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 15/06/2021 18:03 (SGT) Date of Accident 14/06/2021 18:30 (SGT) Exact Location of Accident Hougang Ave 3, Singapore Additional Location Information HOUGANG AVE 3 NEAR CHAO YING KONG TEMPLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SMH5788G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG ZHI QIN NRIC No. S8528755I Email Address ZHIQIN 85@HOTMAIL.COM Mobile Phone No (Phone) +65-97304366

Alternative Phone No +65-94773274

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Yes Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Type of Coverage Comprehensive Fleet Policy

Policy Number 1900079463-01

Cover Note Number

DRIVER

Name of Driver NG JIA JIA NRIC No. S8614625H Date Of Birth 24/05/1986 Occupation Indoor Date Of Driving Pass 22/11/2008 Driving experience 12 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-94773274 Alt. Phone Number Email Address JIAJIA.NG@OUTLOOK.SG Address BLK 663A PUNGGOL DRIVE #08-260 Address complement Postcode 821663 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 - U-Turn 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? No 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? Yes **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? 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 NumberSJM3061SVehicle ManufacturerHyundaiVehicle Model-Vehicle Variant-Vehicle ColourGrayVehicle CategoryPrivate carName of DriverRUFUSContact Number(Phone) +65-97982100

Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	CAR 1
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR1331A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver **ROGER KWOK** Contact Number (Phone) +65-81213313 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident CAR 2 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKG8398H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver SHIRLYN Contact Number (Phone) +65-85113768 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident CAR 3 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 w orkshop 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

15 June 15.10. STYNE 15.100m Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

Hougana Ave 3

Describe Circumstances of the Accident

on 14/06/2021 at about 1830hrs, I was at the U-turn lare alac	
Hurging the 3 and intending to u-turn before turning into RIK 24	
Harding carbark.	1
I decorded the traffic a will dear as the man land in the	
I deemed the traffice was sear as the case had stopped at the	
traffle light, and there was a yellow box as such I hitiated a	
o turn , I was souther tricking out and did not see any on coming car.	
But suddenly I saw s5m 3061 at the bus lane appouning fixward	and
I rould not stop on time. Thereofter, both of our venisles sollided	d
the same time while on the move.	
my ushicle includ towards the right of sout of religided entire dight	
vehicle ? STE B31 4 & signtly on the rear of 35KQ 8348H.	
we all some down to make a chedic, exchanged particulars & police a	ers
also at the scene. At the end, all verilles were able to move present	to
vI type pullburged. All parties informed that they were not injure	d
at that point of time.	
I wish to hitem that VI suffered damages and on the right fourt side as purtured type. V2 suffered damages on left side	
Pront/side & mintured type. 1/2 suffered damages on left and	2
V3 stiffered sight damages on the year.	
3 ***	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

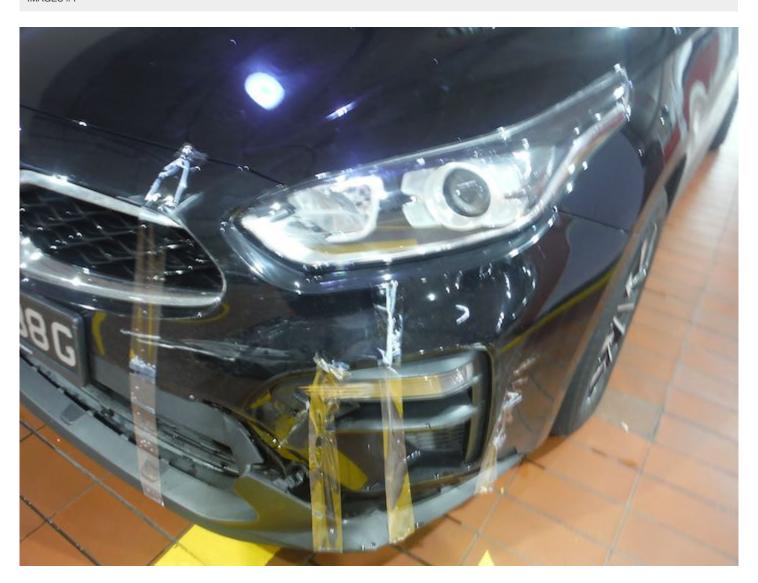
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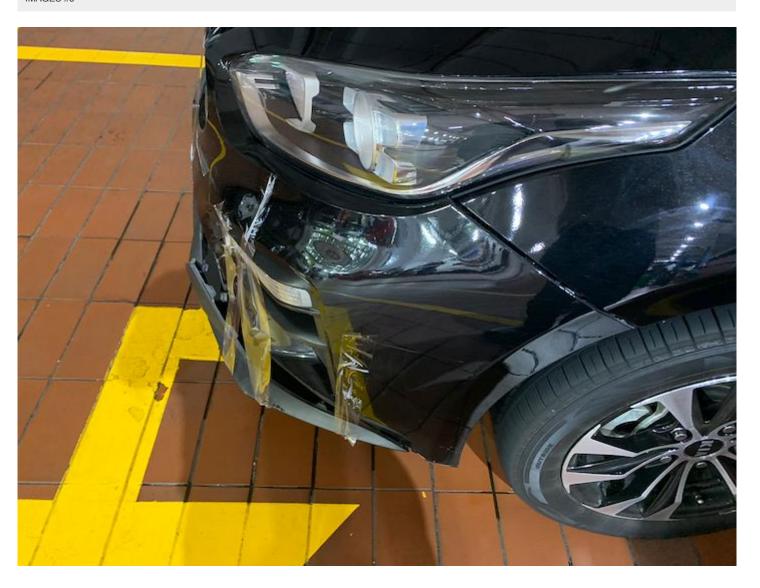
Witnessed by Reporting Centre Personnel

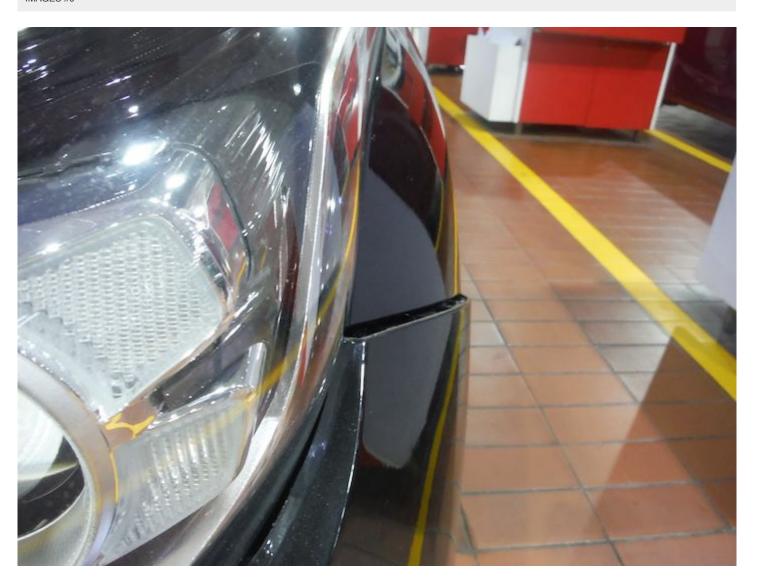


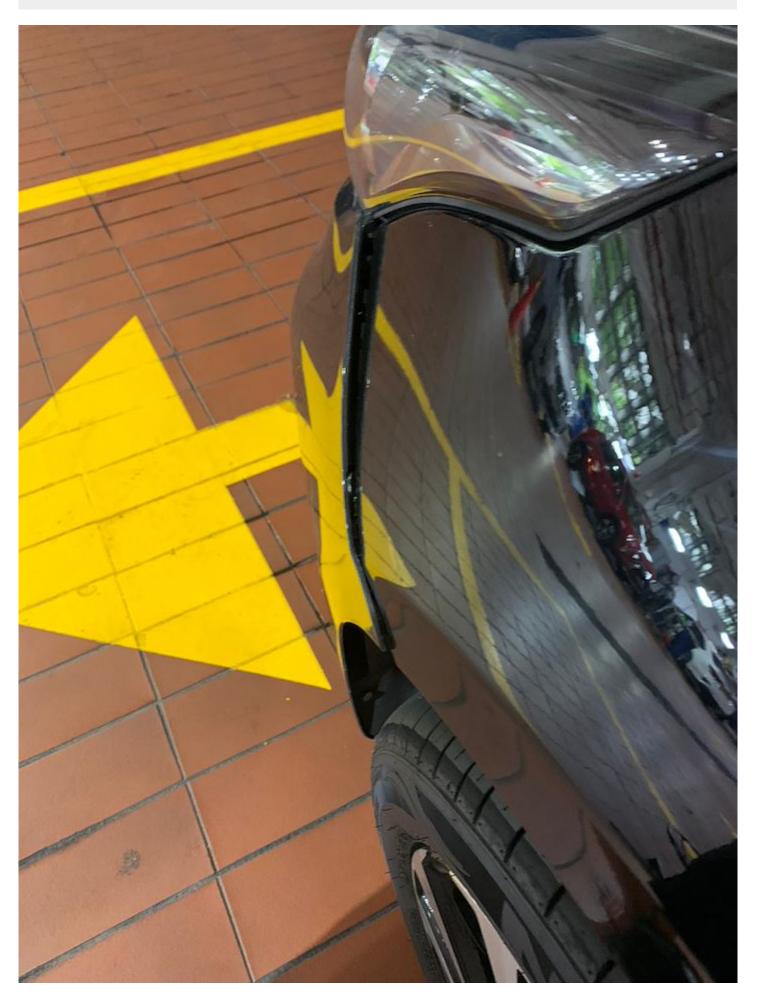






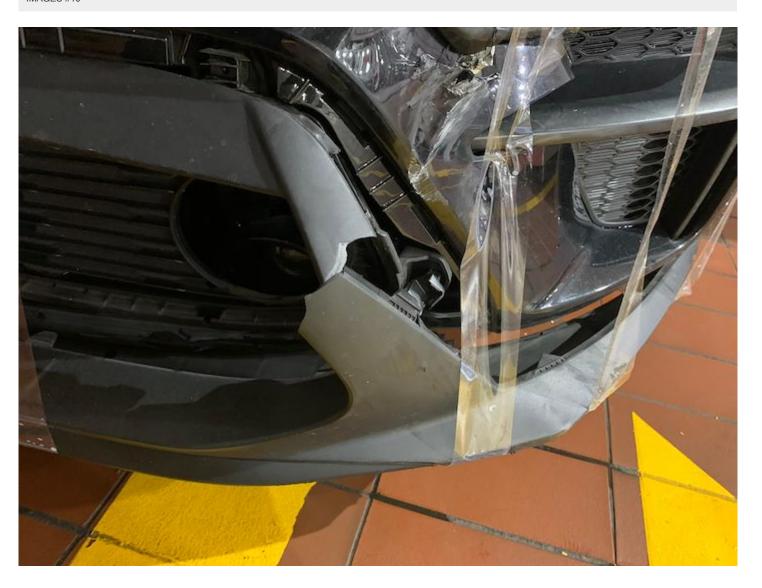


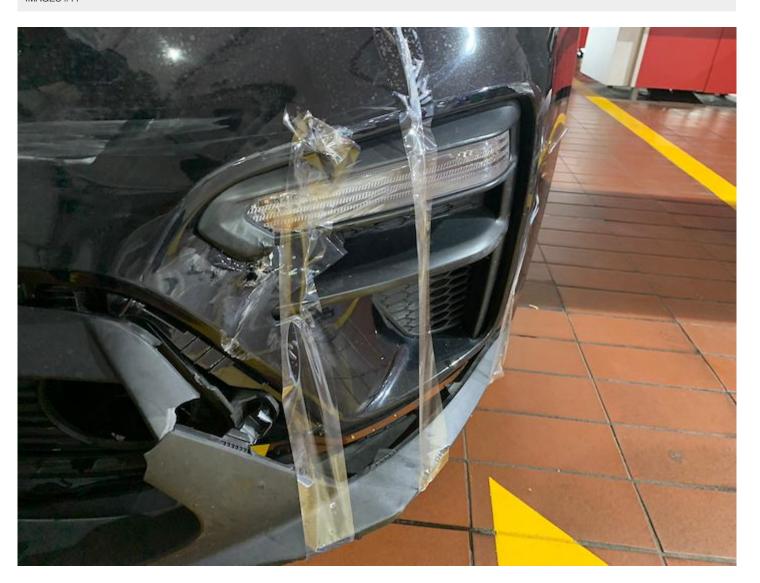


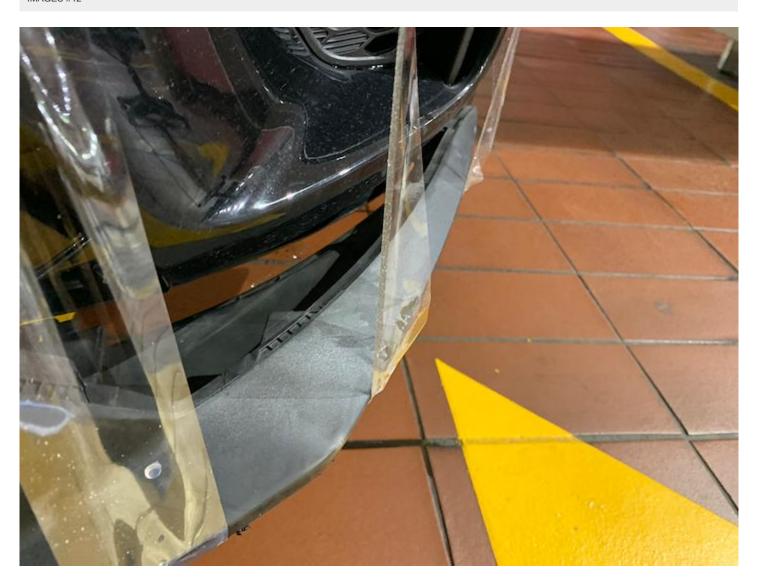


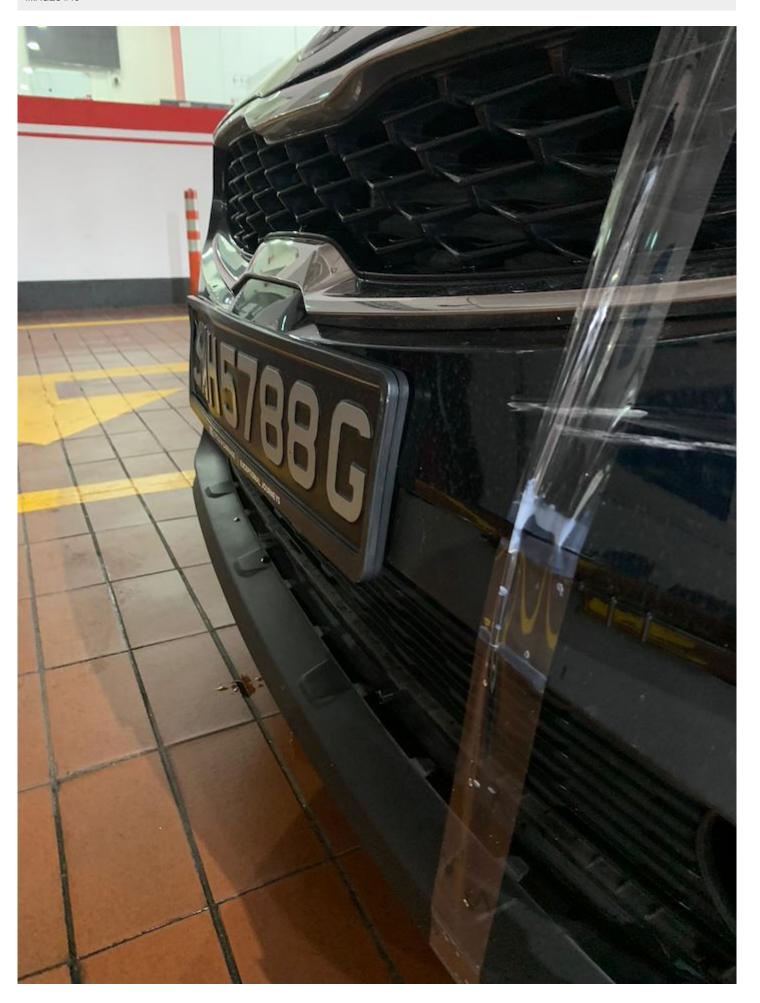








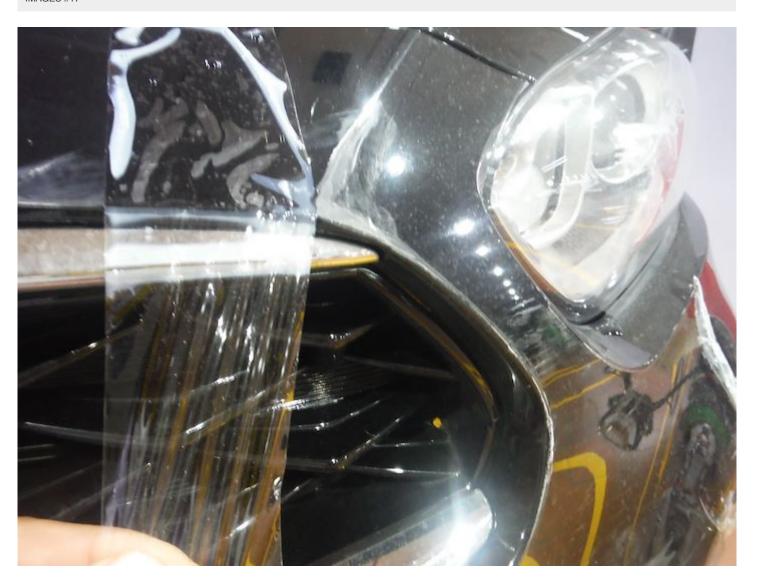


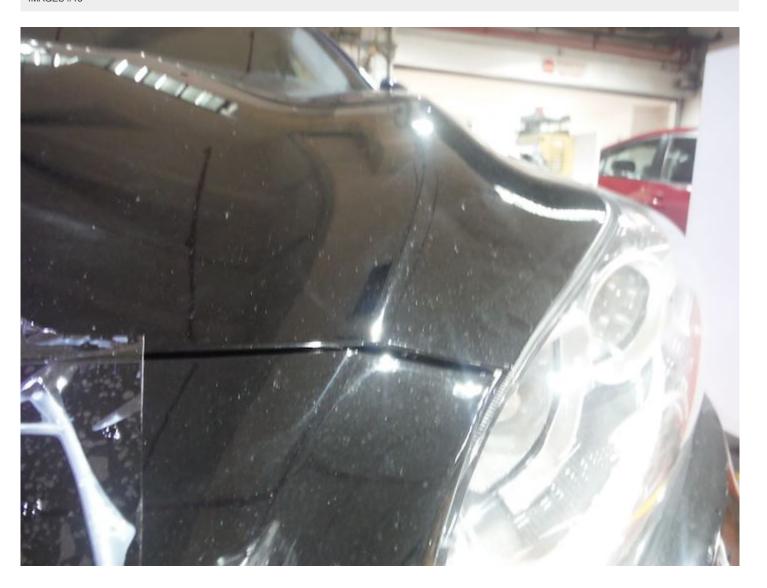






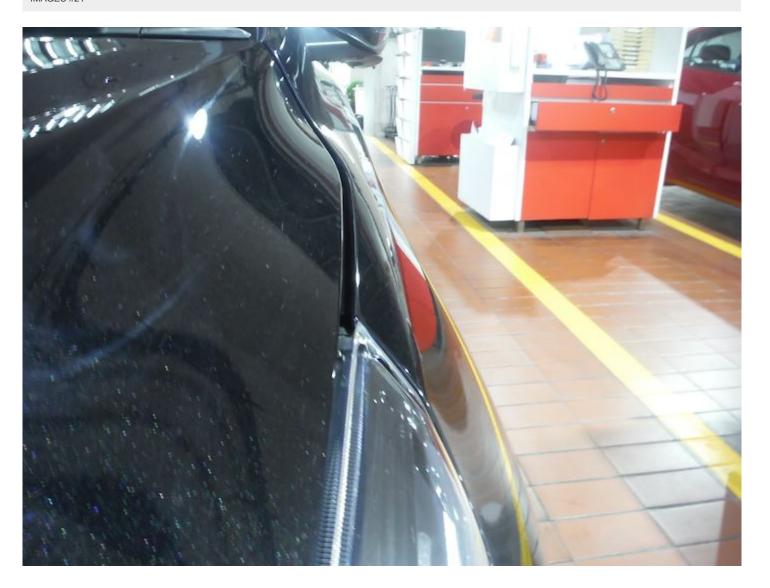


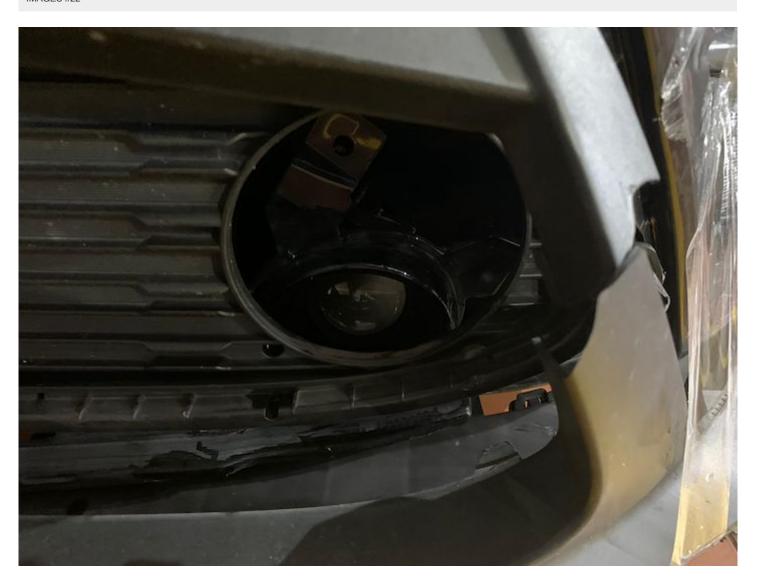


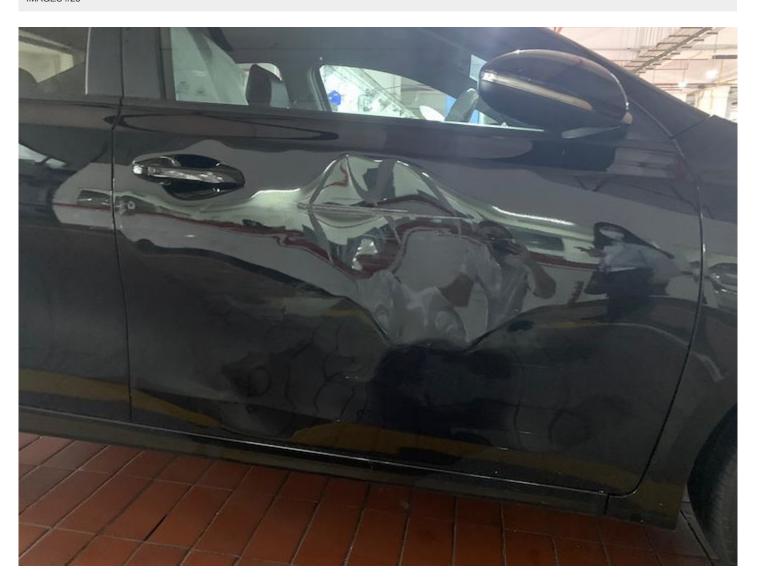


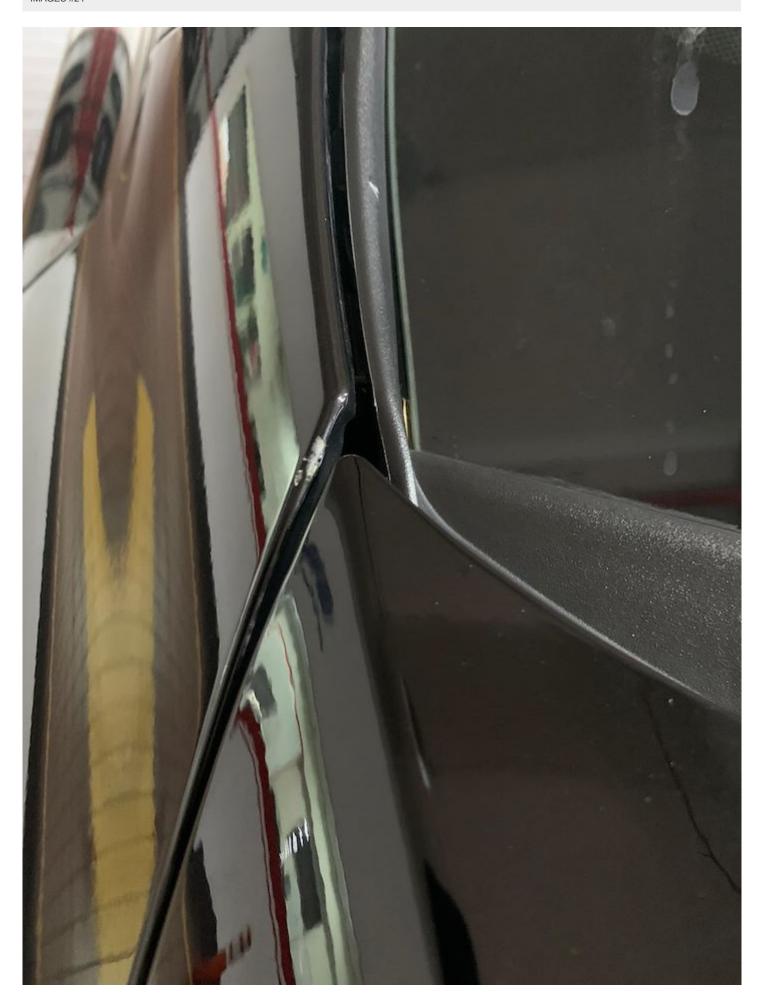


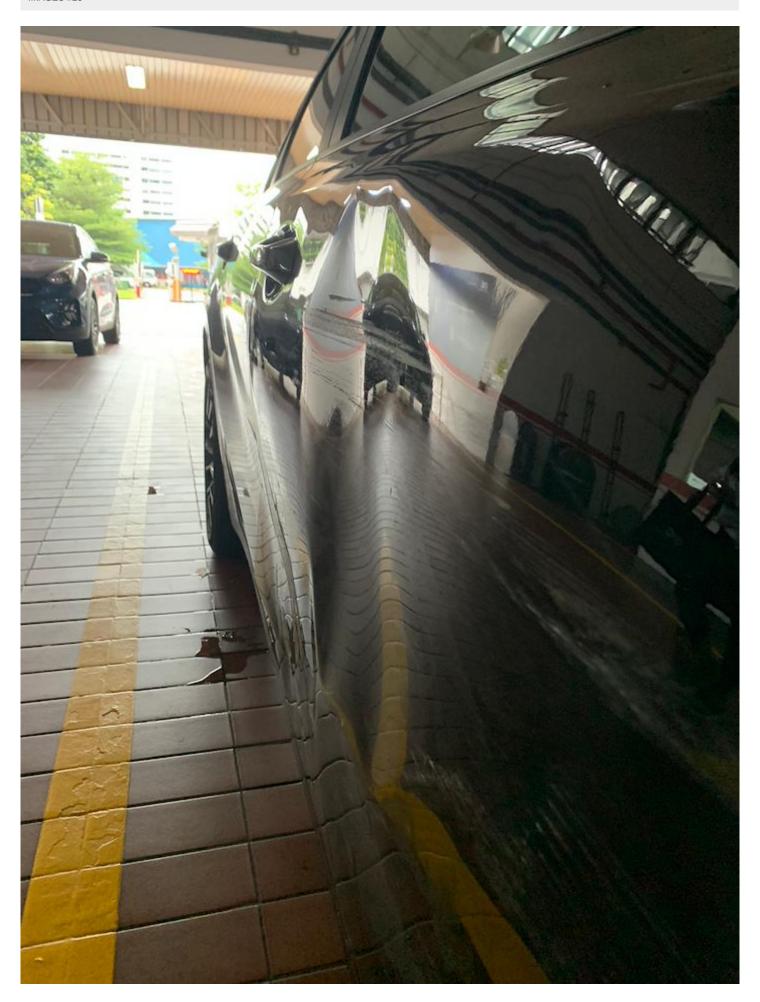


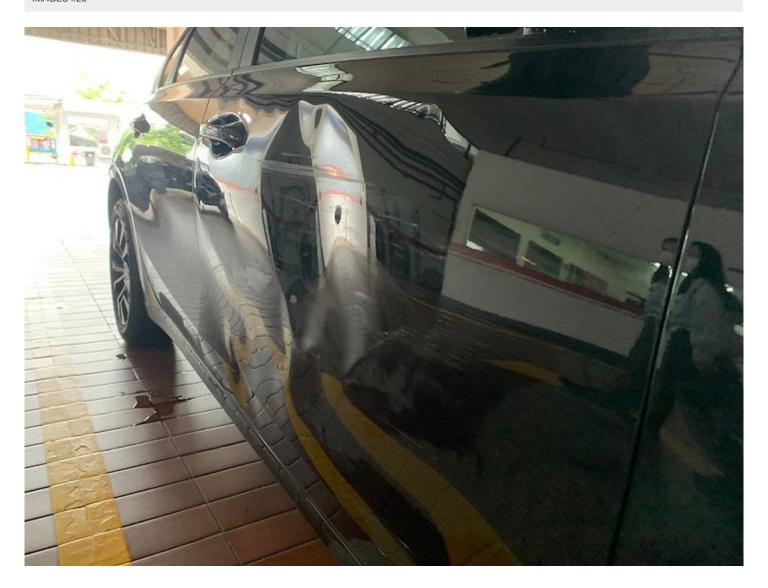


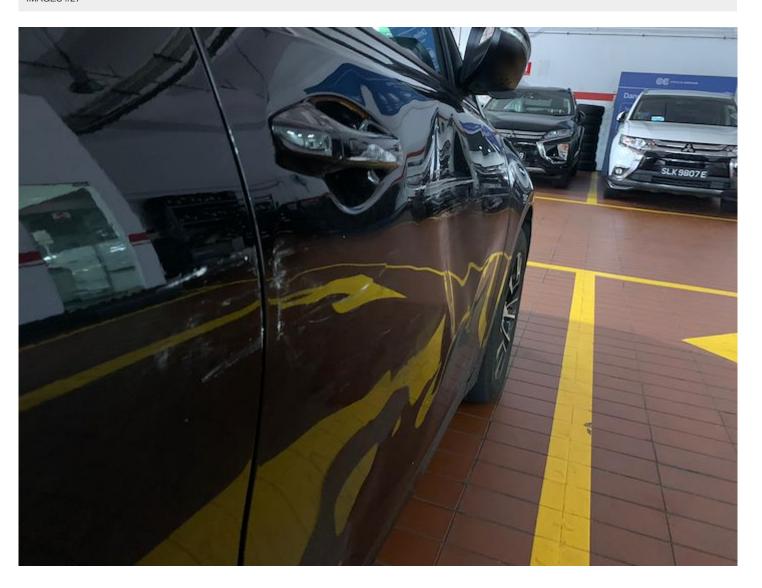


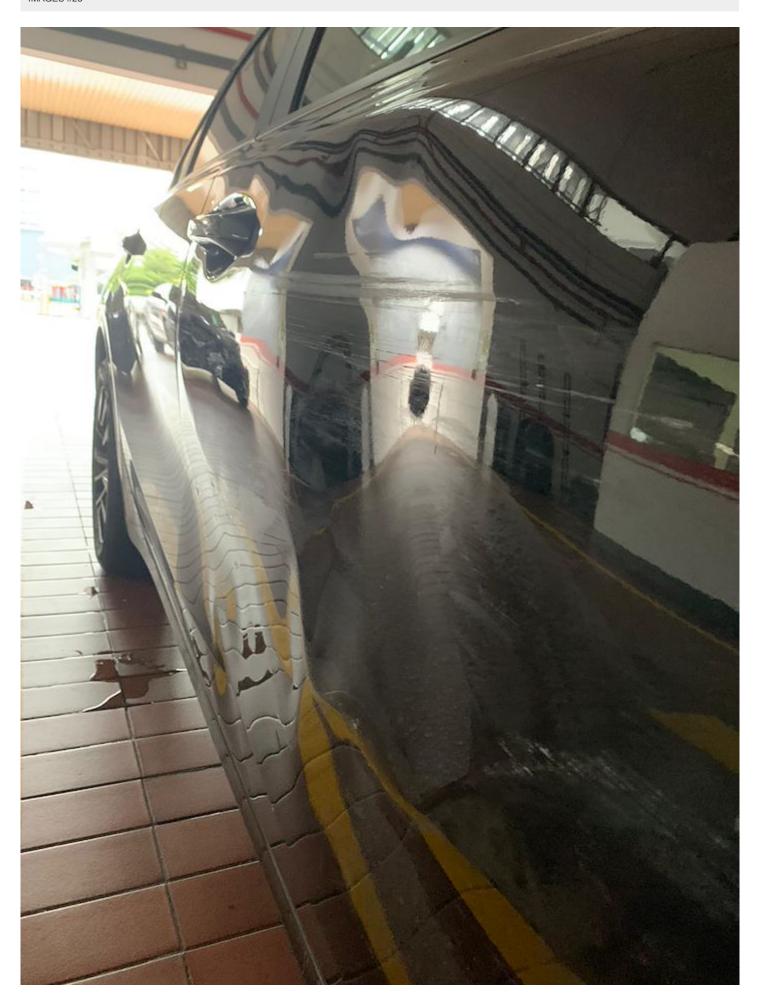


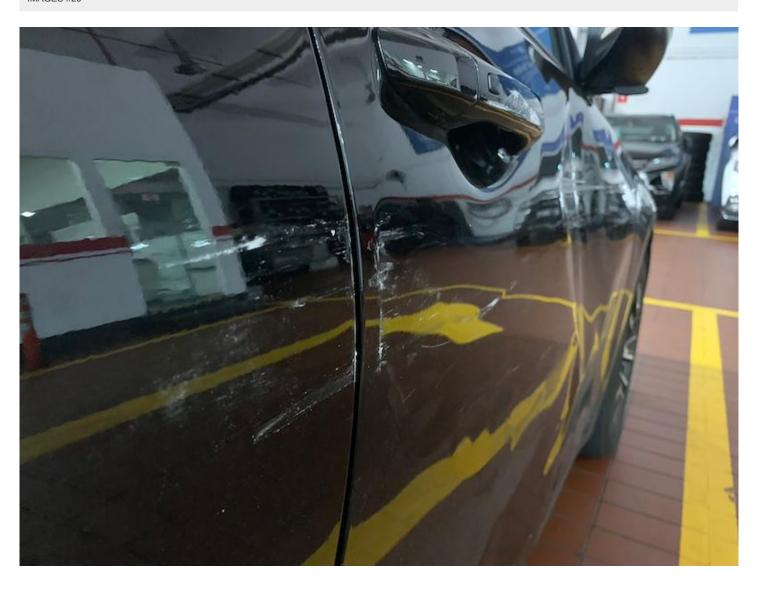


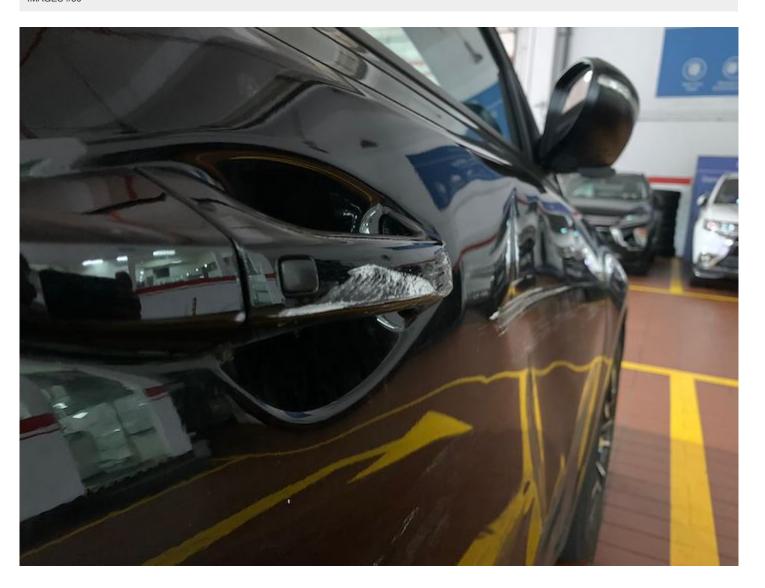


