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 30/05/2022 18:14 (SGT) Date of Accident 29/05/2022 01:30 (SGT) Exact Location of Accident 21 Woodlands Crossing, Singapore 738203 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Auto

1591

Vehicle Registration Number SMF6003S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN THEAN HUAT NRIC No. SXXXX380Z Email Address dylan.tan@hotmail.com Mobile Phone No (Phone) +65-84684296 Alternative Phone No +65-98422260

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070160078-01 Cover Note Number

DRIVER

CC

Name of Driver DYLAN TAN HONG SIANG NRIC No. TXXXX209E

Date Of Birth 18/10/2000 Occupation Indoor Date Of Driving Pass 18/03/2019 Driving experience 3 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98422260 Alt. Phone Number Email Address dylan.tan@hotmail.com Address 18 JALAN NIPAH Address complement Postcode 488823 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Child 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? Yes 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 PASSENGER 1 Name TAN ZHI KAI Gender Male PASSENGER 2 Name AYNSLEY TAN LING XUAN Gender Female PASSENGER 3 Name TAN ZHI WEN Gender Female PASSENGER 4 Name LIM AI WEI Gender **Female** PASSENGER 5 Name **CHAN KIM LEAN** Gender **Female** 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?

No

If yes, against whom?

PLEASE REFER TO POLICE REPORT T/20220530/7007

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNE349C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver **RAGU** Contact Number (Phone) +65-98432121 Address Address complement Postcode Insurance Company Name Sompo Insurance Singapore Pte. Ltd. Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIM AI WEI Gender Female Phone No (Phone) +65-97578827 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **SLIGHT INJURY** Injured person in which vehicle? SMF6003S Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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' 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
- (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 Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time WOODLBUIDS CHROK POINT	Personnel
		A: SMF 6003.S
		B-SNE349C
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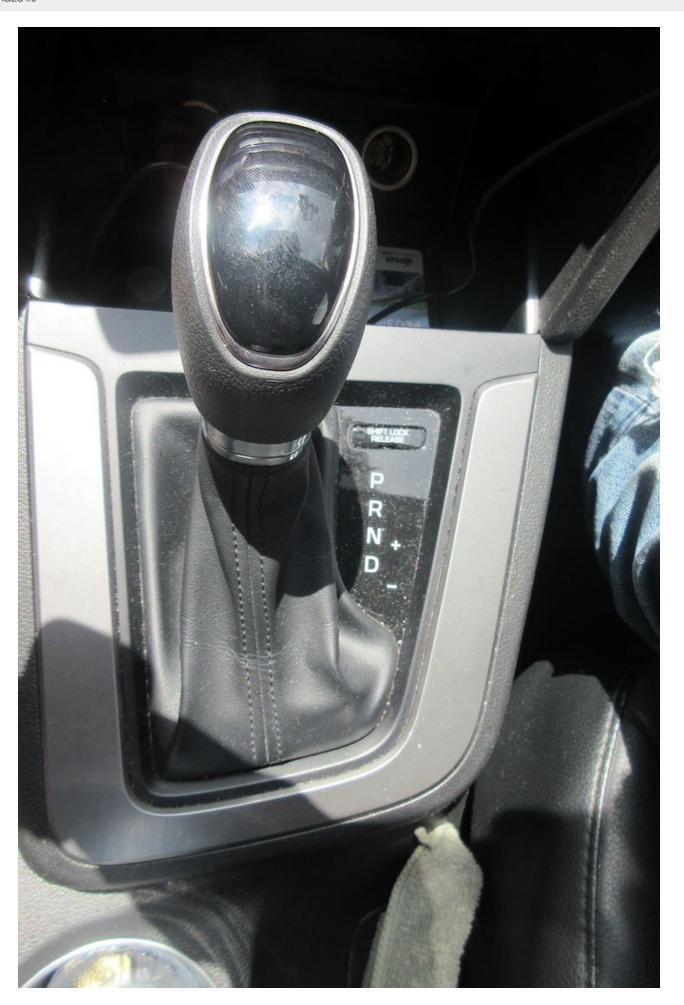




















