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 06/06/2022 10:24 (SGT) Date of Accident 04/06/2022 12:07 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS CITY (PIE CHANGI) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsuhishi

Vehicle Registration Number SMP6582J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN GAN PING NRIC No. SXXXX378J Email Address petertgp1215@gmail.com Mobile Phone No (Phone) +65-96398832 Alternative Phone No +65-96398832

VEHICLE PARTICULARS

Manufacturer

Model Outlander 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 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900166354-01 Cover Note Number

DRIVER

Name of Driver TAN GAN PING NRIC No. SXXXX378J

Date Of Birth 15/12/1968 Occupation Outdoor Date Of Driving Pass 01/07/1992 Driving experience 29 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96398832 Alt. Phone Number +65-96398832 Email Address petertgp1215@gmail.com Address BLK 174 ANG MO KIO AVENUE 4 #08-677 Address complement Postcode 560174 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 Chain Collision 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 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 PLAN 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 OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBG7991H Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 BRANDON STEVE STEWART

 NRIC No
 SXXXX052A

 Contact Number
 (Phone) +65-80232044

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number **GBJ9628D** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver MIAH RANI Passport No/FIN GXXXX285N Contact Number (Phone) +65-80210907 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 **TAN GAN PING** Gender Male Phone No (Phone) +65-96398832 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? SMP6582J Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 irruthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy trability.
- 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. Any jelse 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. Sy 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 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that;

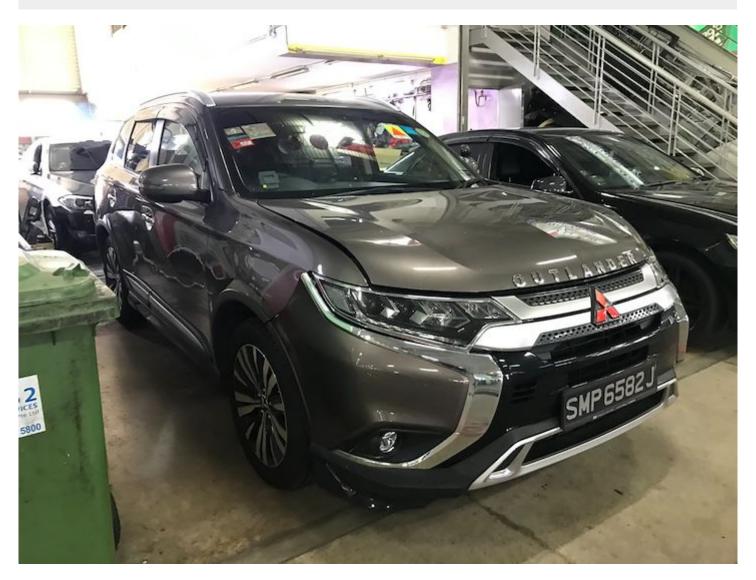
- (a) My insurer, my w orkshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose (8) My insurer, my workshop and the General resultance Association of Gregorora (Gur) may are permitted to come, use, and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or and/or process my personal deterpersonal information set out in this ground 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 who have insured varicia(s) involved in this accident (an insurer(s) who have ansured variable(s) and you will use accident sinus of collectively referred to as the "Insurers"), the insurers law yers/law firms, the Monetary Authority of Singapore and any relevant
- (i) processing, hardling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to (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, involces, reports or notices to ms, 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,
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (c) my resource provided in may be sked 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 Winessed by Reporting Centre Sketch Plan vericle A=547 6582 Jehicle B-68679911cenicie C-GBJ9628D CTE-TOWNED CITY (PIE CHANGE)

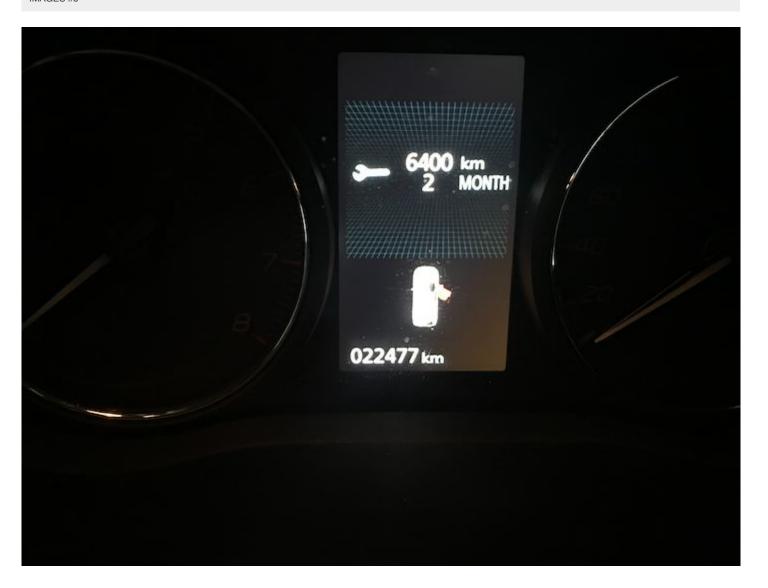
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T/20220605/7007

