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 04/08/2021 17:20 (SGT) Date of Accident 03/08/2021 17:00 (SGT) Exact Location of Accident Hougang Ave 3, Singapore Additional Location Information **TOWARDS UBI** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

1998

No - Claiming third party

Vehicle Registration Number SLS2607U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner EXPRESS PLASTIC ENGINEERING PTE LTD

Company Reg No 2XXXXX864H Email Address x543210h@gmail.com Mobile Phone No (Phone) +65-91000579

Alternative Phone No +65-91000579

VEHICLE PARTICULARS

Manufacturer Mazda Model Biante 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?

Vehicle Category Transmission CC

INSURANCE COMPANY

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

Type of Coverage Comprehensive Fleet Policy

Policy Number 1700060094-03

Cover Note Number

DRIVER

Name of Driver TAN TIONG HAN NRIC No. SXXXX526D

Date Of Birth 18/11/1968 Occupation Indoor Date Of Driving Pass 21/12/1994 Driving experience 26 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91000579 Alt. Phone Number Email Address x543210h@gmail.com Address BLK 6 LORONG LIEW LIAN #02-132 Address complement Postcode 531006 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **OWNER** 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? Yes 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes FOREIGN VEHICLE 1 Vehicle Registration Number **JGN9311** Vehicle Category Private car DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Eunos Neighbourhood Police Post Police Station Phone No (Phone) +65-18004439999 Alt. Police Station Phone No (Fax) +65-62444376 Police Station Address Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20210803/2084 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 THE CAR INSURANCE Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

JGN9311

Accident report SN0821840002

Vehicle Registration Number

Vehicle Manufacturer	Toyota
Vehicle Model	UNSER
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAM HUE TONG
Passport No/FIN	8XXXXXXX5939
Contact Number	(Phone) +65-90235262
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

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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)

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;
- (ii) 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.

(EP)

Policyholder's Signature / Date & Time

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

Sketch Plan

A - SLS 2607 U B - JGN 9311

ersonnel

nessed by Reporting Centre

Describe Circumstances o	f the Accident			
- The state	done and.	find, Zi	is travelli	my on the centre land
alory housany Av	e 3 toward	uti. The	to the f	an traffic where
I slowed down or				red impact fun
the new of my	vehicle A u	men I ali		ealised of was relicle
B failed to stop	on time co	une the	Jan GLOS	const 12 way remove
	, (100	Dry TRE	(471490)	
police report	attached:	7/2021	0803 / 2	2084
	-			
				-
1				
Declaration				
We declare the foregoing particula	ifs are true in every respe	ct.		
GWE 60		747		
9 1		1		/11
olioyholder's Signature / Date &	B	lun		m 04/08/2021
me	Driver's Signature (if dr & Time	iver is not the police	cyholder) / Date	Unessed by Reporting Centre Personnel























Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

1 of 4 Report No. T/20210803/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2021 19:15		fade:	Vide Report No.:	Station Diary No. 31		
Informa	nt's Partici	ulars		Barten ar heath ar follows		
Name of Informant: TAN TIONG HAN			Address: APT BLK 6 LORONG LEW LIAN #02-132 SINGAPORE 531006			
ID Type / ID No.: NRIC NO / S6844526D			Contact No.: Home/Office:	Mobile: 91000579		
Nationality: SINGAPORE CITIZEN		EN	Email: zhonghan68@yahoo.com.sq			
Sex: Male	Age: 52	Date of Birth: 18/11/1968	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Director			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 03/08/2021 17:00	Type of Location Straight Road
Location: HOUGANG A Weather: Clear	VENUE 3	Road Surface:		Road Speed Limit:
Cieai		Dry Traffic Control:		50 Km/h Fraffic Volume:
Traffic Flow: Two Way		ridino Gontroi,		ight

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
JGN9311	Car	TOYOTA	UNSER	Red	Seriously Damaged	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME
SLS2607U	Car	MAZDA		White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS2607U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700060094-93	15/09/2020	14/09/2021



Police Station Of Origin: Eunos NPP 529 Bedok Reservoir Road #01-1620 SINGAPORE 470629

2 of 4 Report No. T/20210803/2084

Tel No: 1800-4439999

CONTINUATION OF REPORT

Any Dodostrica In	wolved: No				
Any Pedestrian In		Lies of Dado	atrian	Cross	ing: NA
No. of Pedestrians Injured: NIL Use of Ped			strian	Cross	ng. IVA
Driver	Mary that states of the libition of the		D No.	Parker C.	001010015000
Name	KAM HUE TONG				821018015939
Related Vehicle	JGN9311 (Car)			t No.	90235262
Hospital/Clinic	NIL			of) e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Ir	njury	NIL	
Driver	· · · · · · · · · · · · · · · · · · ·				· 经工作工作。
Name	TAN TIONG HAN		D No.		S6844526D
Related Vehicle	SLS2607U (Car)		Conta	ct No.	91000579
Hospital/Clinic	NIL			of g ce & Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
	ted Medical Leave NIL	Degree of It	niury	NIL	

Brief Details.

On 03/08/2021 at about 1700hrs, I was driving my car alone, reg no SLS2607U along Hougang Avenue 3 towards Ubi Avenue. I was driving in the center lane. It was a 3 lane, not raining, ground dry While I was driving the front car suddenly stopped . I managed to brake, stop my car in time to avoid collision. The front car was from Ubi Driving school. While stopping my car, I felt an impact from my rear side. I alighted from my car and discovered a Malaysian car hit on my rear car. The Malaysian car driver also alighted. Both of us was not injured and no passengers.

I asked him and he told me that he was not able to brake in time as such his car collided into my car. The driving school car driver and instructor also alighted from their vehicle. The male Chinese instructor told me that as infront of me was a driving school car, I should keep a distance for emergency. As such my car did not hit the driving school car, its not their fault. The driving school car reg no SKR2827T. As such they left without exchanging particulars and their driving school car was not damaged. The Malaysian driver and I do not require medical attention, no visible injuries. My car install front and rear camera, captured the accident.

The Malaysian driver and I exchange particulars, took photos of our cars damages. While I was there, a car workshop pass by us and stop. The driver approached and advised to proceed to their workshop to do the settlement. The Malaysian car was unable to move as such was towed away. My car was able to drive, as such proceed to the Kaki Bukit, Xinhua Workshop Pte Ltd located at 23 Kaki Bukit Avenue 4 #04 -01. The Malaysian driver and I decided to claim thru our respective insurance. I had pass my car camera SD to my car insurance.

No government properties involved.



Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999



3 of 4 Report No. T/20210803/2084

CONTINUATION OF REPORT





Police Station Of Origin: Euros NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 4 of 4 Report No. T/20210803/2084

CONTINUATION OF REPORT

Sketch P	lan	
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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: G / SI ZULKANAIEN BIN ENDRA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2021 19:15
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:
Authentication Stamp	1