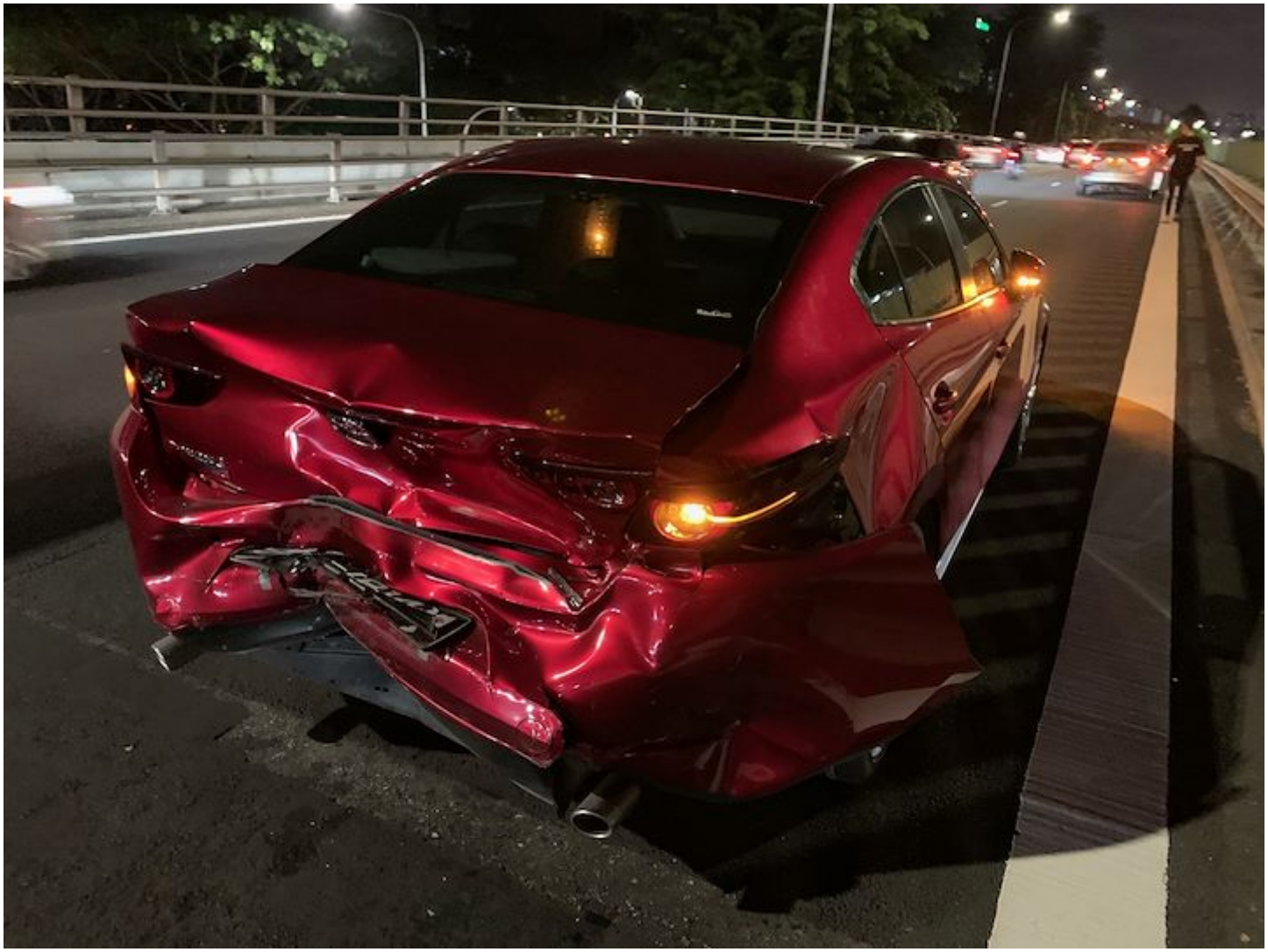
DECLARATION

I/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:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

