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.

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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 09/11/2022 11:41 (SGT) Reported by Date of Accident 07/11/2022 19:45 (SGT) Exact Location of Accident Singapore Additional Location Information HOUGANG AVENUE 8 BLOCK 535 MAIN ROAD Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number EY5011U

Toyota

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN KIM LENG NRIC No SXXXX652E Fmail Address VANESSATXW777@GMAIL.COM Mobile Phone No (Phone) +65-98636679 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Wish 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 - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1794

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210054831-01

DRIVER

Name of Driver TAN XIN WEI VANESSA NRIC No TXXXX496F Date Of Birth 26/01/2002 Occupation Indoor

Date Of Driving Pass 02/09/2022 Driving experience 2 MONTHS Gender Female Mobile Number (Phone) +65-83014321 Alt. Phone Number Email Address VANESSATXW777@GMAIL.COM Address BLK 108 RIVERVALE WALK #14-106 Address complement Postcode 540108 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 Collided into Bicyclist 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 PASSENGER 1 Name NG WEI BING Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED REPORT 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 Vehicle Manufacturer Vehicle Model	- -
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	_
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CYCLIST
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	UNKNOWN Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
- 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

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

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

9/11/2012

e Circumsta	nce of the Accider	nt		
Please	refer to	police	report.	T/20221107/2118.
			/	
		_/		
		/		
			_	
laration				
	oregoing particulars	are true in eve	ery respect.	
			el	
\			M	le 9/11/2022
cyholder's Sig	nature / Date & Tim	e Actual Driv	er's Signature (if	driver is not the policyholder) Witnessed by Reporting Centre Person
		/ Date & Ti	me	(Name as in NRIC/ID card)



2 of 3

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Report No. T/20221107/2118

Tel No: 1800-4890999

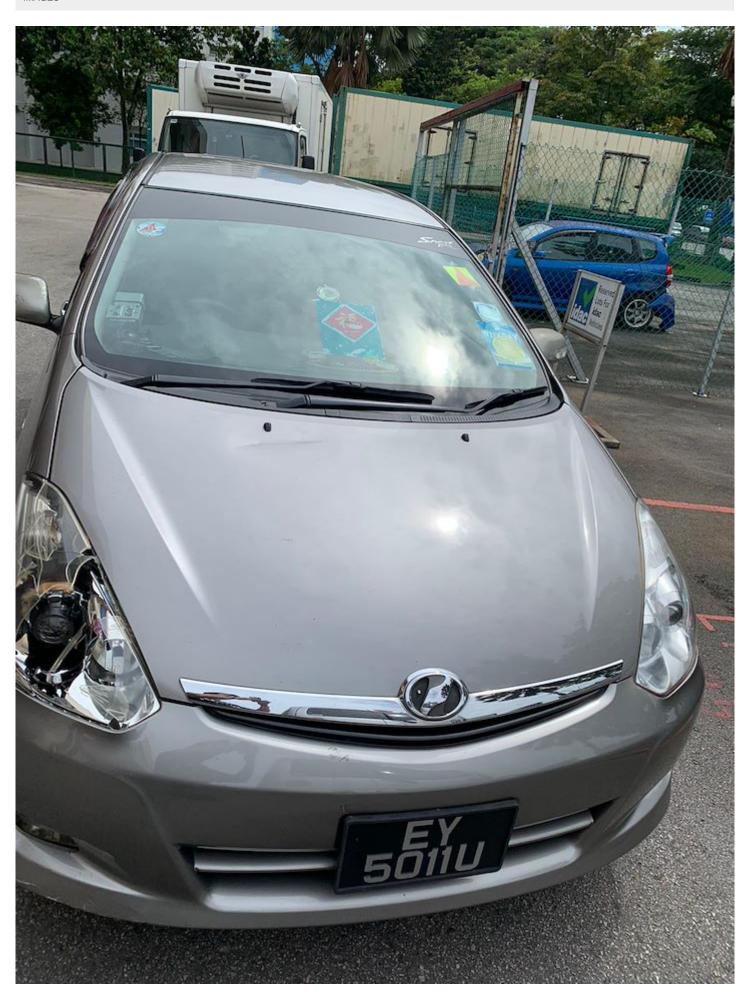
CONTINUATION OF REPORT

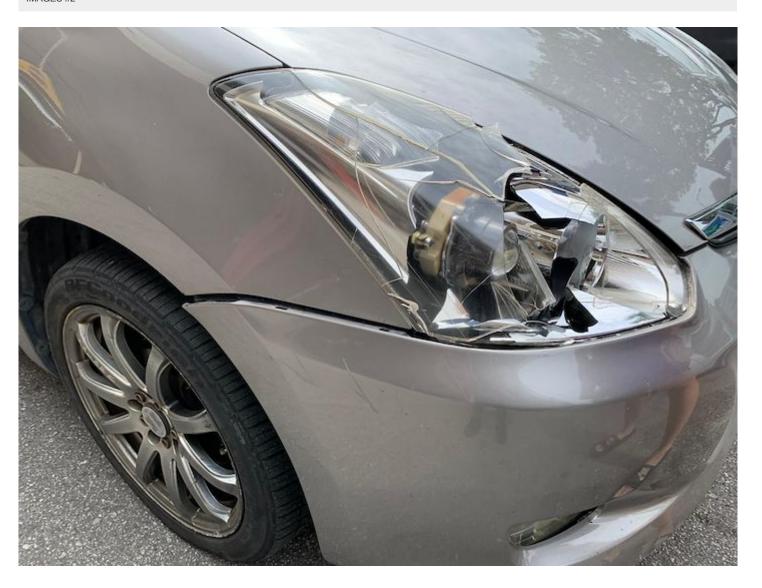
Brief Details.

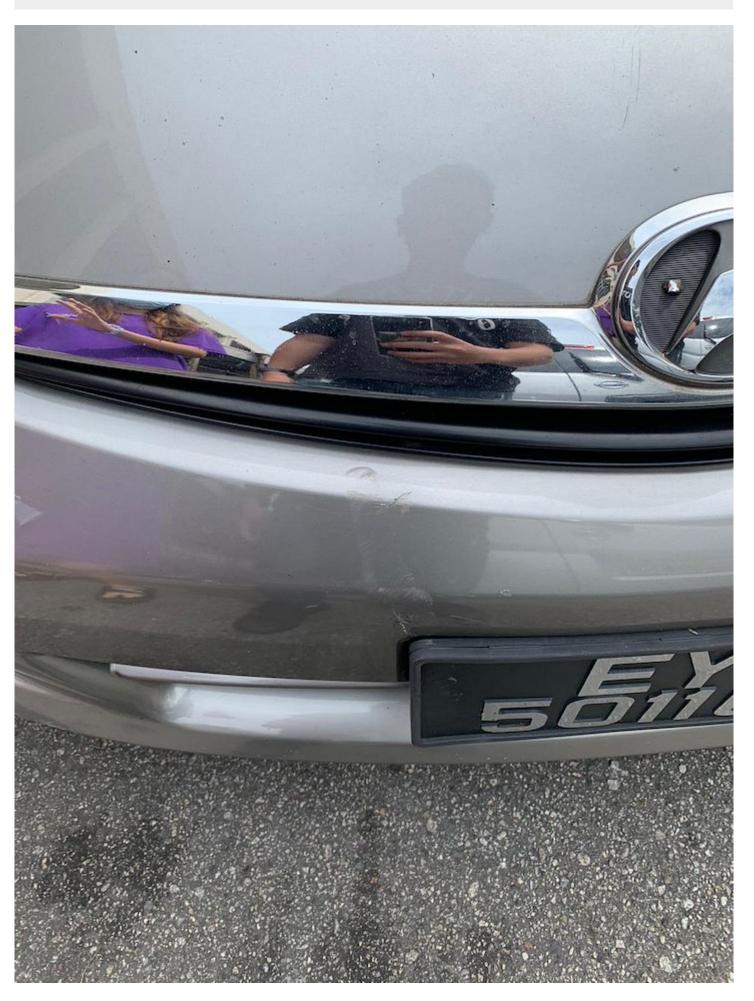
On 7/11/2022 at about 1945hrs, I was driving my silver Toyota car (EY5011U) along Hougang Avenue 8. There was a traffic light junction, which was red for vehicles. As such I stopped my car. I managed to stop my car before the pedestrian crossing dotted line, however I did exceed the solid white line indicating for vehicles to stop. My car was at the right lane in the road.