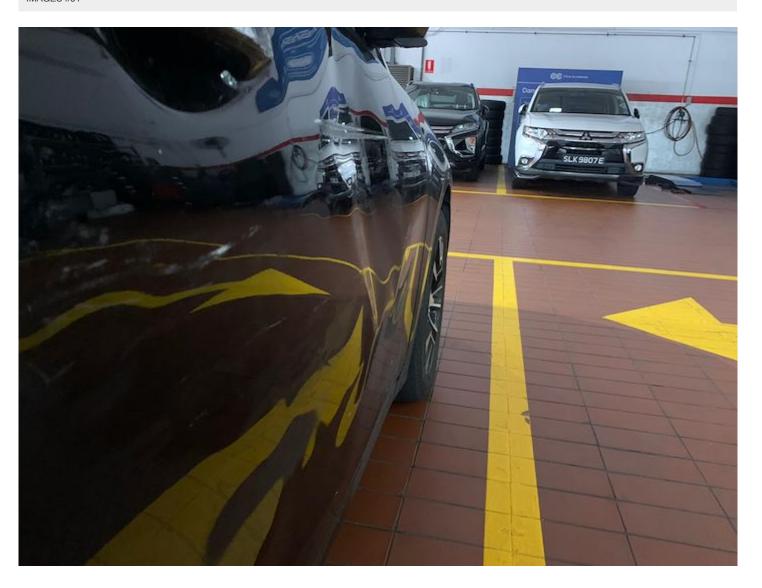


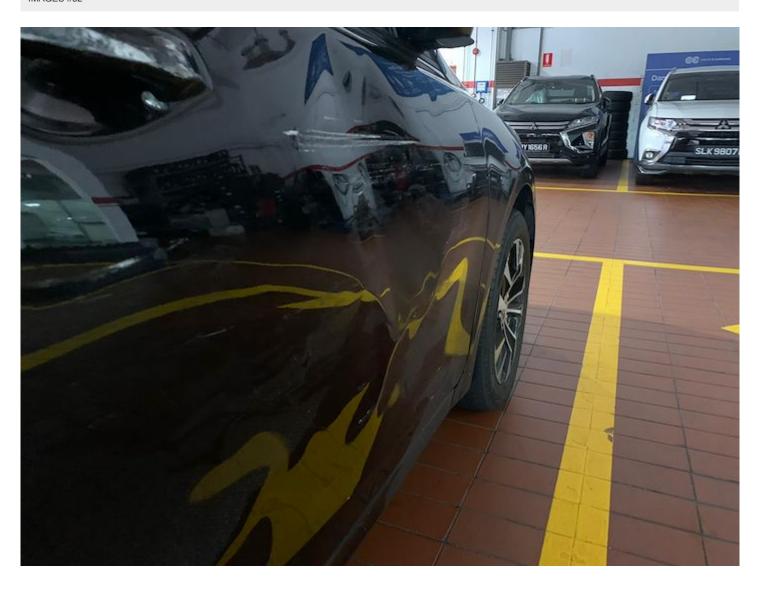








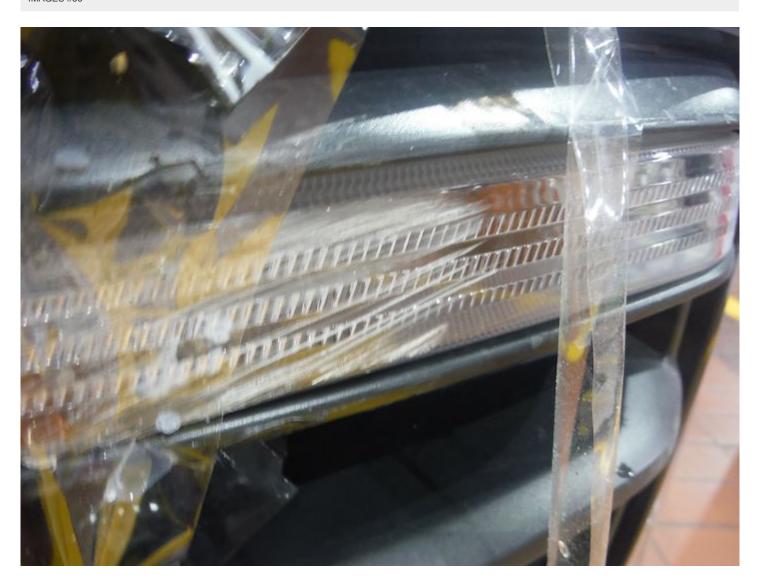












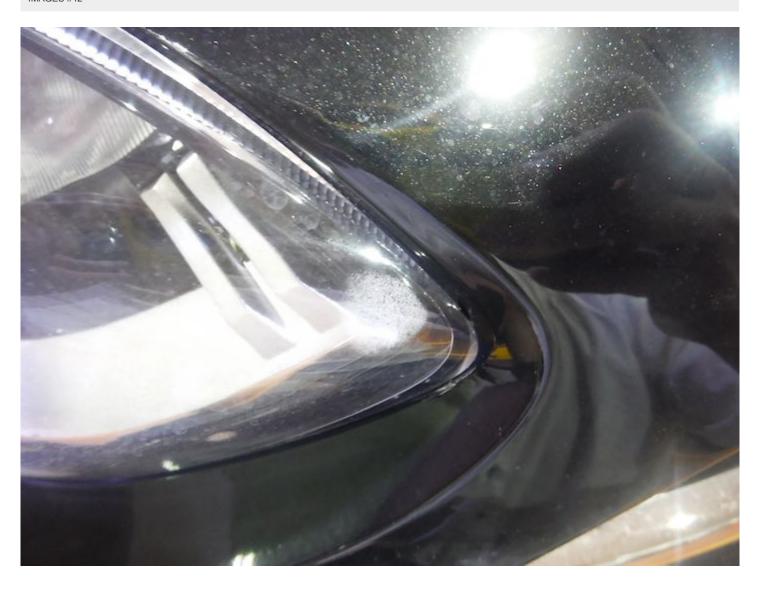




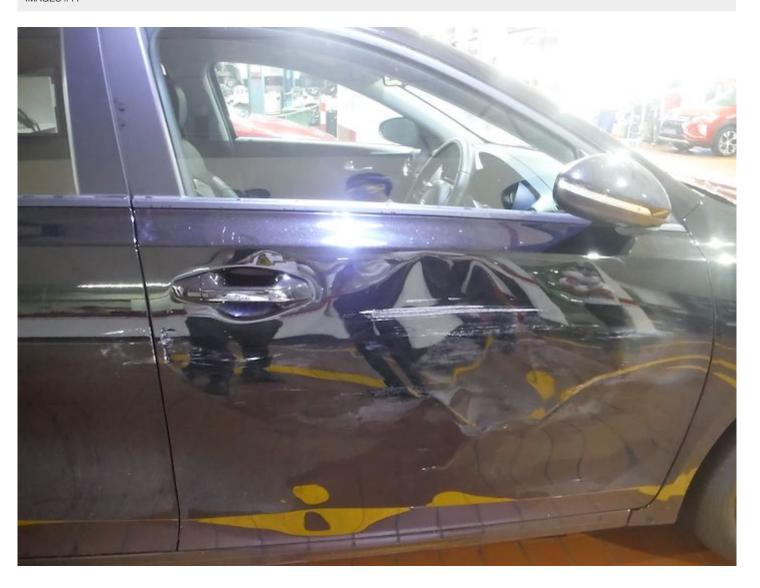




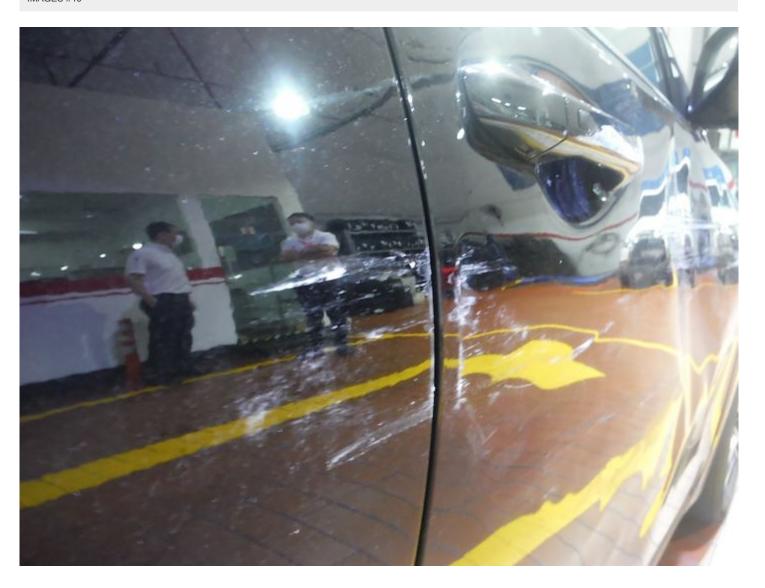


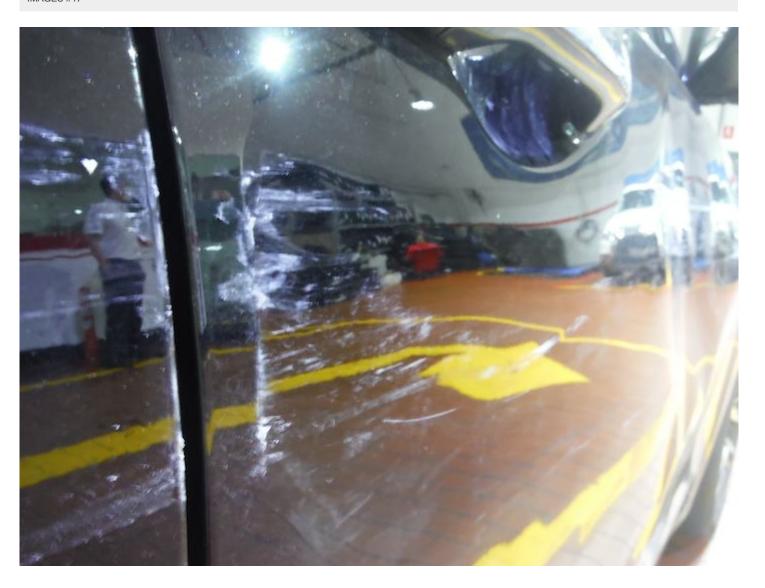




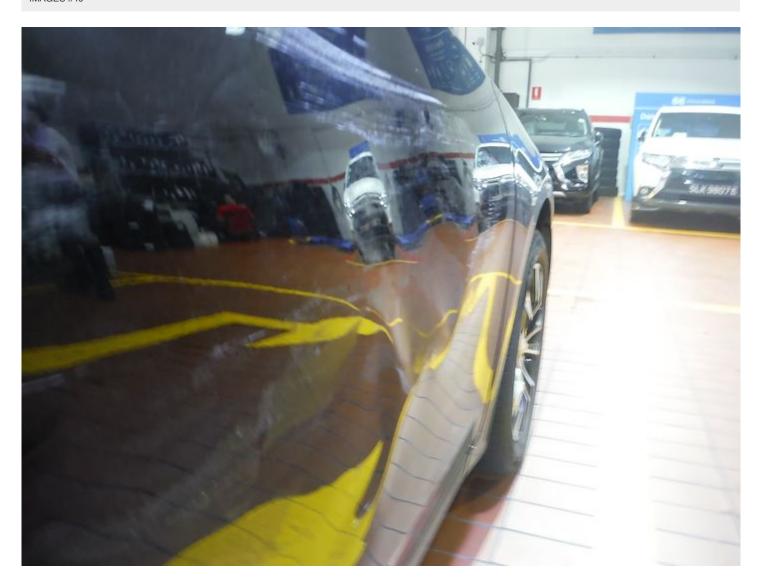




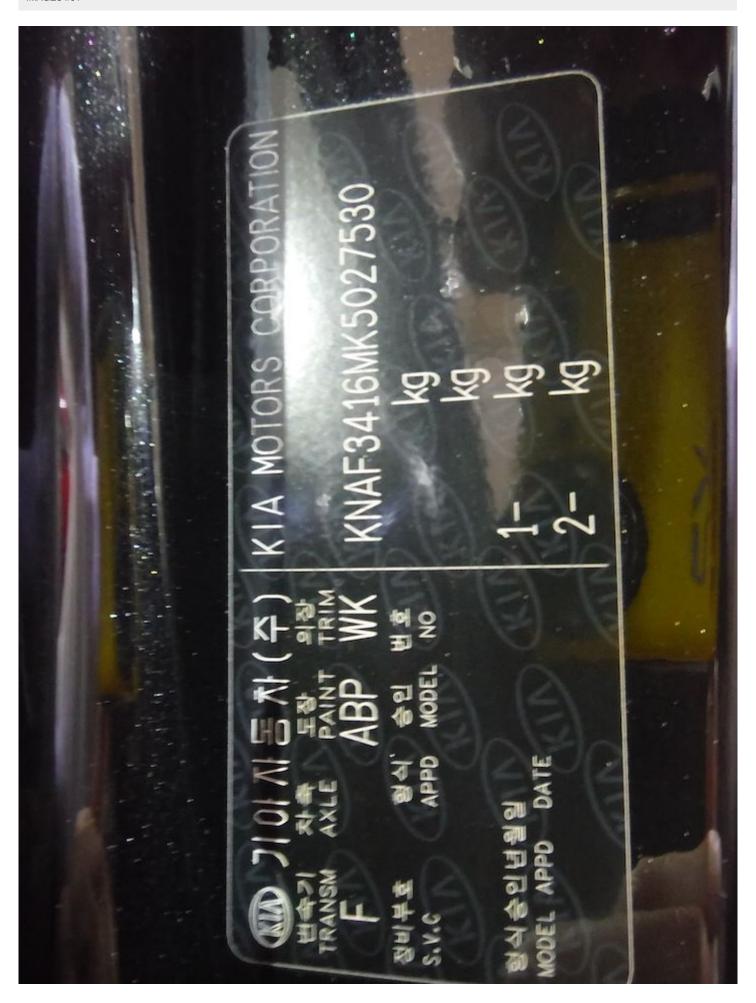


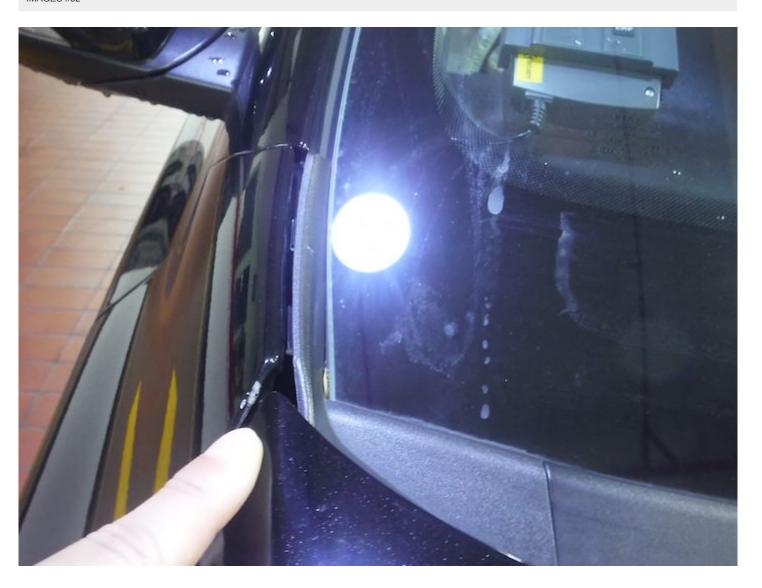




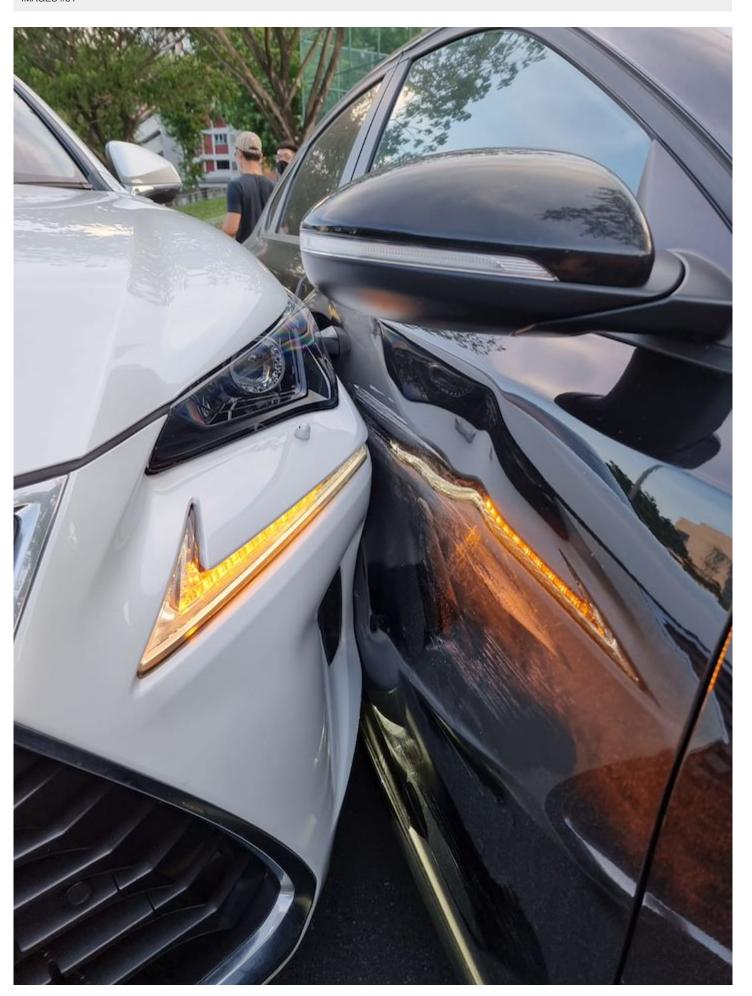


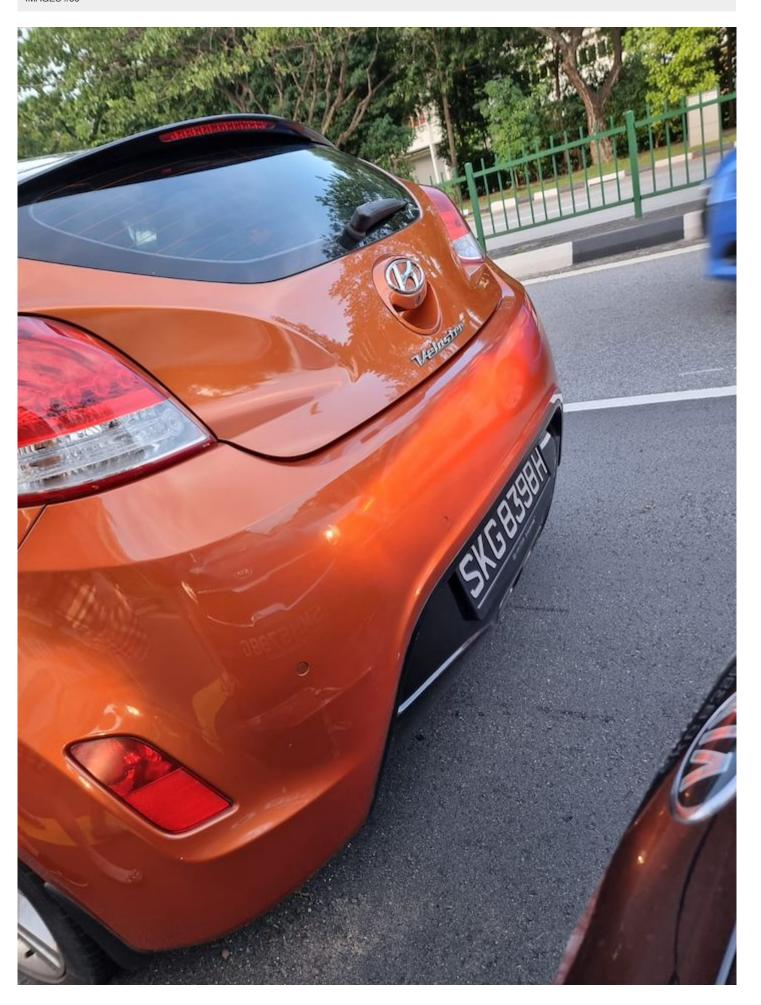


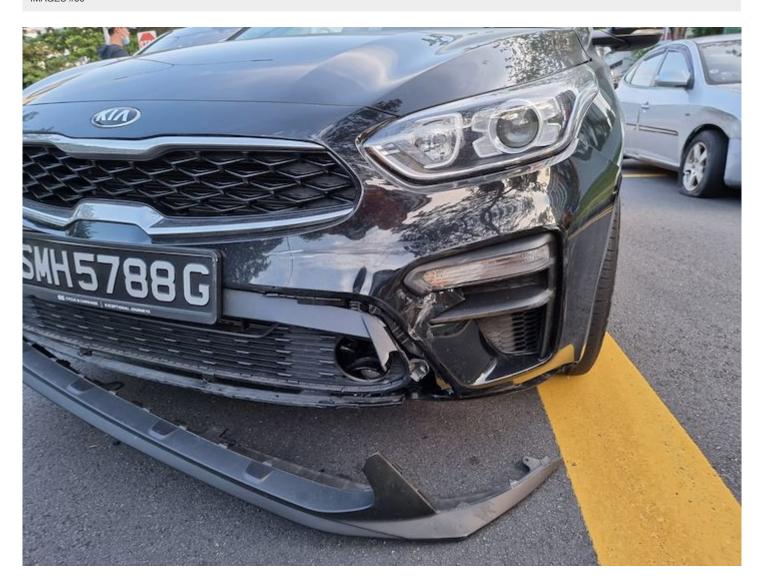


















Date of Expiry:

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

1 of 4 Report No. T/20210614/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2021 21:52			Vide Report No.:	Station Diary No.:
Informar	t's Partic	ulars		41
Name of NG JIA J	Informant: IA		Address: APT BLK 663A PUNGGOL D 821663	PRIVE #08-260 SINGAPORE
ID Type / ID No.: NRIC NO / S8614625H			Contact No.: Home/Office:	Mahile, 0477007
Nationality: SINGAPORE CITIZEN			Email:	Mobile: 94773274
Sex: Age: Date of Birth: Female 35 24/05/1986		Date of Birth: 24/05/1986	Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupation: LOGISTIC EXECUTIVE			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of - Accident:	Type of Location Straight Road	
Location: HOUGANG A	VENUE 3		14/06/2021 18:30		
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Oleai					
Traffic Flow: Two Way Type of Collis		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Heavy	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJM3061S	Car				Slightly	1 Passenge
SJR1331A	Car				Damaged	1
001/10017	Cal				Slightly	3
SKG8398H	Car				Damaged	
0110000011	Cai				Slightly	3
SMH5788G	Car				Damaged	
OWI 10766G	Car				Slightly	0
	-				Damaged	





2 of 4 Report No. T/20210614/2118

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

CONTINUATION OF REPORT

Any Dodootsing L	n Involved		THE PARTY NAMED IN	1		
Any Pedestrian I						
No. of Pedestriar Driver	Use of Pe	edestrian C	Cross	sing: NA		
Name	DUELIG		100			
ivame	RUFUS		ID No.		NIL	
Related Vehicle	SJM3061S (Car)		Contact No.		97982100	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	Discharge NIL			
No. of Days gran	ted Medical Leave NIL		Degree of Injury NIL			
Driver		203.000	jury	VII.	The second second	
Name [*]	ROGER		ID No.		NIL	
Related Vehicle	SJR1331A (Car)	,	Contact No.		81213313	
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	&	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	Date Discharge NIL			
No. of Days gran		Degree of Injury NIL				
Driver	CAR INTERNET		- injury 1	3855	NAME OF TAXABLE PARTY.	
Name	SHIRLYN		ID No.		NIL	
Related Vehicle	SKG8398H (Car)		Contact No.		85113768	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis		VIL		
	ted Medical Leave NIL			VIL		



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999



3 of 4 Report No. T/20210614/2118

CONTINUATION OF REPORT

Driver	Company of the last of the las	No Services	Section of the second	WW. P. T.	-	
Name	NG JIA JIA			ID No.		S8614625H
Related Vehicle	SMH5788G (Car)			Conta	ct No.	94773274
Hospital/Clinic	NIL			Class Driving Licence Expiry	g :e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

On 14/06/2021 at about 1830hrs, I was at the U-turn lane along Hougang Avenue 3 and intending to U-turn before turning into Block 247 Hougang carpark. I deemed the traffic was clear as the cars had stopped at the traffic light, and there was also a yellow box as such I initiated a U-turn Suddenly, I saw V1 - SJM3061S at the bus lane approaching forward and I could not stop on time. Thereafter, both of cur vehicles collided on the same time while on the move. My vehicle inched forward and collided onto the right side of V2 - SJR1331A, and slightly on the rear of V3 - SKG8398H.

We all came down to make a check, exchanged particulars and police was also at scene. At the end, all vehicles were able to move except V1 tire had punctured. All parties informed that they were not injured at that point of time.

I wish to inform that V1 suffered damages on the right front bumper and puncture tyre, V2 suffered damages on the left side, V3 suffered damages slight damages on the rear. I wish to inform that I have invehicle camera however yet to check on it.





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

4 of 4 Report No. T/20210614/2118

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 LOW KAI TAT	Signature Of Informant:				
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2021 21:52				
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:				
Authentication Stamp NP168 Signature: Singapore Police For	\$N 085				