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 23/03/2023 18:19 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/03/2023 22:40 (SGT) Exact Location of Accident Singapore Additional Location Information **TELOK KURAU ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFA606B INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN KIAN MENG NRIC No SXXXX964G Email Address kmtanmonkey13@gmail.com Mobile Phone No (Phone) +65-96714348 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer LandRover Model RANGE ROVER SPORT 3.0P (400PS) 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 3000

INSURANCE COMPANY

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

DRIVER

Name of Driver TAN KIAN MENG NRIC No SXXXX964G Date Of Birth 10/10/1956 Occupation Indoor

Date Of Driving Pass 11/07/2002 Driving experience 20 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96714348 Alt. Phone Number Email Address kmtanmonkey13@gmail.com Address 28 TOH DRIVE Address complement Postcode 507881 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 - Cross Junction 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 REFER TO ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SNJ9077B

Kia

Accident report SW0D233N0003

Vehicle Registration Number

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement	TAN KIAN MENG Male (Phone) +65-96714348 -
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFA606B
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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)

Lunderstand, 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.

Policyholder's Signature / Date & Time

50

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

Witnessed by Reporting Centre Personnel

Sketch Plan

inde Circums	stances of the Accident
	- 1 V (# Pr O o o
	BELLE TO BOLLOR HELDER
	PEPER TO POLICE PRPORT
	*

Declaration

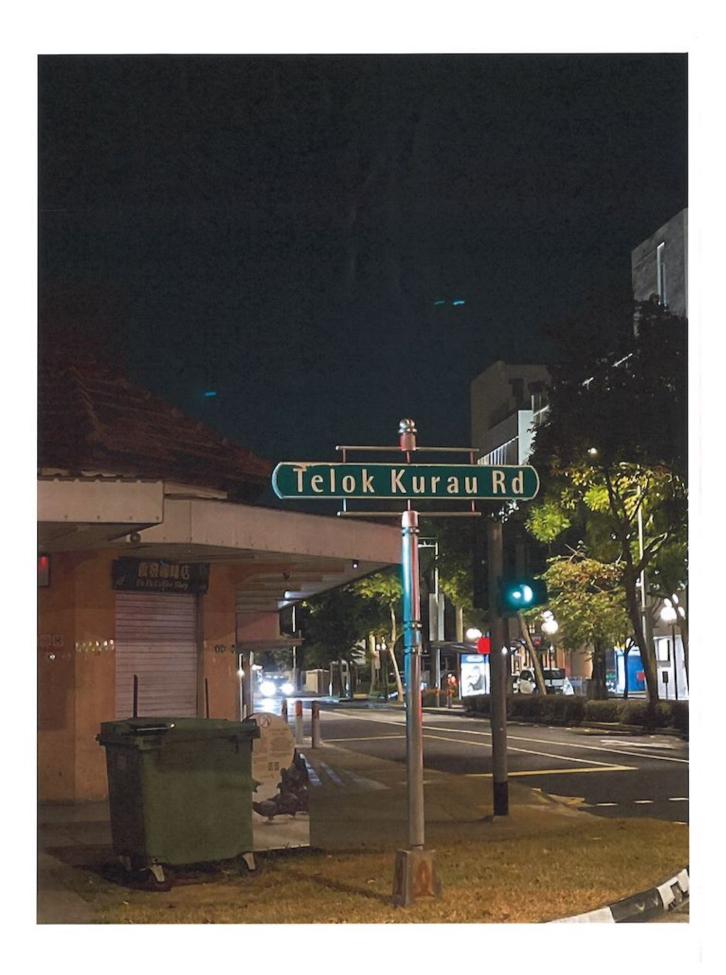
WWe declare the foregoing particulars are true in every respect.

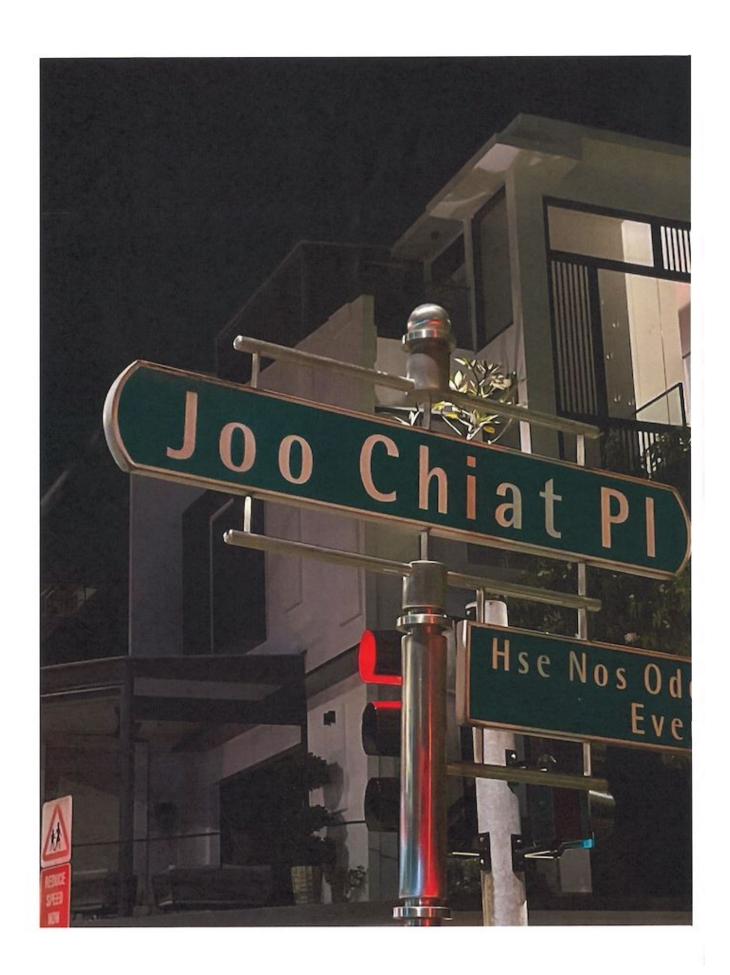
Policyholder's Signature / Date & Time

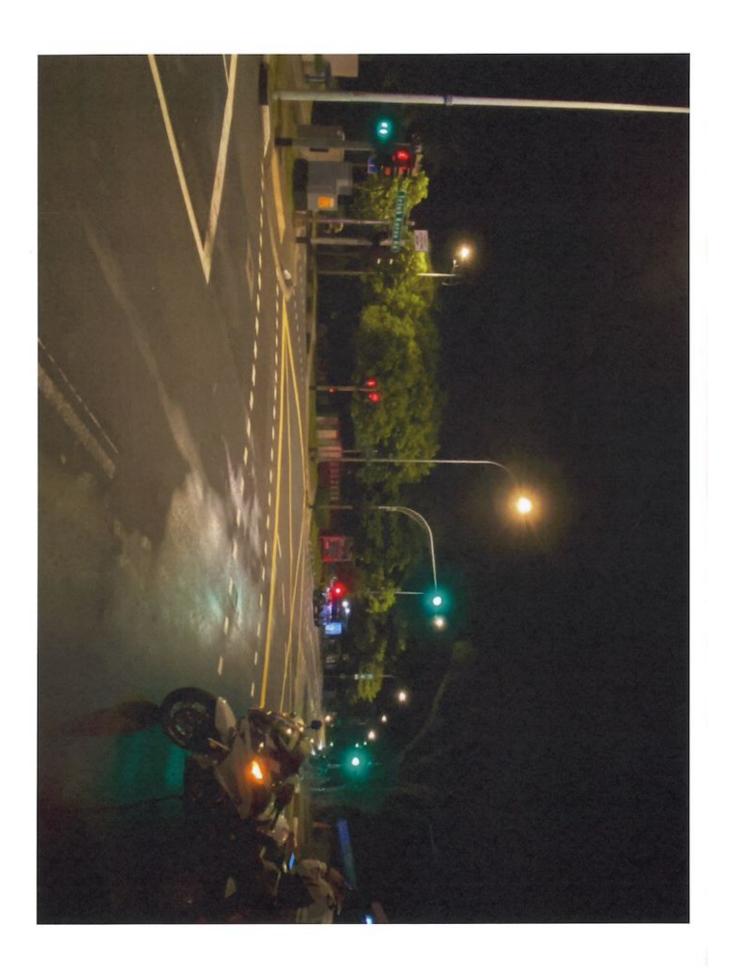
Driver's Signature (If driver is not the policyholder) / Date & Time

