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.

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 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 30/03/2021 17:03 (SGT) Date of Accident 30/03/2021 09:30 (SGT) Exact Location of Accident North Buona Vista Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ4529X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHAN KWOK MENG** NRIC No. S1707850Z Email Address SWINGZBLUE88@GMAIL.COM Mobile Phone No (Phone) +65-93821278 Alternative Phone No +65-93821278

VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

Name of Driver CHAN KWOK MENG NRIC No. S1707850Z

Date Of Birth 14/01/1965 Occupation Indoor Date Of Driving Pass 11/03/2011 Driving experience 10 YEARS Gender Male Mobile Number (Phone) +65-93821278 Alt. Phone Number +65-93821278 Email Address SWINGZBLUE88@GMAIL.COM Address APT BLK 90 TANGLIN HALT ROAD Address complement #08-330 Postcode 141090 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Collided into Motorcyclist Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Alexandra Neighbourhood Police Post Police Station Phone No (Phone) +65-18004739999 Alt. Police Station Phone No (Fax) +65-64713569 Police Station Address Blk 46-2 Commonwealth Drive #01-382A Singapore 140462 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBN7135B Vehicle Manufacturer Vehicle Model Vehicle Variant

Motorcycle

Vehicle Colour
Vehicle Category

Name of Driver	TEO WENG KIAT
NRIC No	S7301413A
Contact Number	(Phone) +65-91169966
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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.
- 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)

Lunderstand, 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' 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), which 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

ska 4529 X FBN 7135 B

Describe Circumstances of ICENSE PLATE: 5KQ		ACCIDENT DATE & TIME: 30/2	12021 09.30
CENSE PLATE: 5KQ DNTACT NUMBER: 93	821278	ACCIDENT DATE & TIME: 30/3 E-MAIL ADDRESS: SWI1926/U	e880 9mgil 10
CATION:			-00-07
Pls peru	to the poi	lice report.	
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		9 99	

	función de la composition della composition dell	- in the state of	
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		HE-17 (100 - 100 -	
NOTE: PLEASE	NOTE THAT YOUR INSURER	MAY HAVE 14 DAYS TIME FRAME FOR YO	U TO SUBMIT AN
		ICY. PLEASE CHECK YOUR POLICY FOR M	
Please state:			
() Claim Own Policy	() Claim Third Party	() Claim OD/TP at other workshop	(A) Reporting Only
Declaration		W - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
585 950 PF 70 PS 40			
We declare the foregoing parti	culars are true in every resp	ect.	
			/ /
9			A STORY
			(5)

