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.

 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 22/10/2022 03:01 (SGT) Reported by Date of Accident 20/10/2022 16:35 (SGT) Exact Location of Accident Singapore Additional Location Information LYNWOOD GROVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML5249A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN YAN TING NRIC No. S8316878A Email Address yttan.inbox@gmail.com (Phone) +65-93898195 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model A200 AMG LINE PREMIUM 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 1332

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 11090465

DRIVER

Name of Driver TAN YAN TING NRIC No S8316878A Date Of Birth 02/06/1983 Occupation Indoor

Date Of Driving Pass 04/07/2011 Driving experience 11 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-93898195 Alt. Phone Number Email Address yttan.inbox@gmail.com Address HDB Eunos Spring, 137 Bedok Reservoir Road 470137 Address complement #10-1441 Postcode 470137 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 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? 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 REFER TO POLICE REPORT: T/20221020/7068 LODGED AT TRAFFIC POLICE ON 20/10/2022 AT ABOUT 16:34HRS. I WAS DRIVING MY VEHICLE - SML5249A. ALONG BRADDELL ROAD HEADING TOWARDS SERANGOON. BEFORE LYNWOOD GROVE, FRONT VEHICLE BRAKED AND I BRAKED AS WELL. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - SMA6755G HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION. SUBSEQUENTLY, I FELT GREAT PAIN AND DISCOMFORT AND SOUGHT FOR MEDICAL ATTENTION AT HEALTHPLUS CLINIC & SURGERY, AND WAS GIVEN 3 DAYS MC. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA6755G Vehicle Manufacturer Toyota Vehicle Model PRIUS PLUS (AUTO) 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) PASSENGER 1 Name Passenger 1 Gender

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	TAN YAN TING Female (Phone) +65-93898195
Address Complement	-
Post Code	-
Approximate Age Years Old	39
Injuries Sustained	-
Injured person in which vehicle?	SML5249A
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.
- This Formmust be completed by the Policyholder and/or the Authorised 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>.
- 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 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)

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 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.

	2	Alzani Din Atan
Policyholder's Signature / Date & Time	Driver's Signature (#'driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
REFER TO ATTACHE	ED ACCIDENT DIAGRAM	

Witnessed By Reporting Officer

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 raport being made available aforesaid.
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I understand, acknowledge, agree and consent that

(ii) 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:

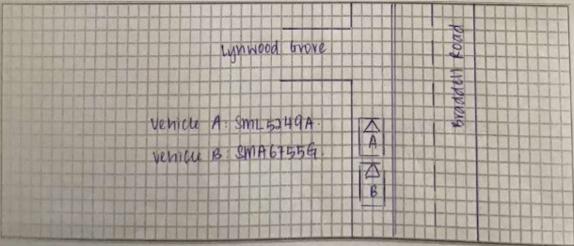
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering 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.

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

Reporting officer Alzam Bin Atan

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan



Describe Circumstances of	the Accident	
REFER AS IN F	POLICE REPORT.	
		21
Declaration	AN AN THIS REPORT OF THE STATE	
VWe declare the foregoing particular	rs are true in every respect.	
		10.0
Data talkah Rivata (B.)	Que	Witnessed By Reporting Officer Aizam Bin Atan
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel













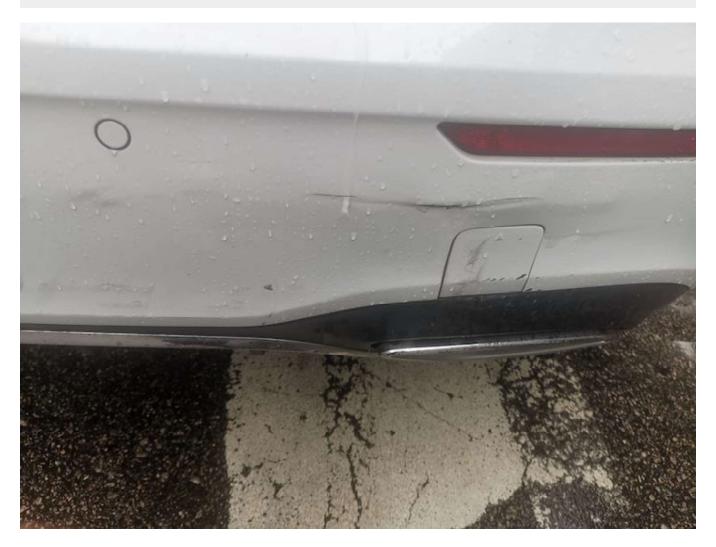










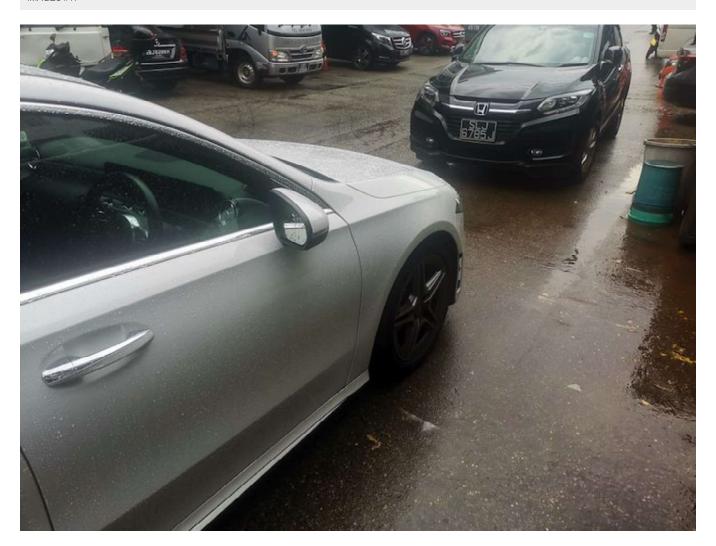






















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20221020/7068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2022 22:16		Made;	Vide Report No.:	Station Diary No.	
informan	t's Partici	ulars			
IAN YAN			Address: 137 BEDOK RESERVOIR RO 470137	DAD #10-1441 SINGAPORE	
ID Type / NRIC NO	/ S83168	78A	Contact No.: Home/Office: Mobile: 93898195		
Nationality SINGAPO	y: ORE CITIZ	EN	Email: YTTAN.INBOX@GMAIL.COM		
Sex: Female	Age; 39	Date of Birth: 02/06/1983	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Deputy Director			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:			Drink Drive: No	Date/Time of Accident: 20/10/2022 16:35	Type of Location T-Junction
Location:					
LYNWOOD GF	ROVE				
		Road St Dry	urface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way			Control:		Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMA6755G	Car	тоуота			Slightly Damaged	1
SML5249A	Car	MERCEDES BENZ	A200 AMG LINE PREMIUM	White	Seriously Damaged	



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



Report No. T/20221020/7068

Ver. Jun2022

CONTINUATION OF REPORT

Details of V	ehicle Insurance		AND DESCRIPTION OF THE PERSON NAMED IN	AND DESCRIPTION OF
Vehicle No. SML5249A	The Company	Insurance No	Effective	Expiry Date
101	AVIVA LTD	11090465	11/09/2021	23/11/2022

Details of Perso Any Pedestrian I No. of Pedestrian Driver	nynlyed: No	Use of F	Pedestriar	Cross	sing: NA
Name	TAN YAN TING		ID No		S8316878A
Related Vehicle	SML5249A (Car)		Contact No.		93898195
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY		Class Drivin Licene Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	20/10/2022	Date		20/10)/2022
No. of Days gran	ted Medical Leave 03	Degree	of	Serio	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I

Brief Details.

ON 20/10/2022 AT ABOUT 16:34HR, I WAS DRIVING MY VEHICLE - SML5249A, ALONG BRADDELL ROAD HEADING TOWARDS SERANGOON. BEFORE LYNWOOD GROVE, FRONT VEHICLE BRAKED AND I BRAKED AS WELL. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - SMA6755G. HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, I FELT GREAT PAIN AND DISCOMFORT AND SOUGHT FOR MEDICAL ATTENTION AT HEALTHPLUS CLINIC & SURGERY, AND WAS GIVEN 3DAYS MC.

