SL03223M0002 / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 22/03/2022 17:13 (SGT) SUBMITTED BY: LHMK -3 VERSION: 1 (22/03/2022 17:13 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 norm by insurance companies is not an admission of policy leading on the part of the made at a separation 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/03/2022 17:13 (SGT) 21/03/2022 13:00 (SGT) Lor 2 Toa Payoh, Singapore Slip road to PIE (Changi) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJR2136R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address**

Mobile Phone No

Alternative Phone No

Ŋο

TAN BUAY YEE (CHEN MEIYAN)

S7102459H

maytan@bondtech-sg.com

(Phone) +65-90098008

+65-90098008

VEHICLE PARTICULARS

Manufacturer

Model

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

A3

Audi

Private use

No - Claiming third party

Private car

Auto

999

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

1900038844-02

DRIVER

Name of Driver

NRIC No

TAN BUAY YEE (CHEN MEIYAN) S7102459H

Accident report SL03223M0002

irth ion

Driving Pass experience

le Number Phone Number nail Address

ddress

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

24/01/1971 Outdoor 16/10/1992

29 YEARS AND 5 MONTHS

Female

(Phone) +65-90098008

+65-90098008

maytan@bondtech-sg.com

Blk 141 Lorong 2 Toa Payoh #26-154

311141 Yes

No

Collision - Head to Rear

Clear Dry

No 2 Yes No Yes

No

Yes

Thomson Neighbourhood Police Post

(Phone) +65-18004529999 (Fax) +65-65535740

Blk 25 Sin Ming Road #01-180 Singapore 570025

No

Yes

Yes

The video is with the car workshop.

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

GBJ2759E Toyota Dyna



ategory
Driver
Number
ss
ess complement
tcode
surance Company Name
dature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Commercial vehicle

-

-

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INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender Phone No

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Tan Buay Yee

Female

(Phone) +65-90098008

-

SJR2136R

Accident report SL03223M0002

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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)

l 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 & Time

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

Witnessed by Reporting Centre Angle Soh Personnel

(A) SJR 2136R (B) GBI 2759E

2.2 MAR 2022 & Time

Sketch Plan

DIE TOWNED (CHANGI)

Describe Circumstances of the Accident

ROFER TO ACTION	6 REPORT 7/2022 0321/2067.	
LOUNE CO LONG	VILLER 11 5055 0351 1 5067.	
	7.00	
	1100	
		NATIONAL CO.
claration		
e declare the foregoing particula	rs are true in every respect.	
\wedge		
V		2
1		/2//
	У	LVL
yholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date	
ynoider o Signature / Date of	& Time	Witnessed by Reporting Centre Personnel

2 2 MAR 2022

Angie Soh

Personnel





1 of 3

Report No. T/20220321/2067

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

REPORT OF A			1	Station Diary No.:			
Date/Time Report Made: 21/03/2022 17:19			Vide Report No.:	19			
			THE RESERVE AS A SECOND				
Name of Inf TAN BUAY	ormant:	dio ,	Address: APT BLK 141 LORONG 2 TOA	A PAYOH #26-154 SINGAPORE			
ID Type / ID No.: NRIC NO / S7102459H			Contact No.: Home/Office:	Mobile: 90098008			
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Female	Age:	Date of Birth: 24/01/1971	Type of Informant: Driver	Institution / School Name:			
Race: Chinese Occupation:		.1	Language:	Institution / Concert / Concert			
			Driving Licence Information: Class: 3	Date of Expiry:			

ieneral Information Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2022 13:00	Type of Location Slip road
Location: LORONG 2	ГОА РАҮОН			
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: Moderate

Details of Vi	A STATE OF THE PARTY OF THE PAR	Make	Model	Color	Condition	No of Passenger
Vehicle No. GBJ2759E	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	0
SJR2136R	Car	AUDI	A3 SPORTBAC K 1.0 TFSI S TRONIC (LED)	White	Slightly Damaged	0





T/20220321/2067

2 of 3

Report No. T/20220321/2067

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

CONTINUATION OF REPORT

				100	destruction of the state of the		
	Details of Ve	hicle Insura	ince		Insurance No	Effective	Expiry Date
- 14	Makiele No	Insurance (Company		222244 02	09/03/2022	08/03/2023
	SJR2136R	AIG ASIA	PACIFIC INSUR	ANCE PIE.	19000300 71 02		
		LTD					

LTD.			Table	HARLICAN DESTA	(1000年)	MARKET TO THE TOTAL PROPERTY.	
etails of Person	Involved			是 基化		Settores avae	
ny Pedestrian Inv	volved: No		Jse of Ped	estrian C	rossir	ng: NA	
lo. of Pedestrians	s Injured: NIL	2000年3月2日	A CONTRACTOR OF THE PARTY OF TH	7.7	DIAM CIT	A The state of the	
Driver	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	I DIN	CHRIST TOKEN OF YOU	ID No.		T0024976E	
Name		UHD DEAN 'AQUILSYAH BIN					
	ABDULLAH		Contact No.		88145568		
Related Vehicle	GBJ2759E (Lorry)	BJ2759E (Lorry)					
					f	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL	IIL .			- 1		
,			Driving Licence &				
				Expiry	Date		
	NIII.		Date Disc	harge	NIL		
Date Treatment	NIL	L	Degree o	f Injury	NIL	AND THE RESIDENCE OF THE PARTY	
	anted Medical Leave NI						
Driver	TAN BUAY YEE	K GENERAL STREET		ID No.		S7102459H	
Name	TAN BOAT TEE						
T. J. J. d. Vahia	la CIP2136R (Car)	SJR2136R (Car)			ct No.	90098008	
Related Vehic	le 331/2/301/ (00/)						
11ital/Clinic	HUI EN TCM PTE LTD			Class		Class: 3	
Hospital/Clinic	TIOI LIV TOM TO THE			Drivir	•	Date of Expiry: NIL	
				Licen			
					y Date		
Date Treatm	ent 21/03/2022			scharge		03/2022	
No. of Days	granted Medical Leave	03	Degree	of Injury	Slig	jiii.	

On the above mentioned date, time and location I was driving my vehicle, SJR2136R, along Toa Payong Lorong 2 towards PIE. While I was at the slip road, I slowed down and came to a stop to ensure that there is no oncoming traffic before I merge into PIE. When suddenly, I felt an impact from the rear portion of my vehicle. I alighted and realized that another vehicle, GBJ2759E, had collided onto the rear portion of my vehicle. We both then took a few photos of the accident, exchanged particulars and went our separate ways. I had anxiety attack as such I went to HUI EN TCM PTE LTD and was given 3 days of medical certificate. I wish to state that the other driver is a driver of a company called Shamouti Trading.





20220321/2067

3 of 3

Report No. T/20220321/2067

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

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: E / SGT 2 MOHAMAD FAIZAL BIN HASHIM TOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Tirte: 21/03/2022 17:19
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
NP168	