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

Policyholder's Signature / Date &

Witnessed by Reporting Centre

Personnel



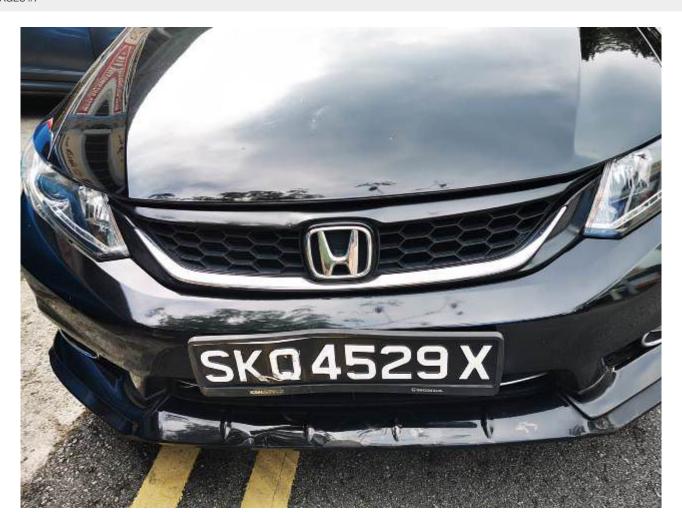


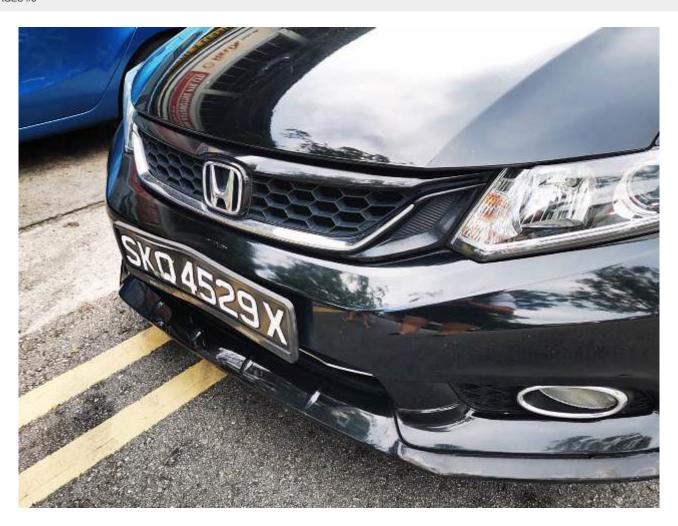


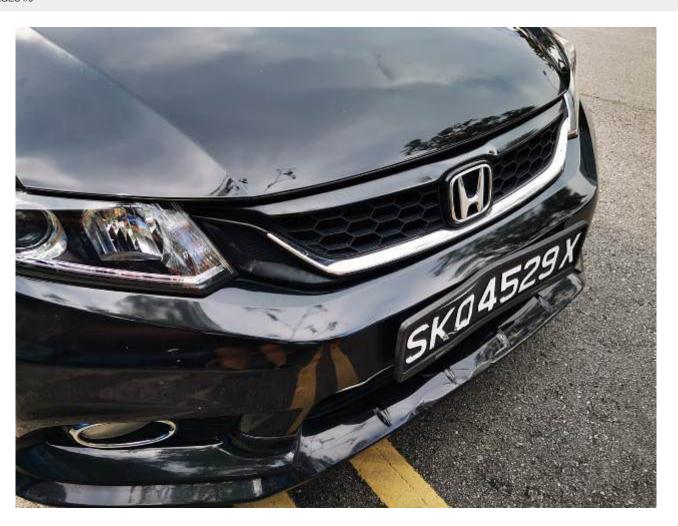


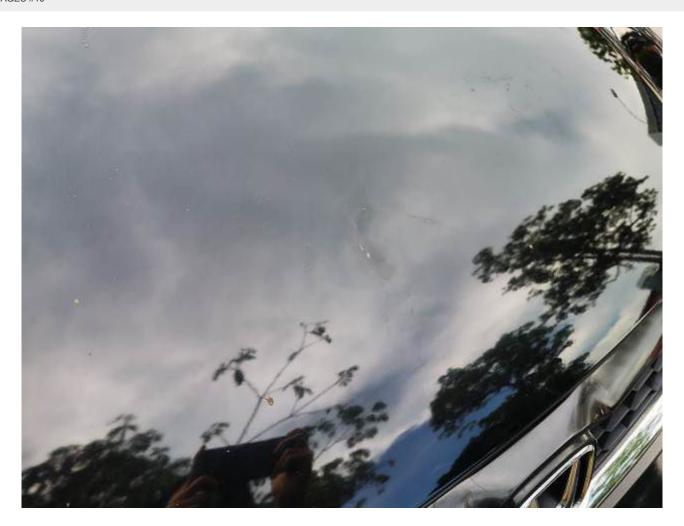




















Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

Report No. T/20210330/2076

Tel No: 1800-4739999

REPORT OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 30/03/2021 14:14			Vide Report No.:	Station Diary No.: 14	
Informa	nt's Partic	ulars			
Name of Informant: CHAN KWOK MENG			Address: APT BLK 90 TANGLIN HALT ROAD #08-330 SINGAPORE 141090		
ID Type /·ID No.: NRIC NO / S1707850Z		50Z	Contact No.: - Home/Office:	Mobile: 93821278	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 56 14/01/1965			Type of Informant: Driver	10000	
Race: . Chinese		*	Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

General Infori	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2021 09:3	Type of Location: X-Junction	
NORTH BUO	NA VISTA ROAD				
Weather: Clear		Road Surface: Dry .		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKQ4529X	Car	HONDA	CIVIC 1.6 VTIS A/T ABS D/AIRBAG 2WD	Black · .	Slightly Damaged	0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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Report No. T/20210330/2076

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462

Tel No: 1800-4739999

CONTINUATION OF REPORT

Insurance Company	Insurance No	Effective	Expiry Date
AIG ASIA PACIFIC INSURANCE PTE.	2070162533	28/11/2020	27/11/2021
	Insurance Company AIG ASIA PACIFIC INSURANCE PTE.	modranos company	modratios company

Any Pedestrian Ir	volved: No			
No. of Pedestrian		Use of Pedestrian Crossing: NA		
Driver	and the same of th			
Name ·	CHAN KWOK MENG	ID N).	-\$1707850Z
Related Vehicle	NIL	Cont	act No.	93821278
Hospital/Clinic	NIL	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	XXXX (1)	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Injury	NIL	*
Rider				
Name ,	TEO WENG KIAT		0.	S7301413A
Related Vehicle	NIL	Cont	act No.	91169966
Hospital/Clinic	NIL	1 77.77		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge		
	ted Medical Leave NIL	Degree of Injury		

Brief Details.

On the 30th March at about 0930hrs, I was driving along North Buona Vista Road heading towards Holland Road. As it was red light, I make a full stop and was on the 2nd lane. As the light turn green, I checked my blind spot and started to moved straight. Suddenly, one grab motorbike rider cut me from my left as he wanted to make a right turn towards One-north Gateway. This caused me to hit to the side of the motorbike although I hit the jam brake.

Subsequently, Traffic Police and Ambulance was at scene. The rider was attended by the paramedic but was not conveyed as he was feeling alright. I was not given a case card as we wanted to do a private settlement. Earlier on, the rider called me and suggest me to make a traffic police report as he did not wish to make a private settlement. Unfortunately, I did not manage to take the motorbike number plate as the traffic was quite heavy and the situation was rather chaotic at that point of time.

The purpose for lodging this report is for claiming of insurance purpose.





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Report No. T/20210330/2076

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

CONTINUATION OF REPORT Tel No: 1800-4739999





4 of 4

Report No. T/20210330/2076

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462 CONTINUATION OF REPORT

Tel No: 1800-4739999

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 Recordi D / Sgt 3 MUHAMMAD FIRDAU WAHAB	11	Signature Of Informant:		
Signature Of Interpreter: Not applicable	. /	Date/Time: 30/03/2021 14:14		
Officer In Charge Of Case: TP / GIT / Sgt 2 DAVID YAP Contact No.: 96192349	Senseting Factor	Classification Of Case:		
Authentication Stamp NP168	SIG	MATURE		