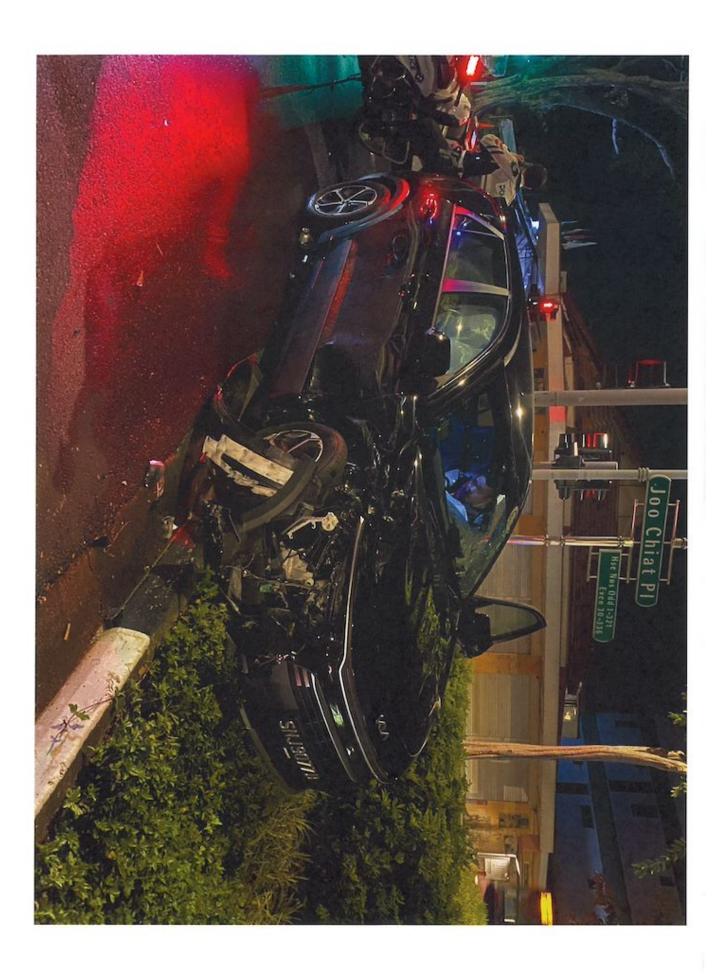


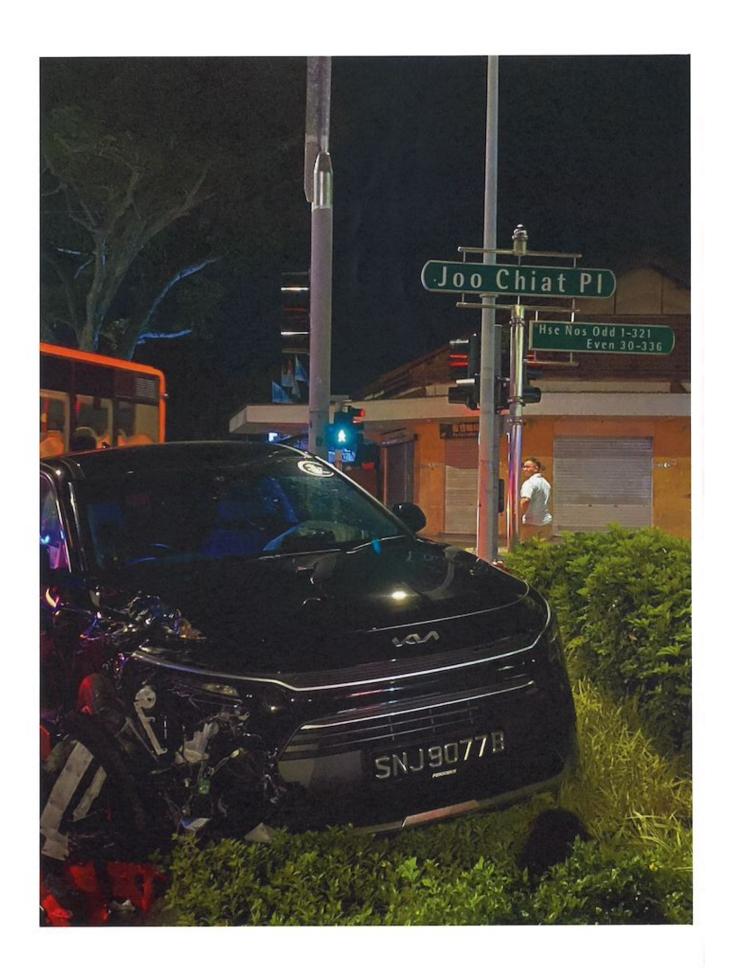
Witnessed by Reporting Centre Personnel

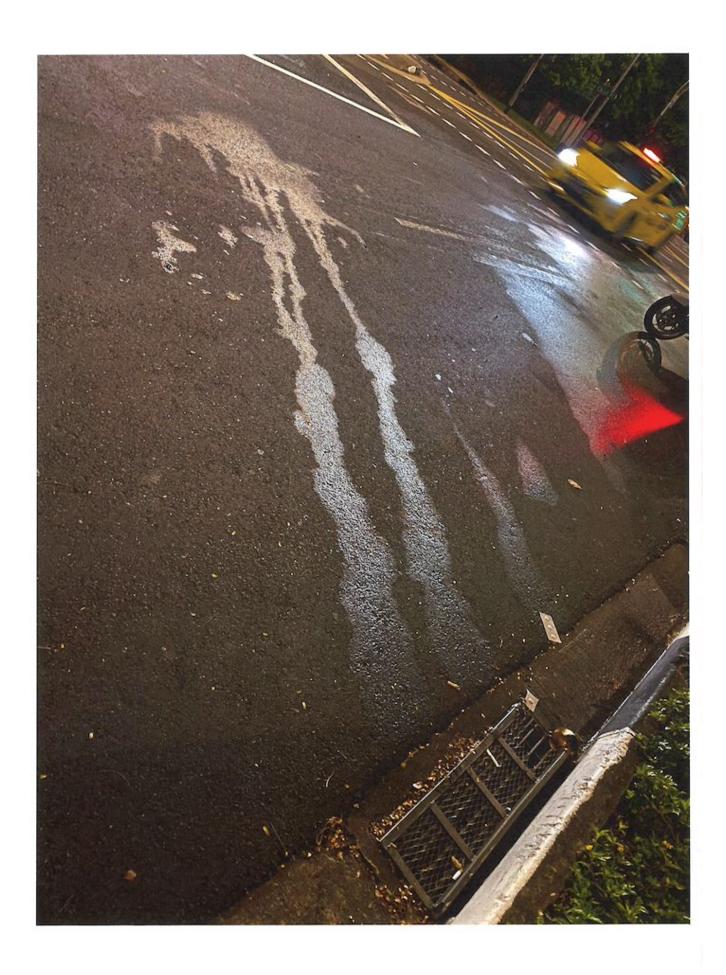


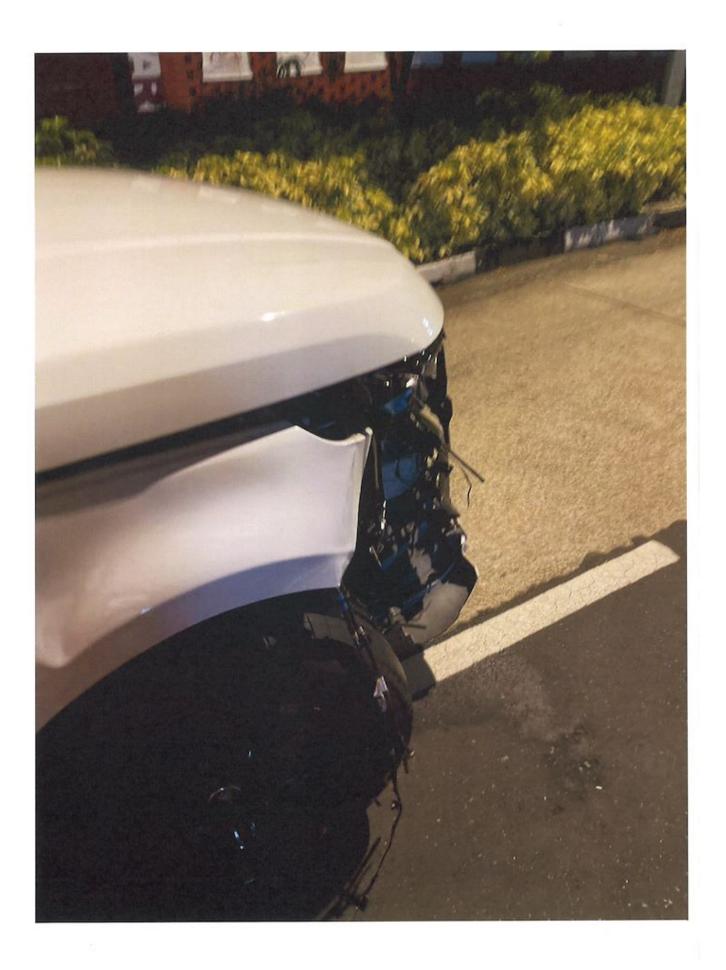


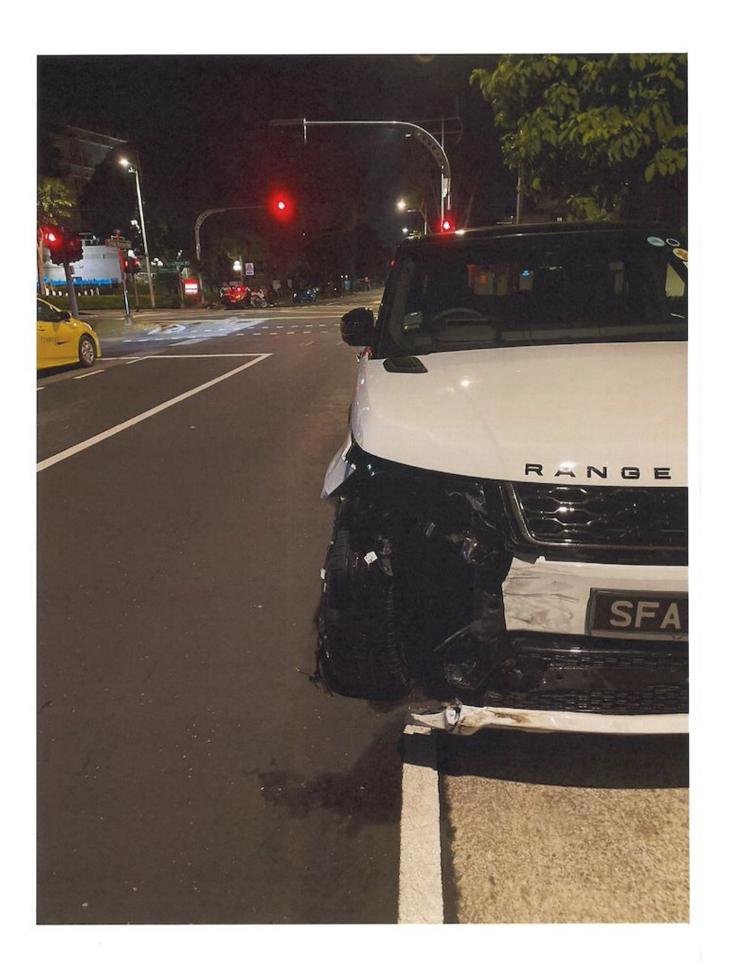


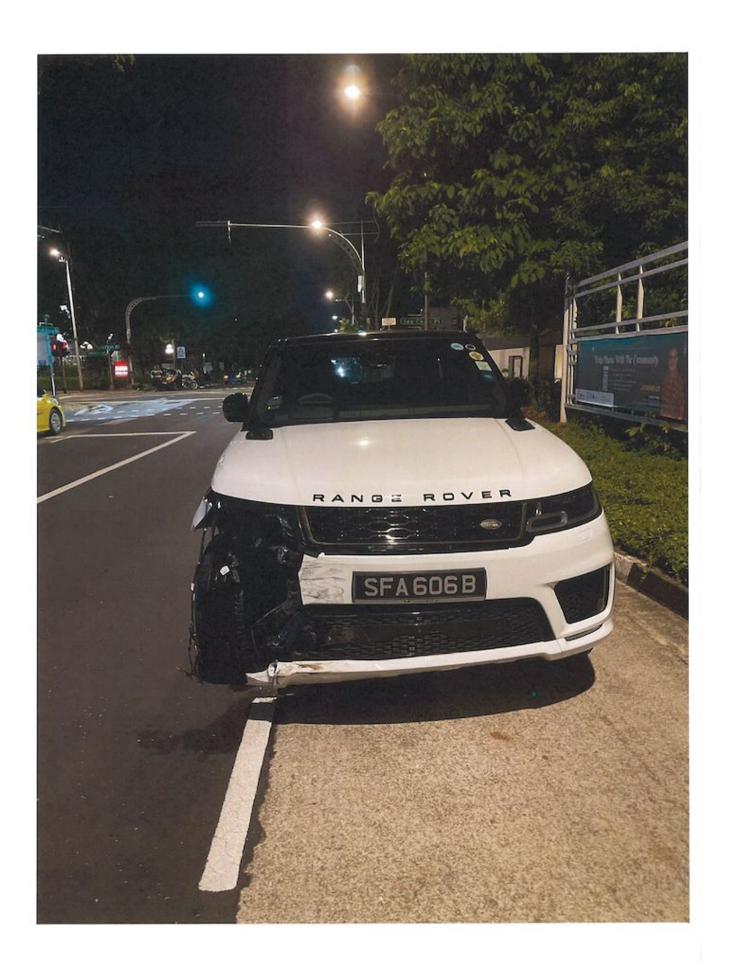




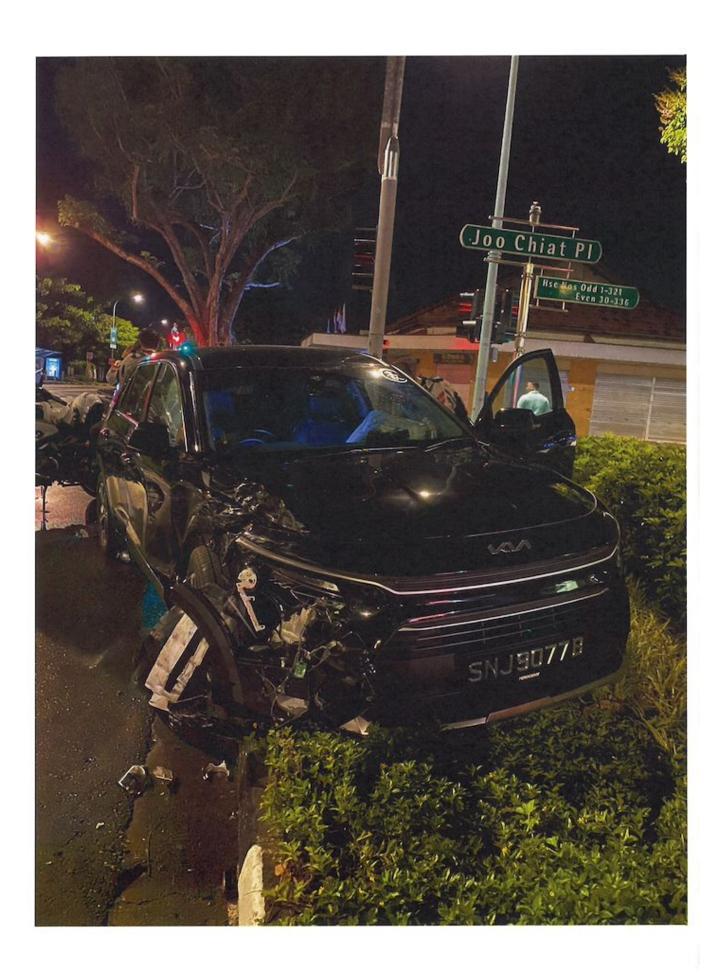


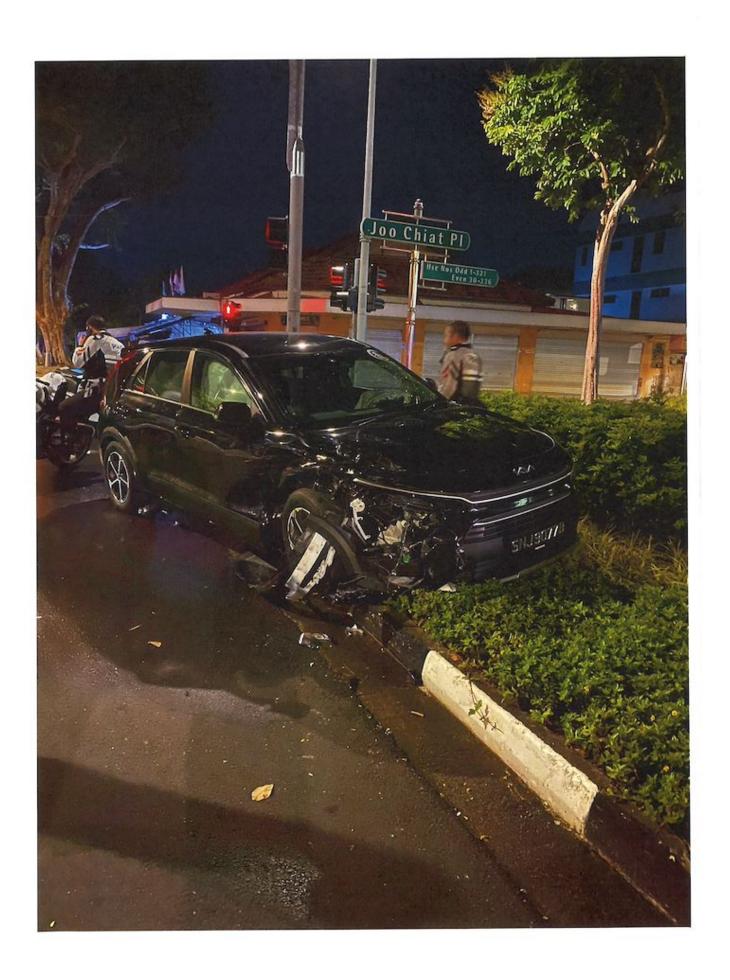
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1/20230323/7003 1 of 3

