SN09216S0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/06/2021 13:10 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (28/06/2021 13:10 (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.

- 4. The issue and acceptance 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 28/06/2021 13:10 (SGT) Date of Accident 23/06/2021 19:05 (SGT) Exact Location of Accident Scotts Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **SLT2449D**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN LILY NRIC No. SXXXX382F Email Address lilytan_lily@yahoo.com.sg Mobile Phone No (Phone) +65-97886181 Alternative Phone No +65-97886181

VEHICLE PARTICULARS

Manufacturer

Model Estima Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2362

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800046556-02 Cover Note Number

DRIVER

Name of Driver TAN LILY NRIC No. SXXXX382F Date Of Birth 06/04/1969 Occupation Indoor Date Of Driving Pass 10/09/1999 Driving experience 21 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-97886181 Alt. Phone Number +65-97886181 Email Address lilytan_lily@yahoo.com.sg Address BLK 238 BISHAN STREET 22 #08-218 Address complement Postcode 570238 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 Chain 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? Yes Was any injured conveyed to hospital by ambulance? No 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? Nο PASSENGER 1 Name TALIA LOW KAIYI Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210623/7037 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGQ700R

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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

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) -	Vehicle Registration Number	SLK8596U
Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-Address-Address complement-Postcode-Insurance Company Name-Nature Of Damage-Details of property damaged in accident-	Vehicle Manufacturer	-
Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-Address-Address complement-Postcode-Insurance Company Name-Nature Of Damage-Details of property damaged in accident-	Vehicle Model	-
Vehicle CategoryPrivate carName of Driver-Contact Number-Address-Address complement-Postcode-Insurance Company Name-Nature Of Damage-Details of property damaged in accident-	Vehicle Variant	-
Name of Driver - Contact Number - Address - Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident - Contact Number - Cont	Vehicle Colour	_
Contact Number - Address - Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Vehicle Category	Private car
Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Name of Driver	-
Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Contact Number	-
Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	Address	-
Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	Address complement	-
Nature Of Damage - Details of property damaged in accident -	Postcode	-
Details of property damaged in accident	Insurance Company Name	-
, .	Nature Of Damage	_
No. Of Passenger (Including Driver)	Details of property damaged in accident	-
	No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR3103T
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	TAN LILY
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLT2449D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person Address	TALIA LOW KAIYI -
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLT2449D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- (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 &

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

Personnel

Witnessed by Reporting Centre

Sketch Plan

Vehicle A: SLT2449D

Vehicle B. SMR3103T Whichel: SLK859680

Whicle D: 560700R

Accident report SN09216S0003

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Refe	er to	police	Report.	120010623	17037
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Declaration

