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 10/03/2022 17:06 (SGT) Date of Accident 10/03/2022 12:15 (SGT) Exact Location of Accident Thomson Rd, Singapore Additional Location Information TURNING RIGHT TO MOULMEIN ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SKS1919M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KOH SAW TIN NRIC No. SXXXX315H Email Address i-eremy@hotmail.com Mobile Phone No (Phone) +65-90185314 Alternative Phone No +65-98888119

VEHICLE PARTICULARS

Manufacturer Porsche Model Macan 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2997

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 7220022608 Cover Note Number

DRIVER

Name of Driver TAN CHANG HUI JEREMY NRIC No. SXXXX599B

Date Of Birth 08/08/1994 Occupation Indoor Date Of Driving Pass 09/07/2013 Driving experience 8 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98888119 Alt. Phone Number Email Address j-eremy@hotmail.com Address 1 BISHAN STREET 15 #10-08 Address complement Postcode 573910 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface \/\e_t 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 PLEASE REFER TO SKETCH AND POLICE REPORT T/20220310/7016 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 **SLR3120E** Vehicle Manufacturer Mitsubishi Vehicle Model Lancer

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

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 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
- (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

Witnessed by Reporting Centre

Personnel

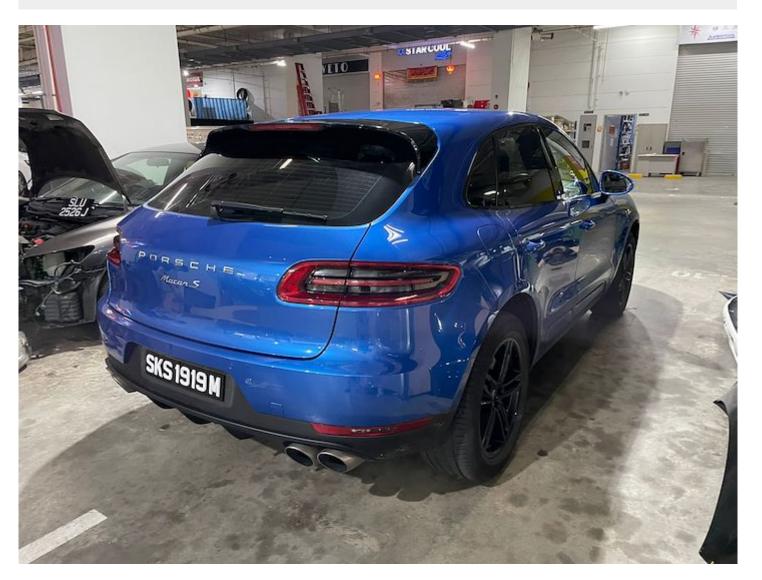
Sketch Plan

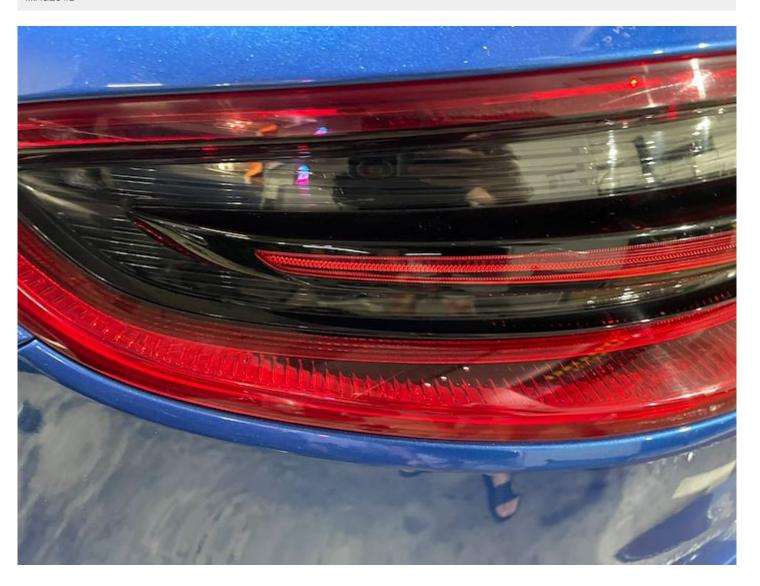
THOMSON NOAD A-> 525-1919 M TURNING RIGHT TO MOULMEIN WAD 6-) SLR 3120 6