T/20220530/7007

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

	1 of 5
Report No. T/202	20530/7007

REPORT OF A TRAFFIC ACCIDENT

	ne Report N)22 11:11	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	TO ALL MENTS IN 181	THE PARTY OF THE PARTY OF THE PARTY.
	Informant: TAN HONG		Address: 18 JALAN NIPAH SINGAPOR	RE 488823
	/ ID No.: D / T003720	09E	Contact No.: Home/Office:	Mobile: 98422260
Nationality: SINGAPORE CITIZEN		ΈΝ	Email: dylan.tan@hotmail.com	
Sex: Male	Age: 21	Date of Birth: 18/10/2000	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3A	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2022 01:30	Type of Location Straight Road
	S CROSSING	Road Surface:		Road Speed Limit:
Weather: Clear		Drv		15 Km/n
Weather: Clear Traffic Flow: One Way		Traffic Control: Not Controlled		15 Km/h Traffic Volume: Heavy

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMF6003S	Car	HYUNDAI	ELANTRA AD 1.6			5
SNE349C	Car					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20220530/7007

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 5 Report No. T/20220530/7007

CONTINUATION OF REPORT

Details of Vi	ehicle Insurance			STATE OF THE PARTY OF
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF6003S	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Perso	n Involved	WE STAN		56	4000		
Any Pedestrian Ir		7:41 % 10 10 10 10 10 10					
No. of Pedestrian	s Injured: NIL		Use of P	edestria	n Cross	sing: NA	
Driver					9535		
Name	DYLAN TAN HONG SIANG			ID N	о.	T0037209E	
Related Vehicle	SMF6003S (Car)		11/2-11	Cont	act No.	98422260	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NIL	
Date	NIL	NIL Date			NIL		
	ted Medical Leave	NIL	Degree	of	NIL		
Passenger	Market Ships and the	HARTIN TO	LICASPON.	ersolds.	123121	建筑建筑建筑的	
Name	TAN ZHI KAI			ID N	0.	T1037316B	
Related Vehicle	SMF6003S (Car)			Cont	act No.	80137724	
Hospital/Clinic	NIL			Clas Drivi Licer Expi	ng nce &	Class: ,3A Date of Expiry: NIL	
Date	NIL		Date		NIL	777	
No. of Days gran	ted Medical Leave	NIL	Degree	of	NIL		
Passenger				Selus	Jeggint.	BEALT SERVICES	
Name	CHAN KIM LEAN			ID N	0.	G0296556P	
Related Vehicle	SMF6003S (Car)			Cont	act No.	NIL	
Hospital/Clinic	NIL			Clas Drivi Licer Expi	ng nce &	Class: ,3A Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree	of	NIL		



T/20220530/7007

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 5 Report No. T/20220530/7007

CONTINUATION OF REPORT

Passenger		Carlo Golden		STORY WINDS	
Name	TAN ZHI WEN	ID No.	T0803889E		
Related Vehicle	SMF6003S (Car)	Contact No.	82980905		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,3A Date of Expiry: NIL		
Date	NIL	NIL			
No. of Days gran	ted Medical Leave NIL	Degree o	f NIL		
Passenger		Continue all the continue of			
Name	LIM AI WEI	ID No.	S7773277B		
Related Vehicle	SMF6003S (Car)	Contact No.	97578827		
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ BUANGKOK PTE LTD		Class of Driving Licence & Expiry	Class: ,3A Date of Expiry: NIL	
Date	29/05/2022	Date	29/05/2022		
No. of Days gran	ted Medical Leave 03	Degree o	of Slight		
Passenger	STEELS AND STREET		distance of		
Name	AYNSLEY TAN LING XUAN		ID No.	T0072146D	
Related Vehicle	SMF6003S (Car)		Contact No.	84684239	
Hospital/Clinic	NIL		Class of	Class: ,3A	
			Driving Licence & Expiry	Date of Expiry: NIL	
Date	NIL	Date	NIL		
	ted Medical Leave NIL	Degree o			

Brief Details.

ON 29.05.2022 AT ABOUT 01:30AM, I WAS TRAVELLING ALONG WOODLANDS CHECKPOINT. I WAS STATIONERY BECAUSE INFRONT TRAFFIC JAM. SUDDENLY, THE VEHICLE SNE349C HIT MY REAR PORTION OF MY VEHICLE.

MY PASSENGER (LIM AI WEI) VISITED PROHEALTH MEDICAL GROUP@BUANGKOK AFTER THE ACCIDENT AND WAS GIVEN 3 DAYS MC. SHE FELT PAIN IN THE NECK.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20220530/7007

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CONTINUATION OF REPORT





5 of 5 Report No. T/20220530/7007

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

CONTINUATION OF REPORT

Cha	toh	DI	
Ske	lGH.	M	an

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: 30/05/2022 11:11
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
NP168	_