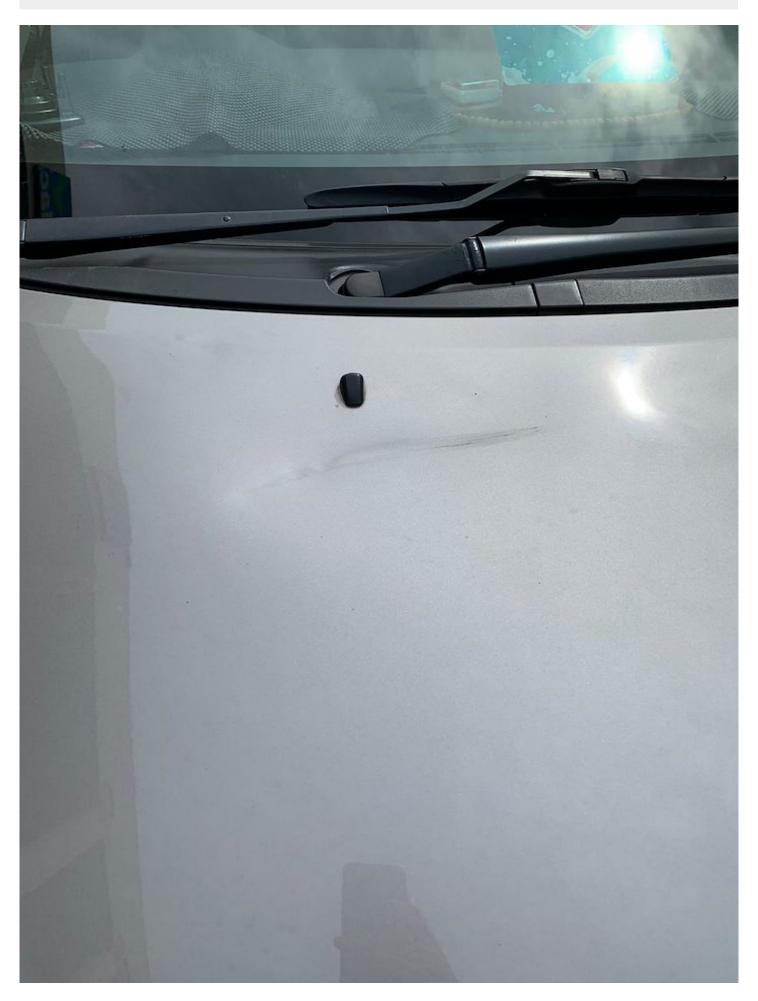
As my car was stationary, there was a bicycle which came from the right side of the pedestrian crossing and collided into the right headlight of my car.

