SN08228B0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/08/2022 17:43 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/08/2022 17:43 (SGT))

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 Actual 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 11/08/2022 17:43 (SGT) Reported by Both Date of Accident 26/07/2022 16:00 (SGT) Exact Location of Accident Queensway, Singapore Additional Location Information **BESIDE HOLLAND HEIGHTS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volkswagen

Vehicle Registration Number SMN1288C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAY JUNHAO, ROY NRIC No SXXXX279C Fmail Address roytayjh88@gmail.com Mobile Phone No (Phone) +65-96696055 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Golf 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1390

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210134479

DRIVER

Name of Driver TAY JUNHAO, ROY NRIC No SXXXX279C Date Of Birth 04/07/1983 Occupation Indoor

Date Of Driving Pass 31/05/2002 Driving experience 20 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96696055 Alt. Phone Number Email Address roytayjh88@gmail.com Address 11 LEEDON HEIGHTS #06-30 Address complement Postcode 267955 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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20220727/7010 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLT8181K**

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SMP5183J - -
Vehicle Colour	-
Vehicle Category	Private car
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	TAY JUNHAO, ROY Male
Address	(Phone) +65-96696055
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMN1288C
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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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:

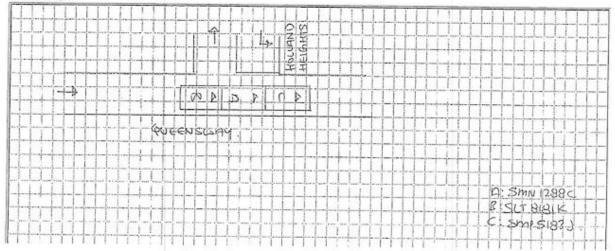
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

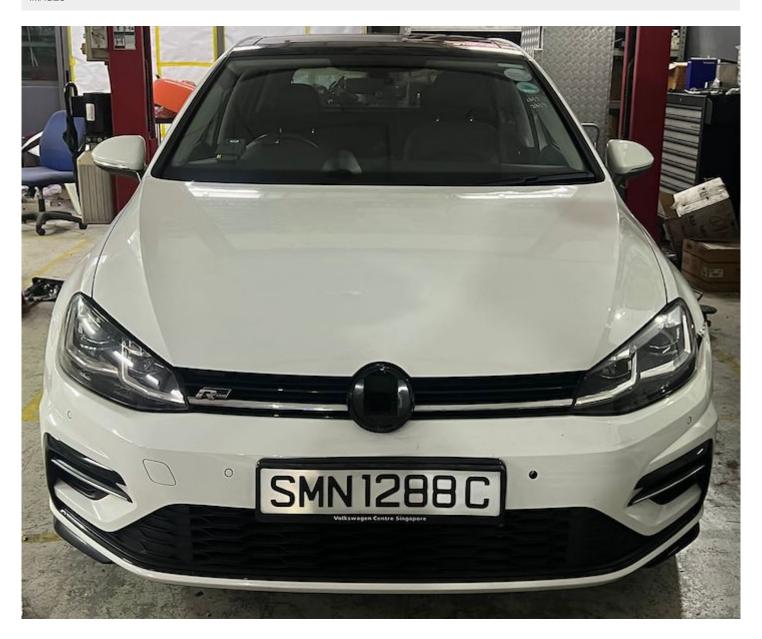
Oriver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Ac	cident		
ON THE	STATED DATE AND	The I came	TO A STUP
WITHOUT ANY GO	WACT TO VEH	C AR WE WERE	WAITING TO
FILTER OUT.			
OUT OF	NOWHELE ! YEH	B HIT ONN MO	1 VEH
AT A HIGH SPEC	D AND THE IN	APACT CAUSED MY	VETC TO
HIT ONTO YPH	CIS REMR PORTE	w.	
Polick Rhen	Den 7/20220	727/7010	
		/	
		/_	
		/	
eclaration We declare the foregoing particulars	are true in every respect.		
July.	2.75		en 11/08/200
olicyholder's Signature / Date & Time	Driver's Signature (if driver is not the p	olicyholder) / Date Witnessed	by Reporting Centre Personnel

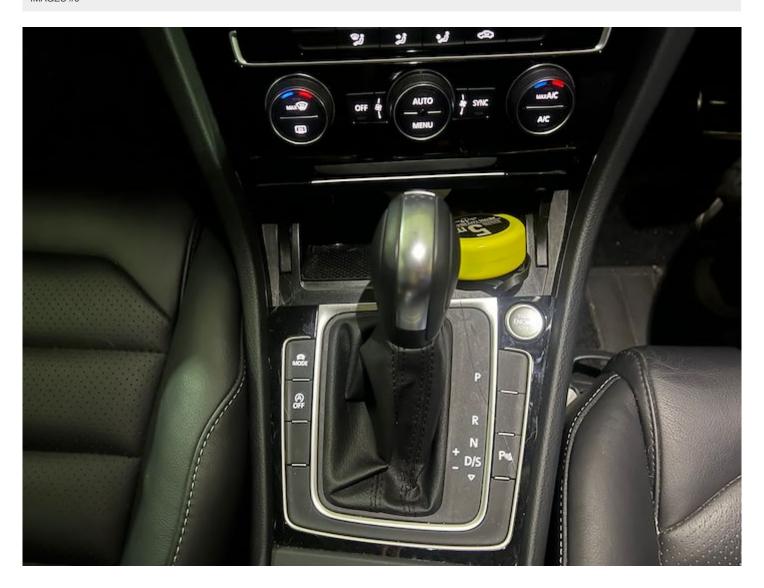




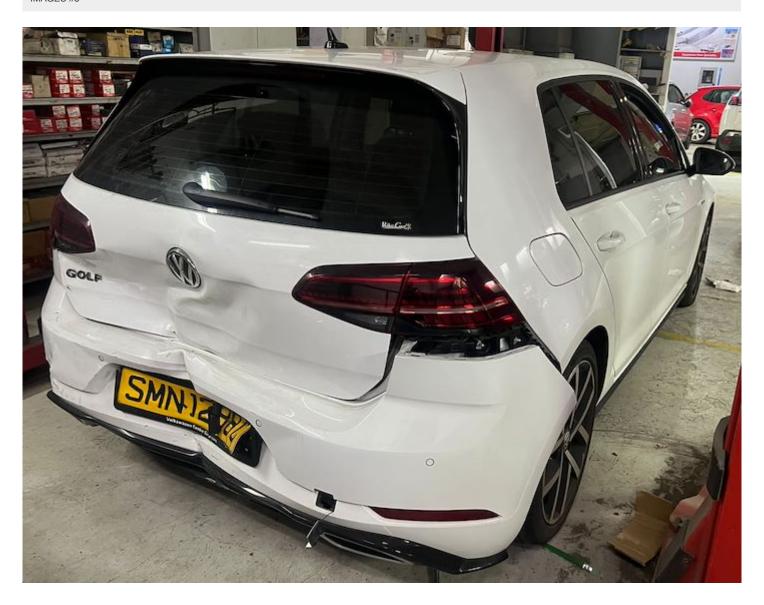


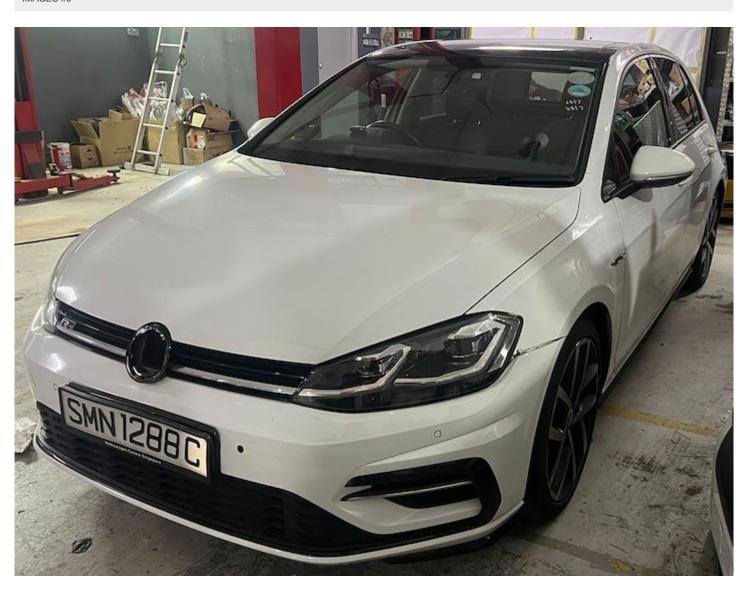
















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220727/7010

REPORT OF A TRAFFIC ACCIDENT

	ime Report Made: 2022 10:39		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: NHAO, RO		Address: 11 LEEDON HEIGHTS #06-30 SINGAPORE 267955			
	/ ID No.: D / S83202	79C	Contact No.: Home/Office:	Mobile: 96696055		
National SINGAP	ity: ORE CITIZ	ĽEN	Email: ROYTAYJH88@GMAIL.COM			
Sex: Male	Age: 39	Date of Birth: 04/07/1983	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: MANAGER			Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2022 16:00	Type of Location: Straight Road
Location:			120,0,72022,70,00	'
FARRER RO	AD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	2	Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear		d To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLT8181K	Car					0
SMN1288C	Car	VOLKSWAGO N	GOLF 1.4 TSI HL RL	White		0
SMP5183J	Car					0





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

2 of 3 Report No. T/20220727/7010

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Nation Assessment		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN1288C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210134479	01/11/2021	31/10/2022

Details of Perso	n Involved			(E91-1916)	16610	AND HAVE DEDUCTION IN
Any Pedestrian I	nvolved: No				1000	
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver				A WOOD	a Fals	
Name	TAY JUNHAO, ROY		ID No.		S8320279C	
Related Vehicle	SMN1288C (Car)			Contac	t No.	96696055
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	05	Degree of	f	Serio	us

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG QUEENSWAY. I CAME TO A STOP BEFORE HOLLAND HEIGHTS BEHIND SMP5183J WITHOUT ANY CONTACT TO SMP5183J.

OUT OF NOWHERE, SLT8181K HIT ONTO THE REAR PORTION OF MY VEHICLE AT A GREAT SPEED AND THE IMPACT CAUSED MY VEHICLE TO BE PUSHED FORWARD AND HIT ONTO SMP5183J.

AFTER THE ACCIDENT, I FELT PAIN AND WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP AND WAS GIVEN 5 DAYS OF MEDICAL LEAVE.



Sketch Plan



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

Informant is not able to provide sketch

3 of 3 Report No. T/20220727/7010

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: 27/07/2022 10:39
Officer In Charge Of Case:	Classification Of Case:

TP / TPIB / TAY CHUN KEEN Contact No.: 65476436

NP168