We declare the foregoing particulars are true in every resp

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel















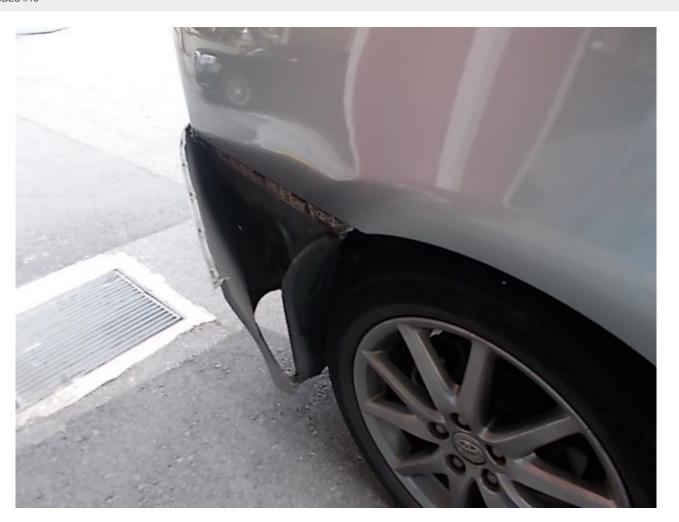


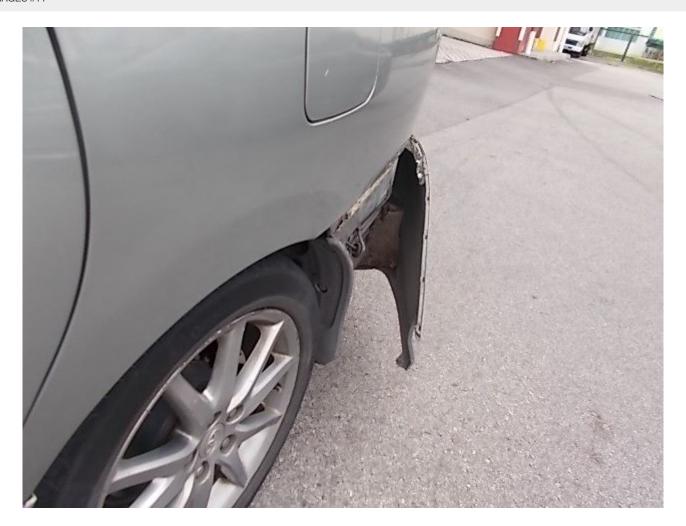


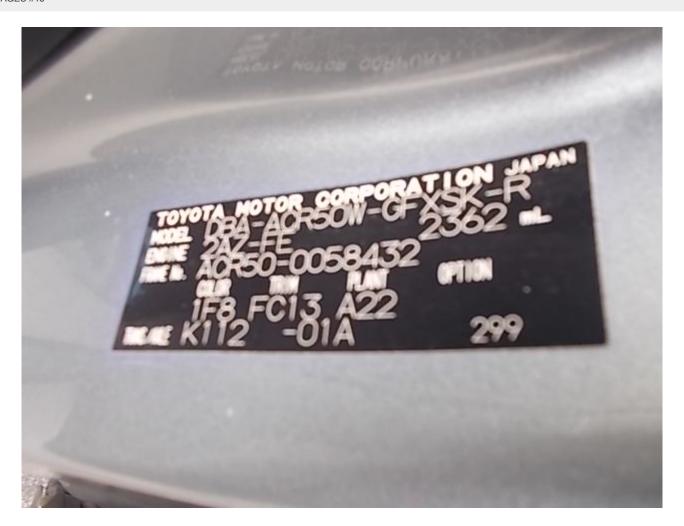




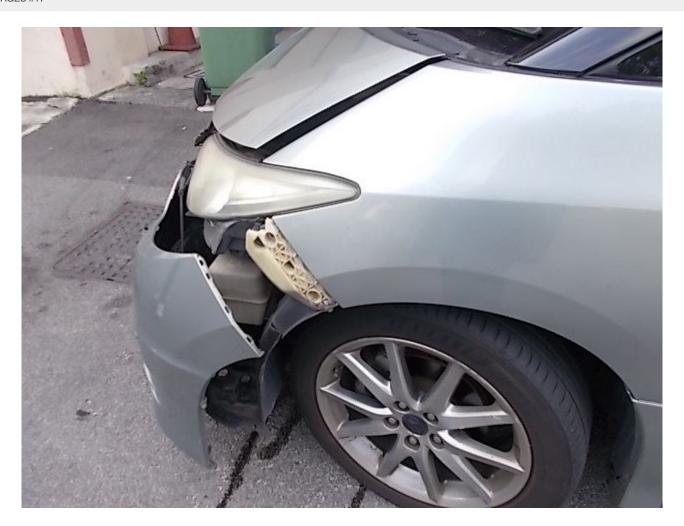
















1 of 4 Report No. T/20210623/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time 23/06/202		Made:	Vide Report No.: Station Dia				
Informan	t's Partic	ulars		公司,公司, 在2000年以及1号以此			
Name of I TAN LILY	nformant:		Address: 238 BISHAN STREET	22 #08-218 SINGAPORE 570238			
ID Type / NRIC NO	ID No.: / S69113	82F	Contact No.: Home/Office:	Mobile: 97886181			
Nationality SINGAPO	y: DRE CITIZ	EN.	Email: LILYTAN_LILY@YAHO	DO.COM.SG			
Sex: Female	Age: 52	Date of Birth: 06/04/1969	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Artistic director (stage, film, television and radio)			Driving Licence Information Class: 3	ation: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2021 19:0	Type of Location Straight Road
Location: SCOTTS RO	AD			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		60 Km/h
10.00		Dry Traffic Control: Traffic Light - Wo	rking	60 Km/h Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGQ700R	Car	BMW			Seriously Damaged	1
SLK8596U	Car	TOYOTA			Slightly Damaged	0
SLT2449D	Car	TOYOTA	ESTIMA AERAS 2.4 A	Silver	Seriously Damaged	0





2 of 4 Report No. T/20210623/7037

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR3103T	Car	BMW			Slightly Damaged	0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT2449D	AIG ASIA PACIFIC INSURANCE PTE.	1800046556-02	12/08/2020	11/08/2021

Details of Perso				1000		1000 1000	
Any Pedestrian Ir			T., (5			to a ALA	
No. of Pedestrian	s Injured: NIL		Use of P	edestriar	n Cross	ing: NA	
Passenger		AND DANKE COL		ID No	NORTH		
Name	TALIA LOW KAIYI).	T0102221G	
Related Vehicle	SLT2449D (Car)				act No.	NIL	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	23/06/2021		Date		23/06	5/2021	
No. of Days gran	ted Medical Leave	03	Degree	of	Serio	us	
Driver				339005			
Name	TAN LILY			ID No).	S6911382F	
Related Vehicle	SLT2449D (Car)			Conta	act No.	97886181	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivir Licen Expir	ng nce &	Class: 3 Date of Expiry: NIL	
Date	23/06/2021	AND LOCAL	Date		23/06	5/2021	
No. of Days gran	ted Medical Leave	03	Degree	of	Serio	ous	

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING PLATE NO: SLT2449D WAS AT A COMPLETE STOP BEHIND OF VEHICLE B, BEARING PLATE NO:SLK8596U AND VEHICLE C, BEARING PLATE NO:SMR3103T.

SUDDENLY VEHICLE D, BEARING PLATE NO:SGQ700R HIT ONTO THE REAR PORTION OF MY VEHICLE CAUSING ME TO HIT ONTO THE REAR PORTION OF VEHICLE B AND VEHICLE C .

AFTER THE INCIDENT, MYSELF AND MY DAUGHTER FELT SOME DISCOMFORT AND WE WENT





3 of 4

Report No. T/20210623/7037

CONTINUATION OF REPORT

TO MOUNT ALVERNIA HOSPITAL.

MYSELF SUFFERED HEAD INJURY, BOTH FEET INJURY, BOTH ARM INJURY AND MUSCLE STRAIN .MYSELF WAS GIVEN 3DAYS MC UNTIL FURTHER OBSERVATION.

WHILE MY DAUGHTER SUFFERED HEAD INJURY, BACK AND NECK SORE AND EAR INJURY .MY DAUGHTER WAS GIVEN 3DAYS MC UNTIL FURTHER OBSERVATION.





4 of 4

Report No. T/20210623/7037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 23/06/2021 22:04
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

Authentication Stamp