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ibu Gircumstances o	f the Accident		
On the staded	time I date, I was	eationery in my	etick A, ((LS1719 M)
Uniting for the da	affic light to turn green.	swelling, a vehice	le behind me,
(SLR 3120E) W	t out and hit on to m	y mar lost tail U	ampara tumper.
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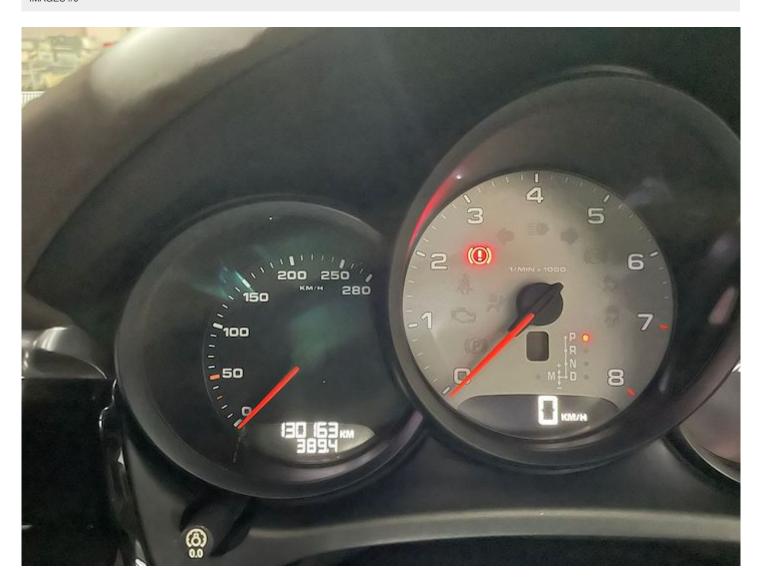










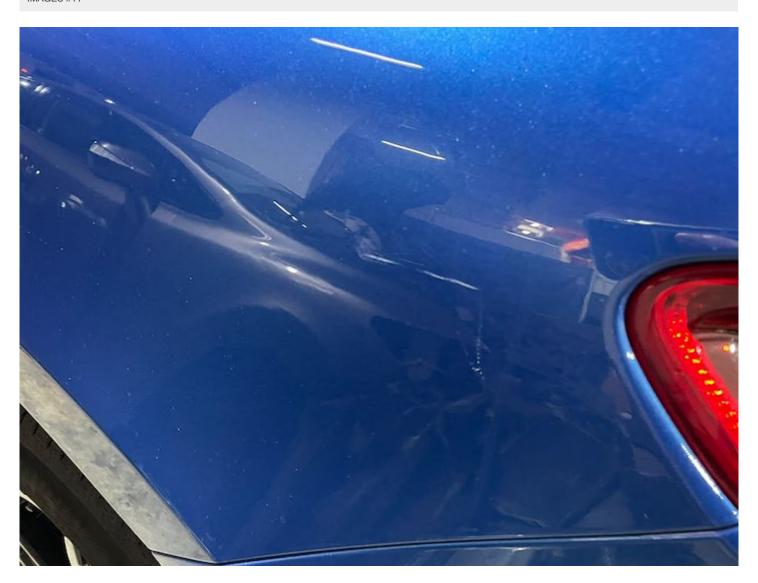


















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220310/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 10/03/20	e Report M 22 14:41	fade:	Vide Report No.:	Station Diary No.:			
Informa	nt's Particu	ulars					
Name of Informant: TAN CHANG HUI JEREMY			Address: 1 BISHAN STREET 15 #10-08 SINGAPORE 573910				
ID Type	/ ID No.: D / S942859	99B	Contact No.: Home/Office:	Mobile: 98888119			
Nationality: SINGAPORE CITIZEN		ΈΝ	Email: J-EREMY@HOTMAIL.SG				
Sex: Male	Age: 27	Date of Birth: 08/08/1994	Type of Informant: Driver				
Race: Chinese	8		Language: English	Institution / School Name:			
Occupation: Company director			Driving Licence Information: Class:	Date of Expiry:			

		DIL	D-4- (Time of	Tune of Leastion
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/03/2022 12:	Type of Location T-Junction
Location: THOMSON F	OAD			
Weather: Clear		Road Surface: Wet		Road Speed Limit: 50 Km/h
			rking	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKS1919M	The state of the s	Mano	- Indus			0
SLR3120E	Car	MITSUBISHI	LANCER	White		0

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



T/20220310/7016

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220310/7016

CONTINUATION OF REPORT

Driver	Attacked to the state of			TE WEST	
Name	TAN CHANG HUI JEREMY		ID No.	S9428599B	
Related Vehicle	SKS1919M (Car)			Contact No	. 98888119
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	0.00000000	Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

On the stated time & date, I was stationary in my vehicle (SKS 1919 M) waiting for the traffic light to turn green. Suddenly, a vehicle behind me, (SLR 3120 E) cut out and hit onto my rear left tail lamp and bumper. He then drove away without alighting.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220310/7016

CONTINUATION OF REPORT

Sketo	h P	lan
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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: 10/03/2022 14:41
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
NP168	-