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20220605/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2022 13:10		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	A CONTRACTOR OF THE PARTY OF TH	ONDURENCE OF STREET		
Name of Informant: TAN GAN PING			Address: 174 ANG MO KIO AVENUE 4 #08-677 SINGAPORE 560174			
ID Type / ID No.: NRIC NO / S6847378J			Contact No.: Home/Office: Mobile: 96398832			
Nationality: SINGAPORE CITIZEN		EN	Email: PETERTGP@YAHOO.COM.			
Sex: Male	Age: 53	Date of Birth: 15/12/1968	Type of Informant: Driver	00		
Race: Chinese			Language: English	Institution / School Name;		
Occupation:			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Drive: Accident:	
Location: CENTRAL EX	(PRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
				Road Speed Limit: 50 Km/h Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBG7991H	Van	TOYOTA	Hiace	Silver	Slightly Damaged	1
GBJ9628D	Lorry	TOYOTA	DYNA	White	Slightly Damaged	1





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

2 of 4 Report No. T/20220605/7007

CONTINUATION OF REPORT

Details of V	Personal Control of the Control of t	ived	THE RESERVE OF THE PARTY OF THE			PARTS THE WAY
Vehicle No.	Type	Make	Model	Color	Conditio	NIS -6
SMP6582J Car	MITSUBISHI	The second of th	The second secon	Conditio	No of	
	MITSOBISHI	R 2.0 CVT	Brown		0	

Details of V	ehicle Insurance	COSSION PROPERTY.	12/45/00/2000 to 10/10/2000	
Vehicle No.	Insurance Company	Insurance No	Effective	F D .
SMP6582J AIG ASIA PACIFIC INSURANCE PTE	1900166354-01	The second secon	Expiry Date	
	LTD.	1900100354-01	08/10/2021	07/10/2022

Any Pedestrian I	nvolved: No	NAME OF TAXABLE	HAND CALL RESTRICT	SMILES AND
No. of Pedestria		Use of P	edestrian Cros	cings NIA
Driver		ACCOUNT OF THE PARTY OF THE PAR	edestrian Cros	sing: NA
Name	BRANDON STEVE STEWART	ID No.	S9525052A	
Related Vehicle	GBG7991H (Van)	Contact No.	80232044	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	NIL		
No. of Days gran	Degree o	1.116		
Driver		CHARLES TO SALES	A COLUMN TO STATE OF THE PARTY	San Section States
Name	MIAH RANI		ID No.	G2340285N
Related Vehicle	GBJ9628D (Lorry)	Contact No.	80210907	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 04/03/2025	
Date	NIL	Date	NIL	
No. of Days grant	ed Medical Leave NIL	Degree o		



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

Report No. T/20220605/7007

CONTINUATION OF REPORT

Name	TAN GAN PING	PER CALLED SERVICE SERVICE	2000年1988年1999年 (元本		ALCOHOLD IN COLUMN	
	TAN GAN PING			ID No.	S6847378J	
Related Vehicle	SMP6582J (Car)					
12-00350	Civil 00820 (Car)			Contact No.	96398832	
Hospital/Clinic	ANG MO KIO MEDICAL CENTRE					
			ITRE	Class of Driving Licence &	Class: 2B,2A,3 Date of Expiry: NIL	
Date	05/06/2022			Expiry		
No. of Days grant	O of Dave granted Madical		Date	05/06	5/2022	
	od Wedicai Leave	03	Degree of	Slight		

Brief Details.

I was driving along CTE towards CITY (PIE Changi).

Vehicle (GBJ9628D) ahead me jam brake and my vehicle stop on time

suddenly I felt an impact on my rear portion, due to the impact my vehicle was push forward and hit onto

Vehicle (GBG7991H) can't stop on time,

It was a 3 car chain collision.

I have 2 videos of 82MB each.



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

Informant is not able to provide sketch

Sketch Plan



4 of 4 Report No. T/20220605/7007

CONTINUATION OF REPORT

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: 05/06/2022 13:10
Officer In Charge Of Coast	
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN	Classification Of Case:

Contact No.: 65476436

NP168