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.

 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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	10/01/2022 10:05 (SGT)
Date of Accident	07/01/2022 18:40 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Mini

Vehicle Registration Number		SLS2140Z	
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEH WEI KHEE
NRIC No	SXXXX423C
Email Address	selphk38@gmail.com
Mobile Phone No	(Phone) +65-96800217
Alternative Phone No	+65-96800217

VEHICLE PARTICULARS

Manufacturer

Model	Cooper
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210080305
Cover Note Number	-

DRIVER

Name of Driver	TEH WEI KHEE
NRIC No	SXXXX423C

Date Of Birth 30/05/1978 Occupation Outdoor Date Of Driving Pass 14/03/1997 Driving experience 24 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96800217 Alt. Phone Number +65-96800217 Email Address selphk38@gmail.com Address 409B FERNVALE ROAD Address complement #09-56 Postcode 792409 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 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 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20220108/7009 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH WORKSHOP Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJK7781G Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category	Private car
Name of Driver	TAN YONG HENG DARREN
NRIC No	SXXXX786G
Contact Number	(Phone) +65-91525259
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 Form must 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.
- 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.
- 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.
- 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' 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 &

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

& Time

Sketch Plan

A-SLSDIADZ
B. CTKTT8169

TEDIAD

TEDIAD

Describe Circui	mstance	s of the Accider	nt		
			0-0-10		
REFER	70	BOLICE	REPORT.	T/20220108/7009	
			Steel Steel Vision Steel		
The state of the s	100				
	_				
		1100			

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel



Details of Vehicle Insurance

Vehicle No.

T/20220108/7009

Effective

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Insurance Company

07/01/2022

No. of Days granted Medical Leave

2 of 4 Report No. T/20220108/7009

Expiry Date

CONTINUATION OF REPORT

Insurance No

Expiry

07/01/2022

Slight

SLS2140Z	AIC	G ASIA PACIFIC INSURANCE PTE. D.	72100	80305		23/08/2021	22/08/2022
Details of P	erso	n Involved	ST-BL/10	eremo	GATES!		
Any Pedestr	ian Ir	nvolved: No					
No. of Pedes	strian	ns Injured: NIL	Use of Pe	edestriar	Cross	sing: NA	
Driver							
Name TAN YONG HENG DARREN				ID No		S94477860	3
Related Veh	icle	SJK7781G (Car)		Contact No.		91525259	
Hospital/Clin	nic	NIL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date		NIL	Date	-	NIL		
No. of Days	gran	ted Medical Leave NIL	Degree of NIL				
Driver							
Name		TEH WEI KHEE		ID No.		S7815423C	
Related Veh	icle	SLS2140Z (Car)		Contact No.		96800217	
Hospital/Clin	ic	SENGKANG GENERAL HOSPITA LTD.	L PTE.	Class of Driving Licence &		Class: 3 Date of Expiry: NIL	

Brief Details.

Date

Accident happened on 07 Jan at 1835H on Tampines Expressway, between Exit 9 and 10, under Punggol Flyover, in the direction of CTE.

05

Date

Degree of

SLS2140Z was proceeding straight on lane 1 within speed limit and keeping a safe distance from the vehicle ahead. As traffic was heavy during peak hours, there were occasional start-stop condition experienced along the TPE stretch. Approaching under Punggol Flyover, SLS2140Z slowed down to a stop as the car ahead had come to a stop. SJK77881G, a blue Honda Civic behind SLS2140Z did not manage to stop in time and read ended SLS2140Z.

Both drivers were alone and alighted their vehicles to inspect the damage. Driver of SJK7781G identified himself as MR DARREN TAN YONG HENG (S9447786G) and showed me his ID. We took pictures of each other's vehicle and exchanged contact details before moving our vehicles to the side of the road after Exit10, TPE.



T/20220108/7009

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20220108/7009

CONTINUATION OF REPORT

MR TAN was insistent on repairing my car at his workshop and did not make any offer of private settlement. My request to repair my car at my trusted workshop with MR TAN footing the bill was rejected. He was insistent on proceeding for repair at his workshop. We did not reach an agreement and I was feeling uncomfortable with MR TAN's insistence. Seeing no amiable outcome with the discussion and throbbing discomfort building on my neck and lower back, I decided to break-off the discussion and left the location.

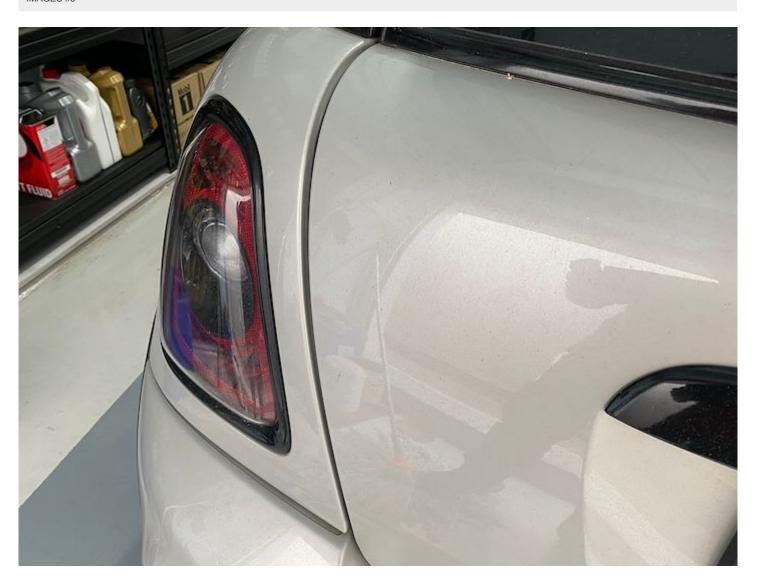
I have pictures of both cars involved in the accident, video taken of surrounding after the accident, and front car cam from SLS2140Z.