IMAGES

IMAGES #2



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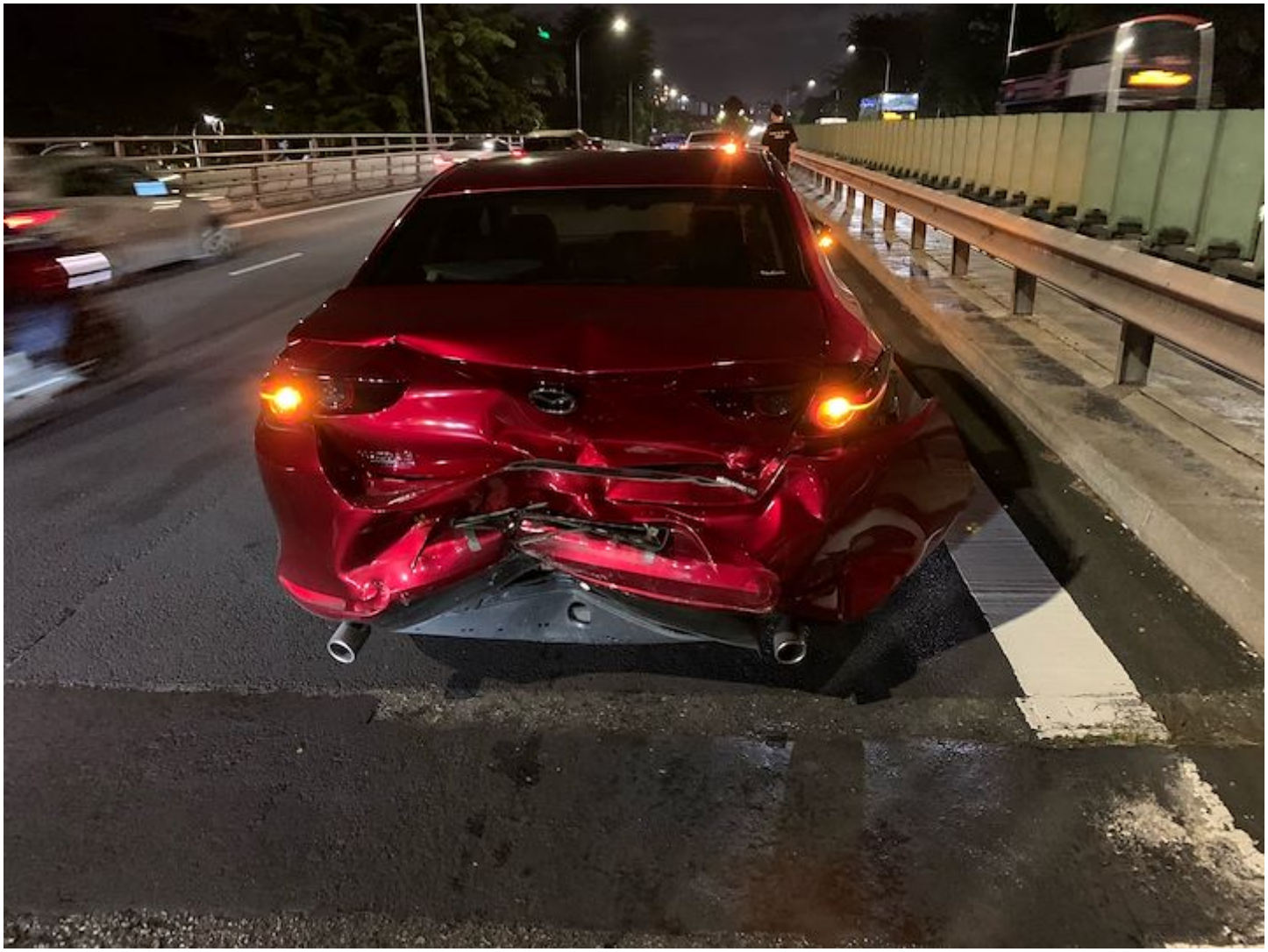

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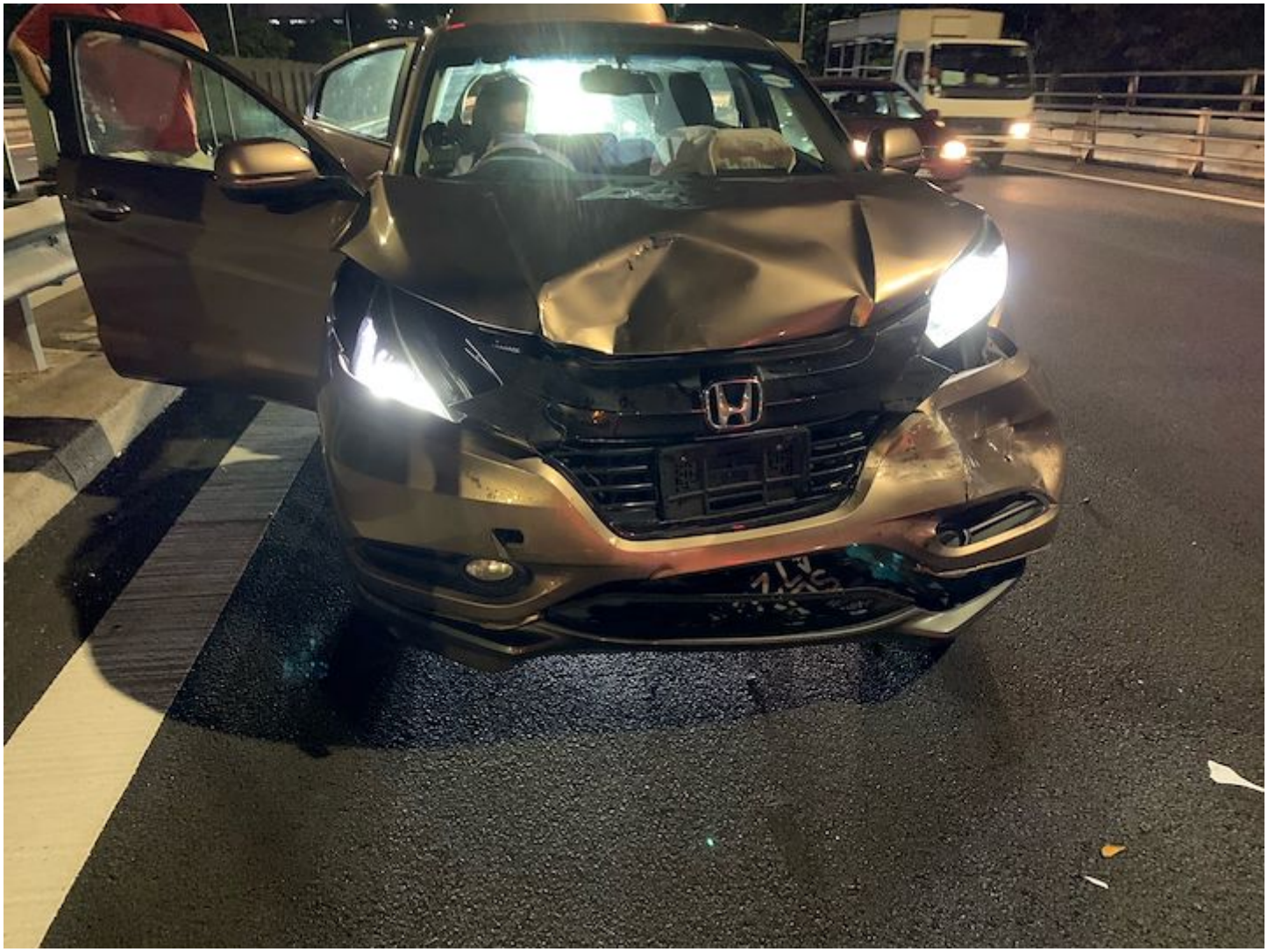

SINGAPORE POLICE FORCE

G/20210202/7076

POLICE REPORT (NP299)

Report No. G/20210202/7076

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made	Vide Report No.	Station Diary No.
02/02/2021 23:25		

Name Of Informant DION NG GUO LIN	Address 267 PASIR RIS STREET 21 #08-412 SINGAPORE 510267			
ID Type / ID No. NRIC NO / S9833219G	Contact No. Home/Office: Mobile: 97210968			
Nationality SINGAPORE CITIZEN	Email Address DIONNG1998@GMAIL.COM			
Occupation Student	Sex Male	Age 22	Date of Birth 08/10/1998	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 02/02/2021 20:30 - 02/02/2021 21:45	Location Of Incident 267 PASIR RIS STREET 21 #08-412 SINGAPORE 510267			

Brief details.

I was driving along PIE towards Changi, on the way home from school. The car infront of me jammed brake and i had a safe distance from him, as such i was able to brake in time to a complete stop behind the car infront. One second later, a car hit me from the back. I came down my car and immediately called an ambulance for the person behind.
There were two people in the car behind, a grab car passenger and the grab car driver himself. After i called the ambulance, less than 30 seconds later, a car pulled up infront of me. A male came out and

Signature Of Officer Recording The Report: 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: Not applicable	Date/Time: 02/02/2021 23:25
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

G/20210202/7076

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

Report No. G/20210202/7076

asked me if i had insurance and what workshop i was using. He seemed to be trying to sell me his services of fixing my car. I was too busy worrying about the safety of the two people in the car behind me to talk to him.

After some time, A TP came and took my SD card, for evidence purposes. The tow truck i hired came and towed me to a location where we were not blocking traffic to chat with the TP. The TP told me to make a police report and gave me back my IC and drivers license.

I find it suspicious that it only took less than 30 seconds from the time of the crash to the man in the car to pull up and worry about what car services and workshop i seem to use.

Subjects Involved			
Victim			
Person Name	DION NG GUO LIN		
ID Type	NRIC NO	ID No	S9833219G
Gender	Male	Age	22
Race	Chinese	Language	English
Occupation	Student	Address	267 PASIR RIS STREET 21 #08-412 SINGAPORE 510267
Mobile No	97210968	Is Informant A Victim?	Yes
Person Name	DION NG GUO LIN (Informant)		

Signature Of Officer Recording The Report: 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: Not applicable	Date/Time: 02/02/2021 23:25
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp