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 27/08/2021 12:12 (SGT) Date of Accident 26/08/2021 17:30 (SGT) Exact Location of Accident Simei Street 3, Singapore Additional Location Information AND JUNCTION OF SIMEI STREET 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL9920D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Mr Koh Wei Liang NRIC No. S8438960I Email Address KOH WEI LIANG@HOTMAIL.COM Mobile Phone No (Phone) +65-93697325 Alternative Phone No (Home) +65-93697325

VEHICLE PARTICULARS

Manufacturer Mazda Model Cx-5 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 - Claiming third party Vehicle Category Private car Transmission Auto

CC 1999

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 Mr Koh Wei Liang NRIC No. S8438960I

Date Of Birth 30/11/1984 Occupation Indoor Date Of Driving Pass 03/07/2004 Driving experience 17 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-93697325 Alt. Phone Number (Home) +65-93697325 Email Address KOH_WEI_LIANG@HOTMAIL.COM Address 29 Pasir Ris Link Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Collided into Motorcyclist 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? Nο 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 Changi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005872999 Alt. Police Station Phone No (Fax) +65-65872900 Police Station Address 9 Simei Street 2 Singapore 529914 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE SEE POLICE REPORT AND VIDEO ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBS3360S Vehicle Manufacturer Vehicle Model

Motorcycle

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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	TENGKU MUADZAM Male (Phone) +65-94560091
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	FBS3360S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN			
	10001	5 Video	
		S	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	LICENSE PLATE NO:	SJLANZOD
ACCIDENT DATE: 2	6/08/2021	CONTACT NUMBER:	93677325
ACCIDENT TIME:	1730	EMAIL: Kun-Wes	
		Street 3 & Smel St	
	an land are Shares	2 aret 2 7 2 met 21	Met of
=1			
IOTE: PLEASE NOTE THAT YOUR INSI	IDED MAY MAVE 44 DAVE TIME OF	RAME FOR YOU TO SUBMIT AN OWN DAMAGE (
O'LL TECHEL HOLL HOLL HOLL			DLAIMS UNDER YOUR OWN POLICE
LEASE STATE: () CLAIM (POLICY FOR MORE INFORMATION	
CLARATION	OWN POLICY () CLAIM	THIRD PARTY () REPORTING ONLY	
Ve declare the foregoing particu	lars are true in every respect.	g con	
1	0.000,000,000,000,000,000,000,000,000,0		
6	//		(6)
icyholder's Signature	Driver's Signature	Description of	a Davianal's Circuit
te & Time: 27 08 2	(If driver is not the policy	yholder) Name:	e Personnel's Signature
1150	Date & Time: 2710		
ARMC SketchPlanForm_V3	1.1		

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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
- 5. 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 lodgment 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, 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' lawyers/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' 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
- 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 lawyers/law firms], which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 12 05 21 1150

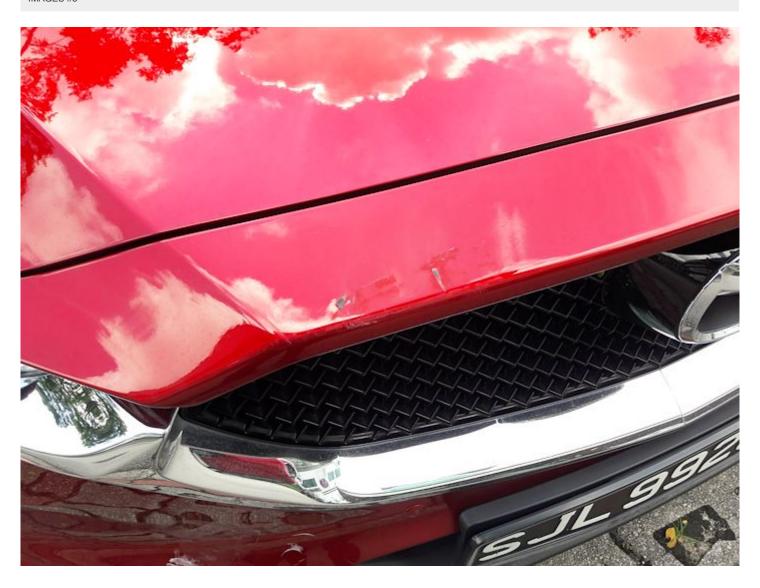
Driver's Signature

(If driver is not the policyholder) Date & Time: V7 08 21 Reporting Centre Personnel's Signature

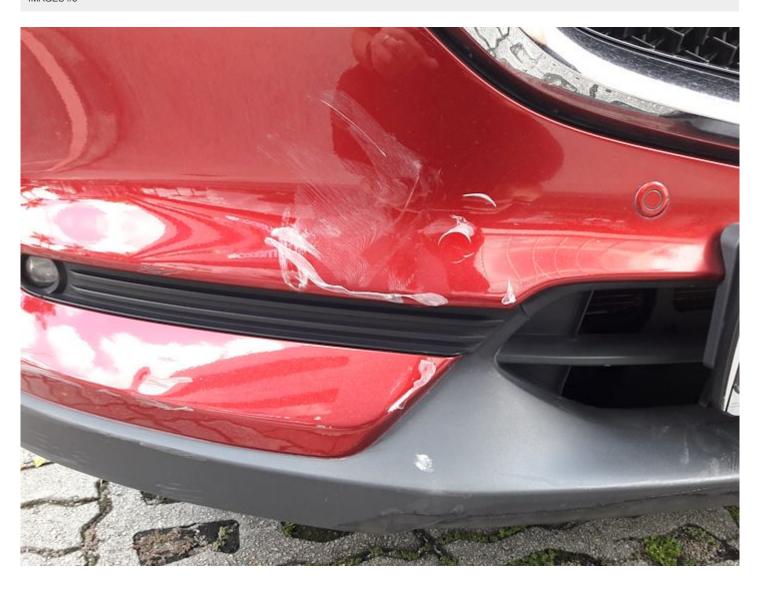
NRIC/FIN No.:

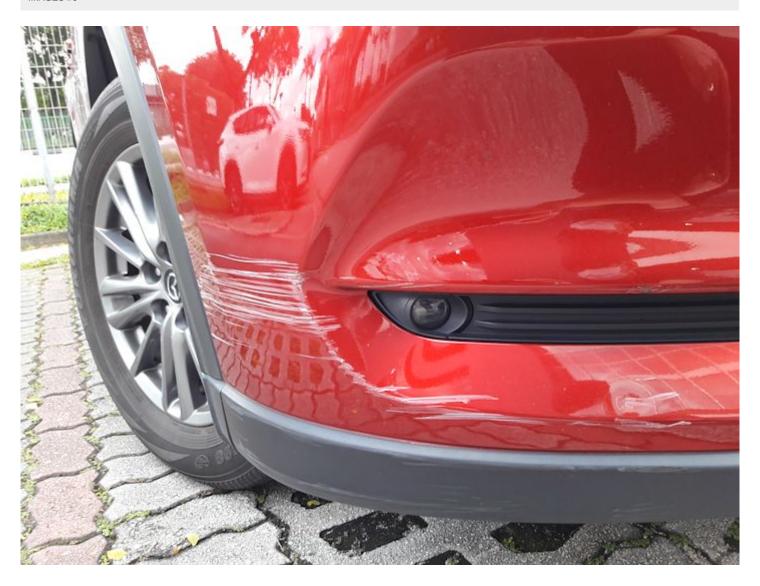












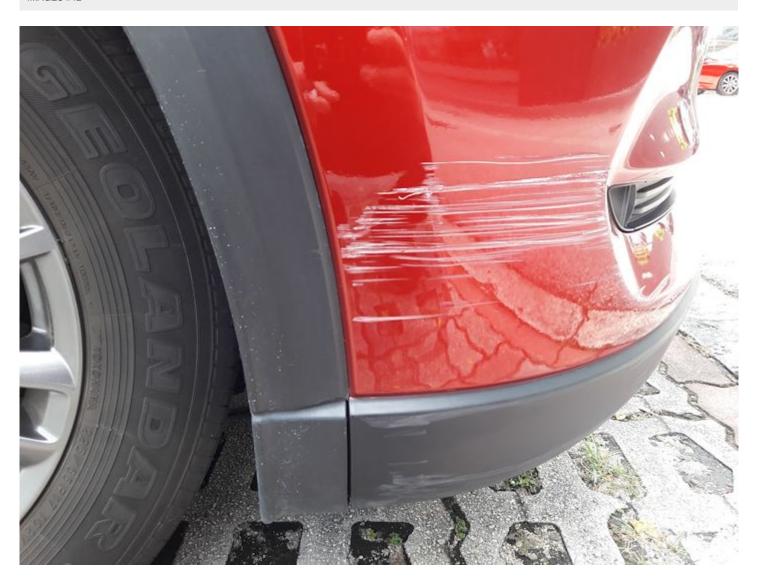






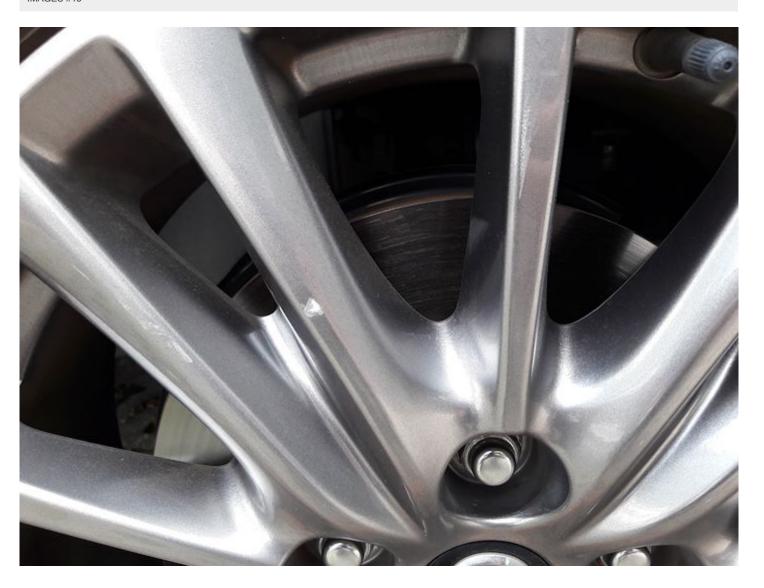




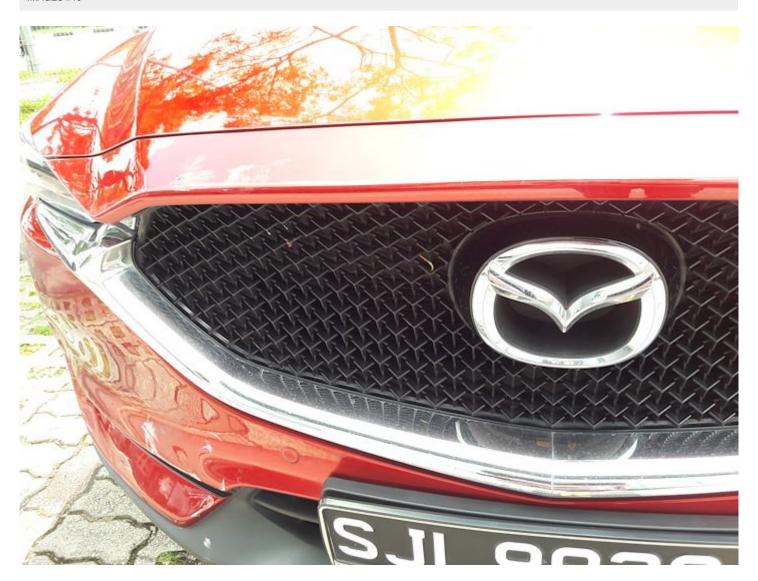






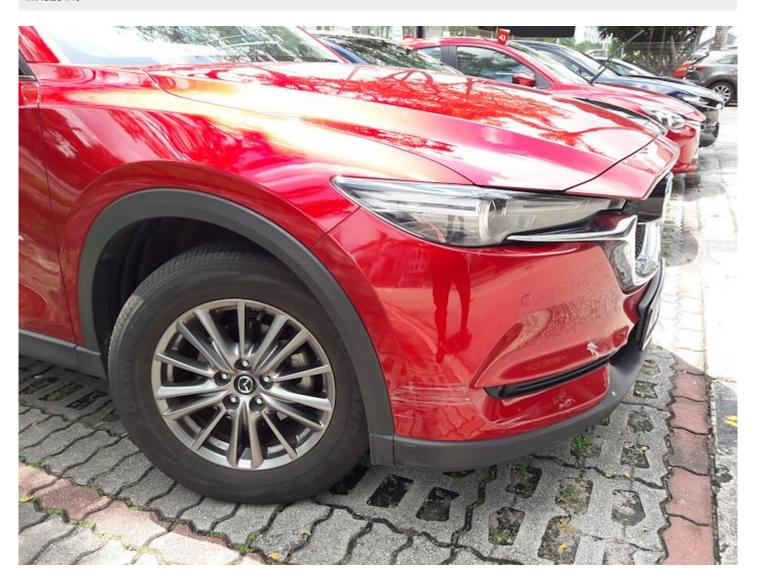


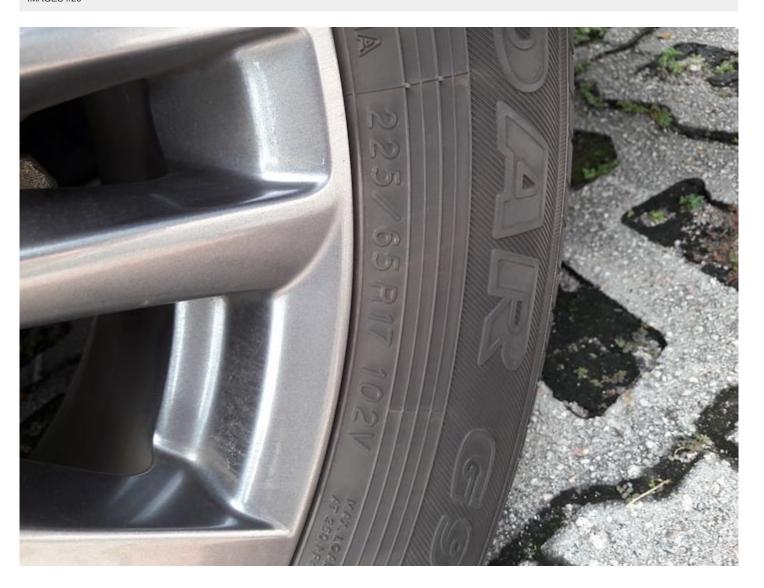
IMAGES #16



















Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

T/20210826/2117

Report No. T/20210826/2117

REPORT OF A TRAFFIC ACCIDENT

26/08/2021 23:10		Made:	Vide Report No.:	Station Diary No.: 40		
Informa	nt's Partic	ulars				
Name of Informant: KOH WEI LIANG			Address: APT BLK 26 PASIR RIS LINK #03-21 SINGAPORE 518145			
ID Type / ID No.: NRIC NO / \$84389601			Contact No.: Home/Office:	Mobile: 93697325		
	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 36 30/11/1984			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: DOCTOR			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2021 17:30	Type of Location: Straight Road	
Location: SIMEI STREE	ET 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:				Traffic Volume: Moderate	
Two Way					

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBS3360S	Motorcycle		NMAX 155 ABS CVT	Black	Slightly Damaged	0
SJL9920D	Car	MAZDA	CX-5 2.0 AT PREMIUM EU6	Red	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJL9920D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700075709-03	26/10/2020	25/10/2021	



T/20210826/2117

Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

2 of 3 Report No. T/20210826/2117

CONTINUATION OF REPORT

Details of Perso	n Involved	CHEST SECTION		建		
Any Pedestrian Ir	rvolved: No				Line Constitution	
The state of the s			Use of Pe	destrian Crossing: NA		
Driver				New York		
Name	KOH WEI LIANG			ID No.		S8438960I
Related Vehicle	NIL			Conta	ct No.	93697325
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	nted Medical Leave NIL Degree of			f Injury NIL		
Rider						
Name	TENGKU MUADZAM SHAH BIN TENGKU MUZAFFAR SHAH			ID No		S9536455A
Related Vehicle	NIL.			Conta	ct No.	94560091
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	20111100-11	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 26/08/2021 at about 1730hrs, On 26/08/2021 at about 1730hrs, I was moving off at the junction of Simei St 3 and Simei St 4. When I accidently hit the rear of the motorbike In front of me who intended to turn right instate of going straight,

After reaching CGH, he was been suffered abrasion on his left hand, elbow, left knee and small fractured on his left hand as well. After ensuring his safety, we then exchange our particular as he will be doing insurance claim from me.





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 3 of 3 Report No. T/20210826/2117

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: G / Sgt 2 LIM JIA XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/08/2021 23:10
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	