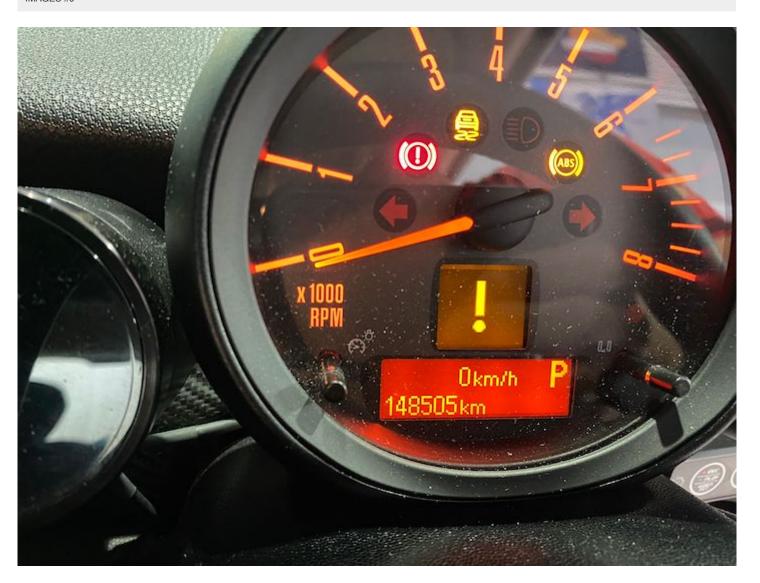


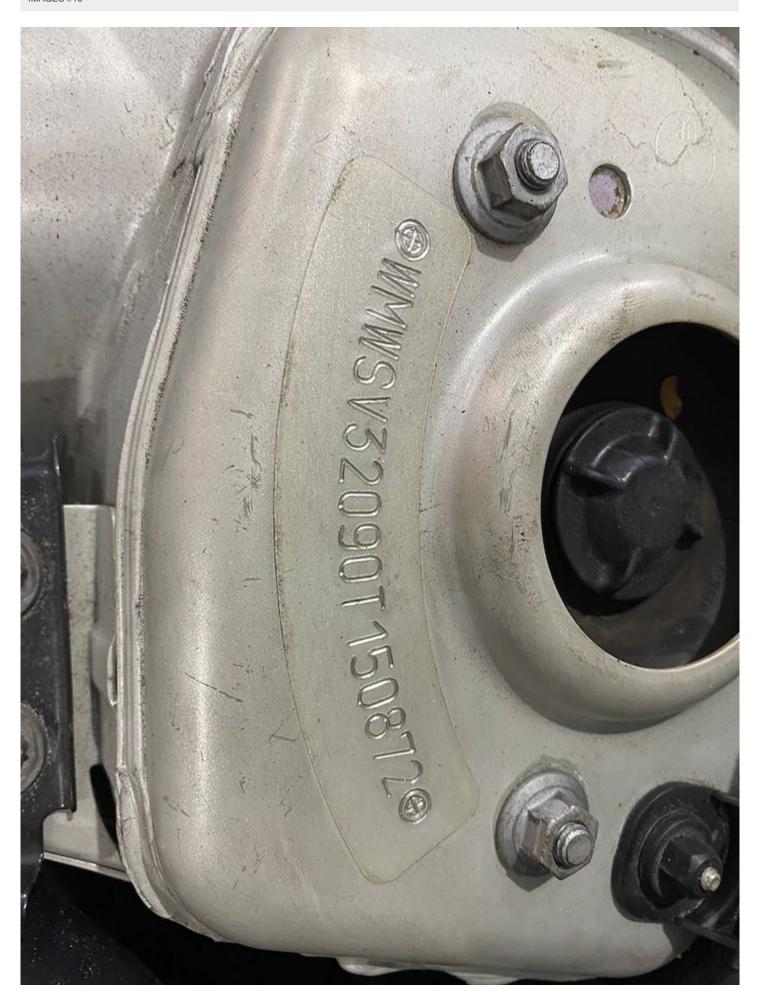
















T/20220108/7009

1 of 4

Report No. T/20220108/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2022 11:09		Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars			
Name of TEH WE	Informant: I KHEE		Address: 409B FERNVALE ROA	AD #09-56 SINGAPORE 792409	
ID Type NRIC NO	/ ID No.: D / S78154;	23C	Contact No.: Home/Office:	Mobile: 96800217	
National SINGAP	ity: ORE CITIZ	EN	Email: ZETAET@Hotmail.CO	М	
Sex: Male	Age: 43	Date of Birth: 30/05/1978	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nati English		
Occupation: Naval Officer (SAF)		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:			Date/Time of Accident: 07/01/2022 18:35	Type of Location: Expressway (TPE)	
Location: TAMPINES E	XPRESSWAY				
Weather: Clear		Road Surface: Dry	0.000	oad Speed Limit:) Km/h	
	Way	20170	90 Ti		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJK7781G	Car	HONDA	Civic	Blue	Slightly Damaged	0
SLS2140Z	Car	MINI	COOPER+S +HB+1.6+AT +HID+SR+A BS+TC+2W D	C7045-00-00-00-00-00-00-00-00-00-00-00-00-00		0



Details of Vehicle Insurance



Effective

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Insurance Company

07/01/2022

No. of Days granted Medical Leave

Tel No: 65470000

Vehicle No.

2 of 4 Report No. T/20220108/7009

Expiry Date

CONTINUATION OF REPORT

Insurance No

Expiry

07/01/2022

Slight

	1110	didnee company	mound	100 110		FILOCUAG	LAPITY Date
SLS2140Z	LTI	G ASIA PACIFIC INSURANCE PTE. D.	7210080305		23/08/2021	22/08/2022	
Details of Po	erso	n Involved	10 5 (4)	and the same			
Any Pedestri	an Ir	ivolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Driver			MARIE .				
Name		TAN YONG HENG DARREN		ID No.		S9447786G	
Related Vehicle		SJK7781G (Car)		Contact No.		91525259	
Hospital/Clin	ospital/Clinic NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date		NIL Da		ate NIL			
No. of Days granted Medical Leave NIL		ted Medical Leave NIL	Degree of NIL				
Driver							
Name		TEH WEI KHEE		ID No.		S7815423C	
Related Vehi	cle	SLS2140Z (Car)		Contact No.		96800217	
Hospital/Clini	ic	SENGKANG GENERAL HOSPITAL P'LTD.		Class of Driving Licence &		Class: 3 Date of Expiry: NIL	

Brief Details.

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T/20220108/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20220108/7009

CONTINUATION OF REPORT

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20220108/7009

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: 08/01/2022 11:09				
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:				