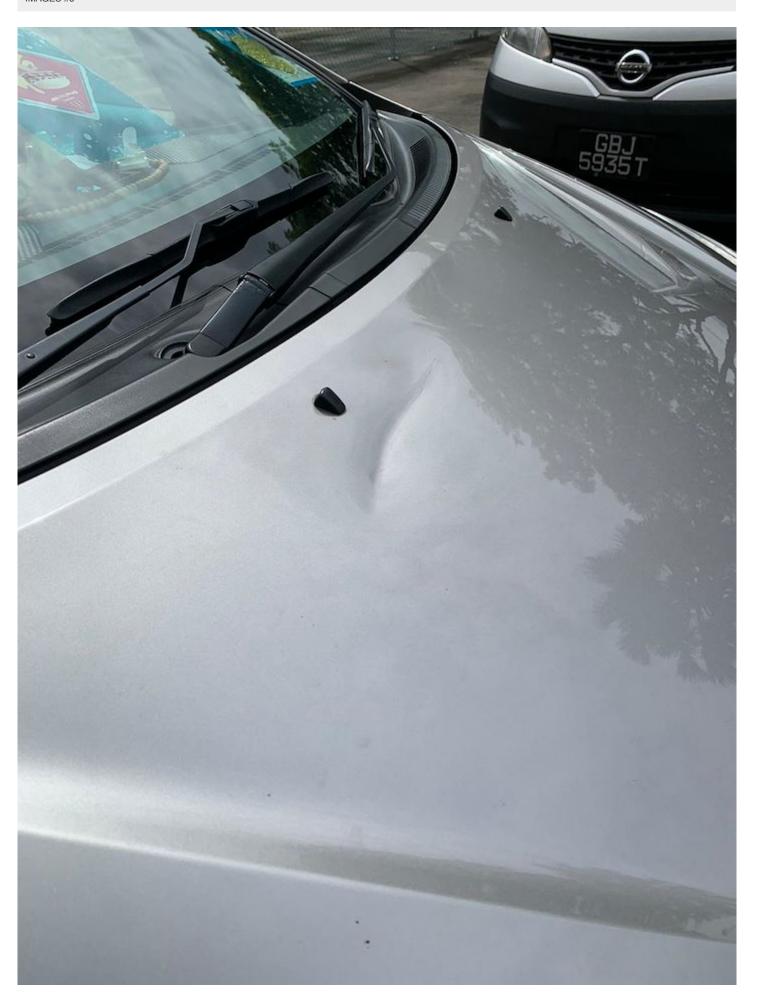
The person was injured and was conveyed to Sengkang General Hospital. I managed to take down his particulars Mohammad Rahan Tel: 91568357. Traffic Police was at scene as well. I have been instructed by the Traffic Police to lodge a report for this incident.

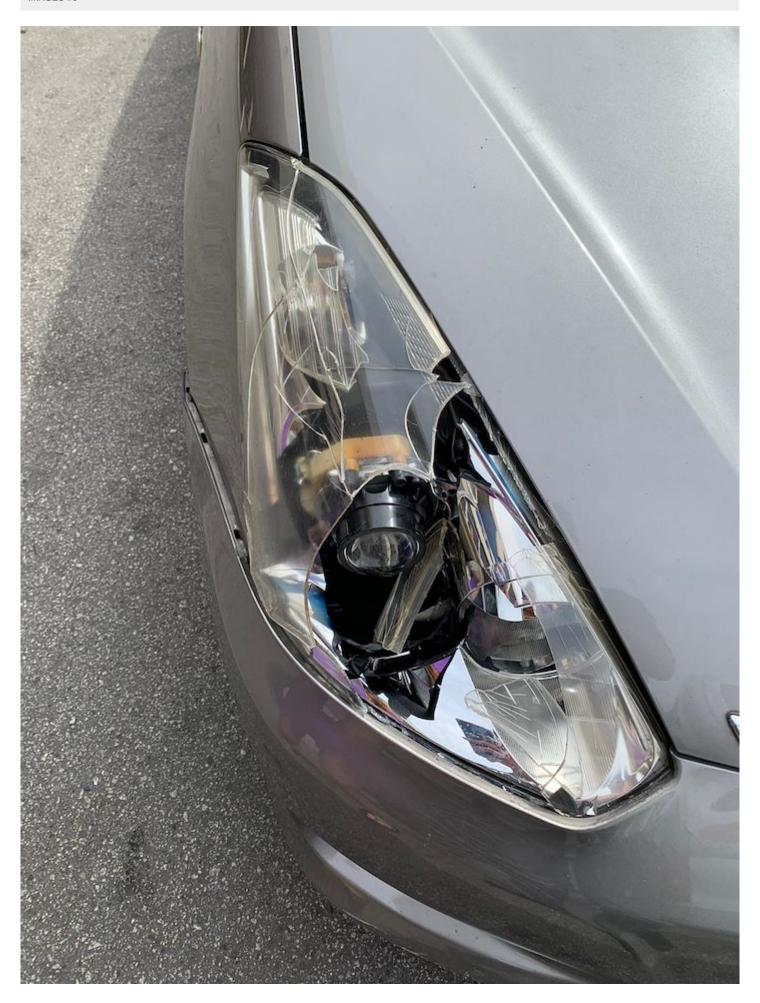


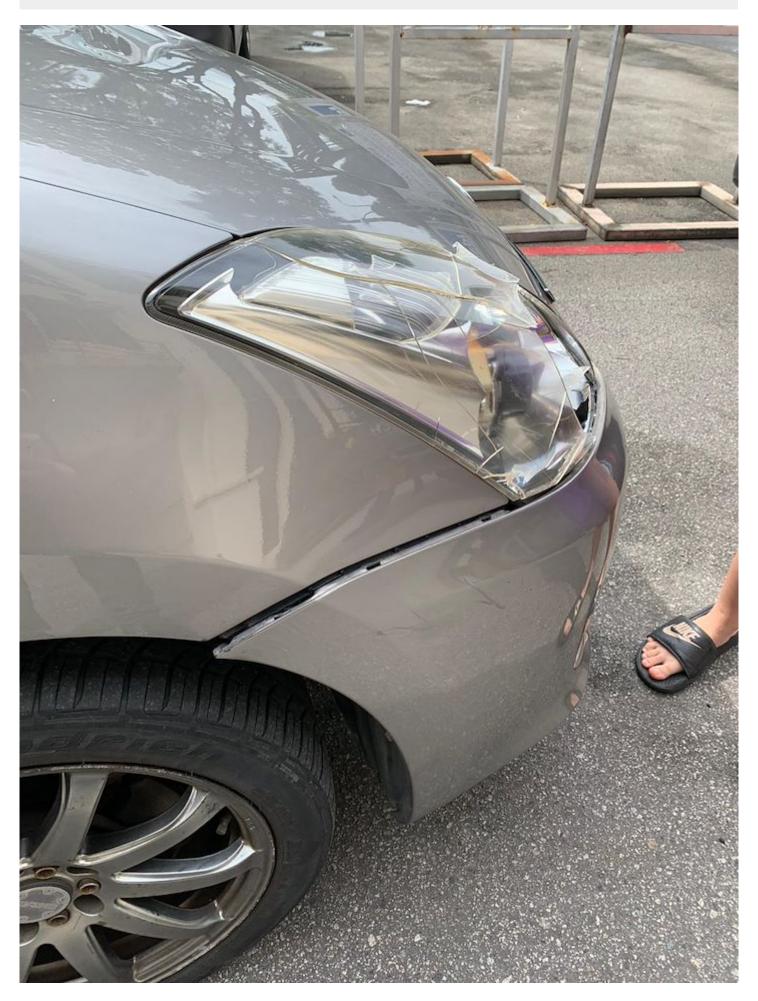


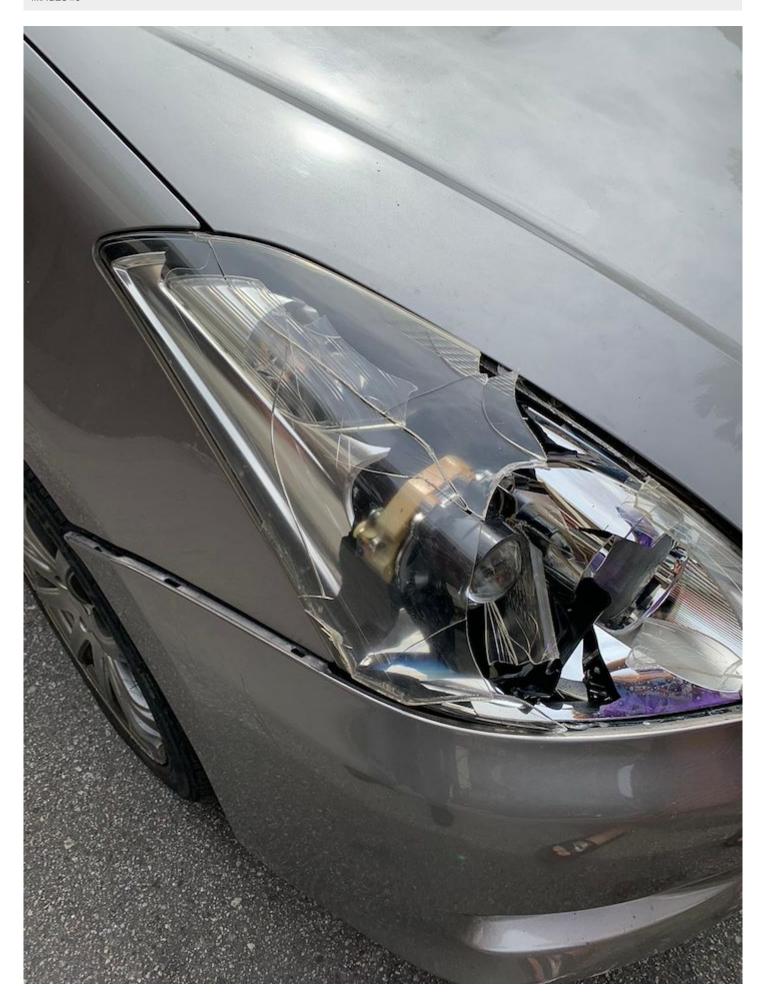


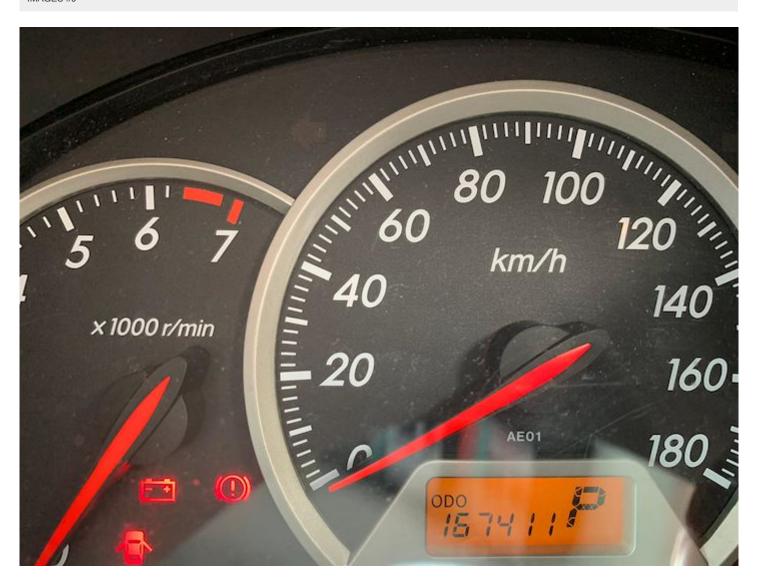


















Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

1 of 3 Report No. T/20221107/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time 07/11/202	e Report N 22 22:17	Made:	Vide Report No.: F/20221107/0159	Station Diary No. 151		
Informan	t's Partic	ulars	N. S. H. Berry	A STATE OF THE MENT OF THE STATE OF		
Name of Informant: TAN XIN WEI VANESSA			Address: APT BLK 108 RIVERVALE WALK #14-106 SINGAPORE 540108			
ID Type / ID No.: NRIC NO / T0204496F			Contact No.: Home/Office:	Mobile: 83014321		
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:			
Sex: Female	Age: 20	Date of Birth: 26/01/2002	Type of Informant:			
Race: Chinese		Language:	Institution / School Name:			
Occupation: Student		Driving Licence Information: Class: Date of Expiry:				

General Infor	mation of the Accident	1025	12.02.00			
Type of Accident:	e of Injury		Drink Drive: No	Date/Time of Accident: 07/11/2022 19:45	Type of Location	
Location: HOUGANG A Weather:	VENUE 8	Road	Surface		Dood Spood Limit.	
Raining		Wet	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control:			Traffic Volume:	
Type of Collis	ion:		9		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
EY5011U	Car				Slightly Damaged	1



2 of 3 Report No. T/20221107/2118

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Brief Details.

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As my car was stationary, there was a bicycle which came from the right side of the pedestrian crossing and collided into the right headlight of my car.

The person was injured and was conveyed to Sengkang General Hospital. I managed to take down his particulars Mohammad Rahan Tel: 91568357. Traffic Police was at scene as well. I have been instructed by the Traffic Police to lodge a report for this incident.



T/20221107/2118

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3 Report No. T/20221107/2118

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

F / SGT 2 Zhuang Zhijie	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2022 22:17
Officer In Charge Of Case: TP / GIT / SGT 2 PHUA TIAK YEE Contact No.: 65476200	Classification Of Case:
NP168	