SP0U21760002 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 06/07/2021 10:58 (SGT) SUBMITTED BY: Ng Pei Wen VERSION: 1 (06/07/2021 10:58 (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.

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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 06/07/2021 10:58 (SGT) Date of Accident 15/06/2021 09:10 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFH8286B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PATRICK DAVID LANGTON NRIC No S2561184E Email Address LANGTON2@SINGNET.COM.SG Mobile Phone No (Phone) +65-96777131 Alternative Phone No +65-96777131

VEHICLE PARTICULARS

Manufacturer Jaguar Model Xkr 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? No - Reporting only Vehicle Category Private car Transmission Auto CC 4196

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 2100246219 Cover Note Number

DRIVER

Name of Driver PATRICK DAVID LANGTON NRIC No S2561184E

Date Of Birth 20/02/1944 Occupation Indoor Date Of Driving Pass 31/10/1967 Driving experience 53 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96777131 Alt. Phone Number +65-96777131 Email Address LANGTON2@SINGNET.COM.SG Address BLK 416 HOUGANG AVENUE 10 #10-1290 Address complement Postcode 530416 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 No Collision 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 vehicle 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 Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN -PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

FBC2347Y

Vehicle Registration Number

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

| Vehicle Category | Motorcycle |
|---|------------|
| 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) | _ |

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.
- 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>.
- 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 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), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 6 1202

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

Witnessed by Reporting Centre Personnel

Sketch Plan

| eclaration We declare the foregoing particulars are true in every respect. you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days claim, whereby the ust be made within the stipulated timeframe from the day of occurrence, Kindly check with your insurer for more estalis. | | Refer | to poli | ice | report. | 10 100 1000 | |
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| st be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details. | e declare th | e foregoing particula | rs are true in every | respect. | 4.4.5 | | |
| | ou wish to c st be made | laim against your ow within the stipulated | n policy, please be timeframe from the | advised to day of oc | hat your insurer may have a focurrence. Kindly check with y | ourteen (14) days clau our insurer for more de | se whereby the claid tails. |
| cyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reparting Centre & Time | | Signature / Date & | | e (If drive | r is not the policyholder) / Date | | eparting Centre |



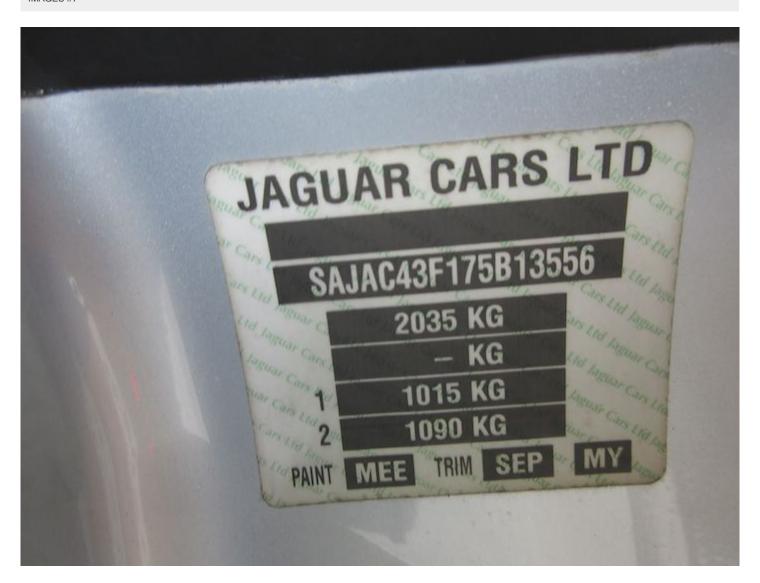


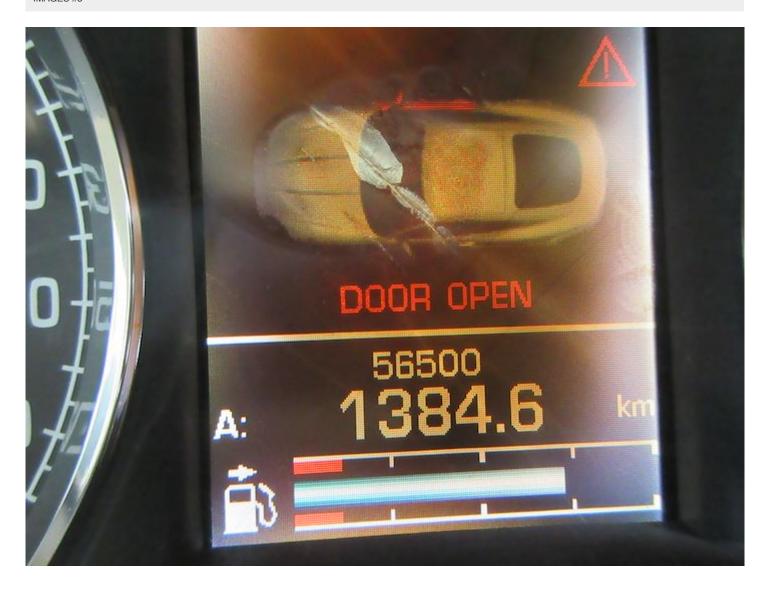


























Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20210615/2023

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 15/06/2021 11:38 | | Vide Report No.: F/20210615/0064 | Station Diary No.: 25 | | | |
|--|--------------|-------------------------------------|--|-------------------------|--|--|
| Informa | nt's Partice | ulars | | | | |
| Name of Informant: PATRICK DAVID LANGTON | | | Address: APT BLK 416 HOUGANG AVENUE 10 #10-1290 SINGAPORE 530416 | | | |
| ID Type / ID No.: NRIC NO / S2561184E | | | Contact No.: Home/Office: Mobile: 96777131 | | | |
| Nationality: BRITISH | | Email: | | | | |
| Sex: Age: Date of Birth: Male 77 20/02/1944 | | | Type of Informant: Driver | | | |
| Race: Caucasian | | Language: | Institution / School Name: | | | |
| Occupation: Retiree | | | Driving Licence Inform Class: 2B,2A,2,3 | nation: Date of Expiry: | | |

| Type of Accident: | ' Attended by Police | | Date/Time of Accident: 15/06/2021 09:10 | Type of Location X-Junction |
|------------------------------|----------------------|---|---|--------------------------------|
| Location: UPPER SER Weather: | ANGOON ROAD | Road Surface: | | Road Speed Limit: |
| Clear | | Dry | | |
| Clear | | Diy | | |
| Clear Traffic Flow: | | Traffic Control: Traffic Light - Wor | rking | Traffic Volume: Moderate |

| | ehicle Involve | | | | | The state of the s |
|-------------|----------------|--------|-----------------|--------|---------------------|--|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBC2347Y | Motorcycle | | | | Slightly Damaged | 0 |
| SFH8286B | Car | JAGUAR | XK 4.2 COUPE | Silver | No Damage | 0 |

| Details of v | ehicle Insurance | | The second second | Total |
|--------------|---|---------------|-------------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SFH8286B | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 2100246219-10 | 06/02/2021 | 05/02/2022 |





1/20210015/2025

Report No. T/20210615/2023

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

| Any Pedestrian Ir | rvolved: No | | | | V | |
|---------------------------------------|-----------------------|-------------------|--------------------------------|------------------------------------|-----------|---|
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | | |
| Driver | | the committee our | | | | |
| Name | PATRICK DAVID LANGTON | | | ID No | . | S2561184E |
| Related Vehicle | NIL | | | Conta | ct No. | 96777131 |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expin | g ce & | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Disc | 1 | NIL | | |
| No. of Days granted Medical Leave NIL | | | Degree o | f Injury | NIL | |

Brief Details.

On 15/06/2021 at about 0910hrs, I was driving in my vehicle (SFH8286B) and was travelling along Upper Serangoon Road going towards Hougang Avenue 7 and everything was fine. While I was driving, one vehicle driver by the name of Benedict Brandon Phay had drove up to me and informed me that there was an accident that just happened which involved my vehicle and a motorcyclist. I did not felt any impact hence I was not aware that there was an accident. I then drove back to the accident site and saw Paramedics as well as Traffic Police. I had also saw that the motorcyclist was already attended by the Paramedics and subsequently he was conveyed to Hospital. I had also made a check on my vehicle and there was no damage nor any scratch on it.

I then informed the Traffic Police that I was not aware of any accident that happened as I did not felt any impact. I was then given a case card F/20210615/0064 and was advised to lodge a Traffic Accident report.

I would like to state that I do not have any dash cam in my vehicle.





Report No. T/20210615/2023

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

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 1 LUM ZHI WEN | Signature Of Informant: |
|---|---|
| Signature Of Interpreter: Not applicable | Date/Time: 15/06/2021 11:38 |
| Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246 | Classification Of Case: |
| Authentication Stamp NP168 | 40- |
| Simple | A CONTRACTOR OF THE PERSON OF |