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 01/09/2022 10:43 (SGT) Reported by Owner Date of Accident 31/08/2022 10:10 (SGT) Exact Location of Accident Jln Bahagia, Singapore Additional Location Information **BEFORE JALAN TENTERAM** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Jaguar

Vehicle Registration Number SGY2575E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YAP CHENG HOE SAM NRIC No SXXXX006H Email Address chakfoever17@gmail.com Mobile Phone No (Phone) +65-96678995 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Xf 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 1997

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210041995-01

DRIVER

Name of Driver HO YEOK SIEW NRIC No SXXXX737A Date Of Birth 09/01/1953 Occupation Indoor

Date Of Driving Pass 30/08/1972 Driving experience 50 YEARS Gender Female Mobile Number (Phone) +65-96673995 Alt. Phone Number Email Address chakfoever17@gmail.com Address 103 RANGOON ROAD #04-02 Address complement Postcode 218386 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent 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 Side Swipe 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? No 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name MS HO 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220831/7019 ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	FBU1340C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

- Please report correctly the details of the accident to speed up the claims process.
- 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 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 companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. 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.
- 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' 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 mayican 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 outgide of Singspore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

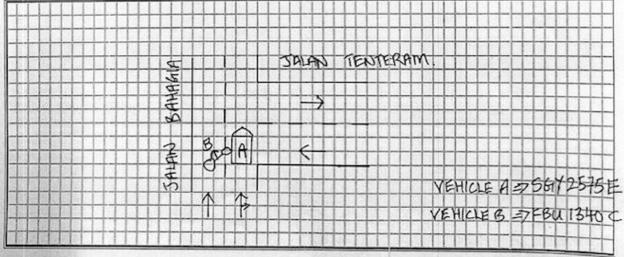
Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Perso

01

(Name as in NRIC/ID card)

Sketch Plan



1

cribe Circumstance of the Accident				
As per	Police Report	T 2022 083	17019.	
		1.000		
		edistration in		
		5 K 1 1 1 1 9 1 1		
eclaration We declare the foregoing part	iculars are true in every respect.			
/)	_ 1	1		11
Son	Un	1	-d 011	109/202
hoyholder's Signature / Dalo & Ti	me Driver's Signature (Course in	not the policyholder) / Date	Witnessed by Reporting Centre (Name as in NRIC/ID card)	Personnel

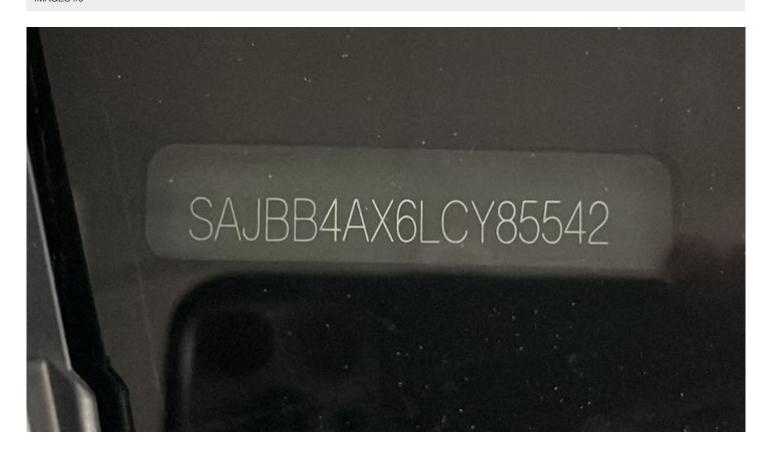


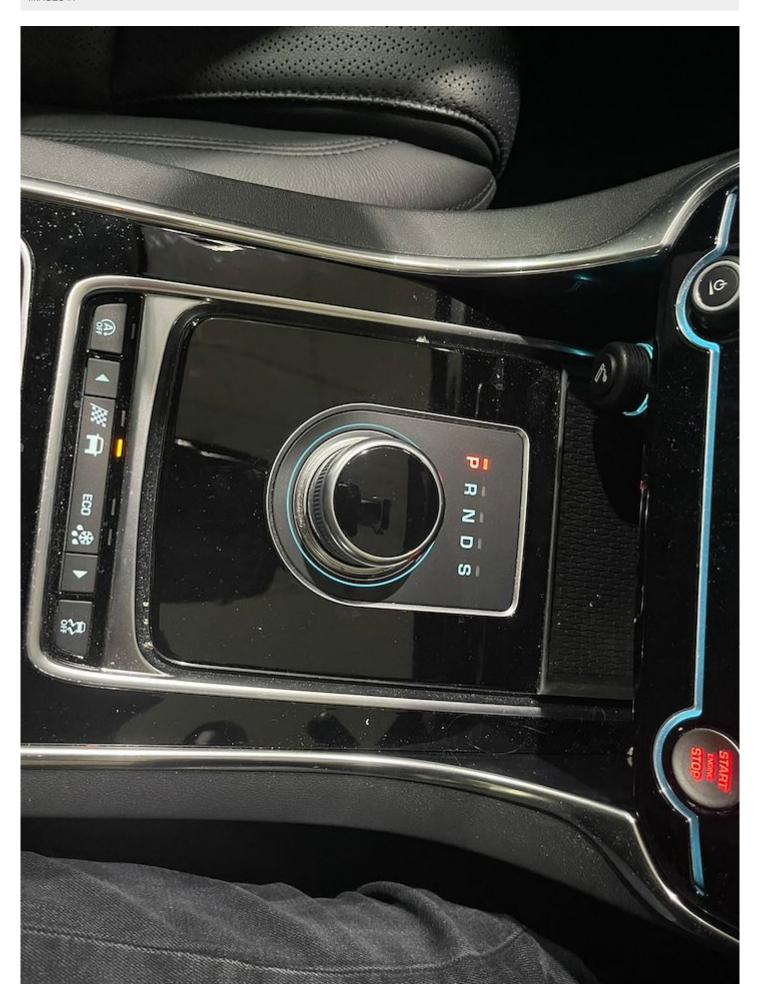


















T/20220831/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220831/7019

REPORT OF A TRAFFIC ACCIDENT

	31/08/2022 12:41		Vide Report No.: E/20220831/0065	Station Diary No.:	
Informan	t's Partic	ulars			
Name of Informant: HO YEOK SIEW			Address: 103 RANGOON ROAD #04-02 SINGAPORE 218386		
ID Type / ID No.: NRIC NO / S0211737A		Contact No.: Home/Office:	Mobile: 96673995		
Nationalit SINGAPO	6	ΈN	Email: MARYHOSINGAPORE@	MAIL.COM	
Sex: Female	Age: 69	Date of Birth: 09/01/1953	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:		Driving Licence Informati Class: 3	on: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/08/2022 10:15	Type of Location: Straight Road
Location: JALAN BAHA Weather: Clear	.GIA	Road Surface:		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBU1340C	Motorcycle			White	Slightly Damaged	1
SGY2575E	Car					0



T/20220831/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220831/7019

CONTINUATION OF REPORT

Details of Perso	n Involved	1223			SOMETIME IN THE
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Ped	lestrian Cros	sing: NA
Driver		0.000			ZONE EN CONTRACTOR
Name	HO YEOK SIEW		ID No.	S0211737A	
Related Vehicle	SGY2575E (Car)			Contact No.	96673995
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	NIL	Degree of	Sligh	t

Brief Details.

On the stated date and time I was travelling on the right lane of the two lane single way. Suddenly a motorbike (FBU1340C) cut into my lane trying to turn in to Jalan tenteram and bang my left portion of my vehicle causing damage. I wish to state that ambulance and traffic police will activated to the scene. My video footage was taken by the traffic police. Lastly the rider was sent to hospital.



T/20220831/7019

3 of 3 Report No. T/20220831/7019

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

CONTINUATION OF REPORT

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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: 31/08/2022 12:41
Officer In Charge Of Case: TP / TPIB / ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case: