ST0A219G0001 / TRANS EUROKARS PTE LTD [408605] ENTRY DATE & TIME: 16/09/2021 17:06 (SGT) SUBMITTED BY: TRANSEUROKARS PTE LTD - UBI VERSION: 1 (16/09/2021 17:06 (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 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 16/09/2021 17:06 (SGT) Date of Accident 13/07/2021 13:55 (SGT) Exact Location of Accident Scotts Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW3194C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Paul Rinker Quek NRIC No. S9126531A Email Address ngkimheng62@gmail.com Mobile Phone No (Phone) +65-97967039 Alternative Phone No (Office) +65-63310681

VEHICLE PARTICULARS

Manufacturer Mazda Model 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1998

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 Ng Kim Heng NRIC No. S1551293H

Date Of Birth 19/09/1962 Occupation Indoor Date Of Driving Pass 15/04/1992 Driving experience 29 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-91774023 Alt. Phone Number Email Address ngkimheng62@gmail.com Address Blk 610 #08 - 227 Yishun Street 6 Address complement Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο 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 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Yishun South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008522999 Alt. Police Station Phone No (Fax) +65-68522239 Police Station Address 32 Yishun Street 81 Singapore 768456 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to attached sketch plan and police report ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMV5171L Vehicle Manufacturer Toyota Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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

- 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.
- 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.
- 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.
- 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)

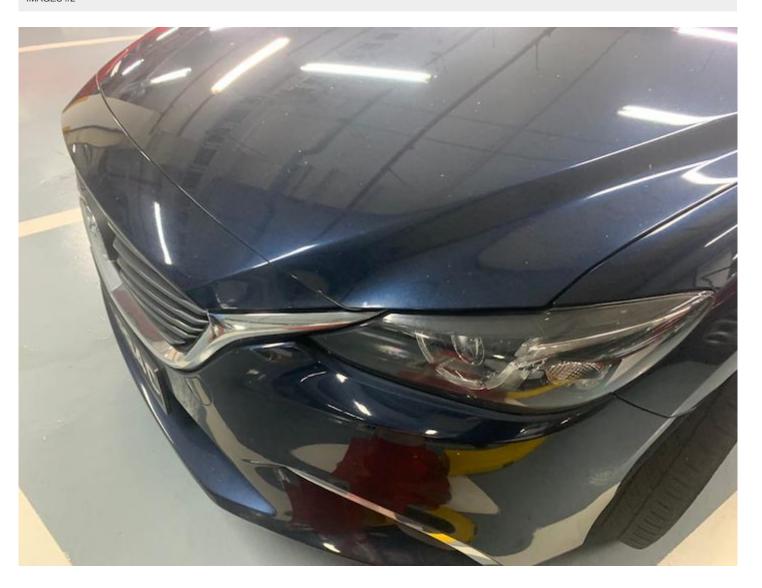
Lunderstand, acknowledge, agree and consent that :

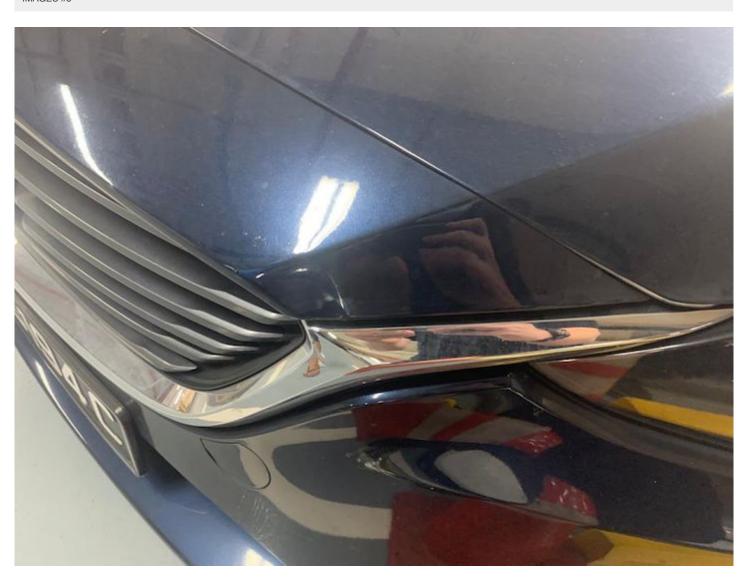
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Winnessed by Reporting Centre & Time Personnel
Sketch Plan	
	Welke Povet Separy

M	10
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to to	Police Report
TETEL 10	Olice 11 10
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declare the foregoing particula	rs are true in every respect.
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wholder's Signature (Days 9	The second of th
yholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date Withessed by Reporting Centre
	Driver's Signature (If driver is not the policyholder) / Date & Time Withessed by Reporting Centre Personnel

















Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1 of 4 Report No. T/20210715/2106

REPORT OF A TRAFFIC ACCIDENT

15/07/26	Date/Time Report Made: 15/07/2021 19:15		Vide Report No.:	Station Diary No.: 65		
Informant's Particulars				00		
Name o	f Informant: HENG		Address: APT BLK 610 YISHUN STRE 760610	ET 61 #08-227 SINGAPORE		
	/ ID No.: D / S15512	93H	Contact No.: Home/Office:	Makila 0477 too		
National SINGAP	ity: ORE CITIZ	EN	Email:	Mobile: 91774023		
Sex: Male	Age: 58	Date of Birth: 19/09/1962	Type of Informant:			
Race: Chinese Occupation: Supervisor/General foreman (building and related trades)			Language: Chinese	Institution / School Name:		
		foreman (building	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road
Location: SCOTTS RO	ND.		13/07/2021 13:55	
	10			
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:
Traffic Flow: One Way Type of Collisi		Traffic Control: Not Controlled		raffic Volume;

Details of V	ehicle Invo	lved				
Vehicle No.	7 (-	Make	Model	Color	Condition	
SKW3194C Car	MAZDA	THE PERSON NAMED IN		Condition	No of Passenger	
	To the state of th	MAZDA	6	Blue	No	0
SMV5171L	Car	TOYOTA	1.7		Damage	
	34.	TOTOTA	Vellfire	Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Lico of Badassia o
	Use of Pedestrian Crossing: NA





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

2 of 4 Report No. T/20210715/2106

CONTINUATION OF REPORT

Driver						SOURCE OF THE REAL PROPERTY.	
Name	NG KIM HENG			ID No.		S1551293H	
Related Vehicle	SKW3194C (Car)			Contact No.		91774023	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Disc				NIL		
No. of Days granted Medical Leave NIL			Degree of	Injury	Injury NIL		
Driver					MESSES AND ADDRESS OF		
Name	Tan Su Kim		ID No.		NIL		
Related Vehicle	SMV5171L (Car)			Contact No.		82922702	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	nave - In the later	Date Disci		NIL		
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 13/07/2021 at about 1.55pm, I was travelling along Scotts Road towards Newton Road. I was driving behind a black Toyota Vellfire bearing the plate number SMV5171L (Driver: Tan Su Kim, DOB: 16/06/1971, c/n: 8292 2702).

The vehicle made a left turn out of a sudden without signaling and this caused me to not be able to brake in time and collided onto the rear of the said vehicle. Both myself and the driver then got down of our vehicle to make a check on the damage.

The damage sustained by his car as follows:

1)Dented on the left rear bumper of the vehicle

My vehicle did not sustained any damages. My vehicle is a Blue Mazda 6 bearing the plate number SKW3194C.

We then decided to have a private settlement on the case however, the said driver told me that the car does not belong to him and will need to discuss with his supervisor with regards to the private settlement. We then exchanged phone number and he told me that he will be calling the next day.

As I did not receive his call until today 15/07/2021, I then made a call to him at about 4.15pm to enquire on our discussion on private settlement. The said driver then told me that he had already lodged a Police report with regards to the matter. I wish to state that I have an in-car camera installed in my vehicle and It was recording when the incident happened. I do not know if the camera had captured the footage of the said incident but I still have the SD card and will try to retrieve the footage. As the driver had already lodged a report, I am also lodging this report for my insurance purpose.





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

3 of 4 Report No. T/20210715/2106

CONTINUATION OF REPORT

No one was injured, no Police or Ambulance were at scene, no government properties were damaged and no foreign vehicles were involved.