Report No. T/20230323/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2023 05:49		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: TAN KIAN MENG			Address: 28 TOH DRIVE SINGAPORE 507881		
ID Type NRIC NO	/ ID No.:) / S11909	64G	Contact No.: Home/Office: Mobile: 96714348		
Nationality: SINGAPORE CITIZEN		EN .	Email: KMTANMONKEY13@GMAIL.COM		
Sex: Male	Age: 66	Date of Birth: 10/10/1956	Type of Informant: Driver		
Race: Chinese		,	Language: English	Institution / School Name:	
Occupation:			Driving Licence Informatio Class:	n: Date of Expiry:	

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 22/03/2023 22:40	Type of Location X-Junction
Location: TELOK KUR/ Weather: Clear	AU ROAD	Road Surface: Dry	B.)	Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Wo	Traffic Volume: No Traffic	
Dual Carriage				Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFA606B	Car	LAND ROVER	RANGE ROVER SPORT 3.0P (400PS)	White	Seriously Damaged	0
SNJ9077B	Car	KIA				0



Tel No: 65470000

T/20230323/7003

2 of 3

Report No. T/20230323/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFA606B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900155199-02	30/08/2022	29/08/2023

Details of Perso	n Involved	No of the last	STATE OF THE PARTY	and white	Shipping (STORE)
Any Pedestrian I	nvolved: No		W		
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver		III NAME OF			
Name	TAN KIAN MENG		ID No.	S1190964G	
Related Vehicle	SFA606B (Car)			Contact No	. 96714348
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL	
No. of Days granted Medical Leave NIL			Degree of	f NIL	

Brief Details.

On the stated date and time I was driving my vehicle SFA 606B along Telok Kurau Road towards PIE. When I approached the Junction of Joo Chiat Place and Telok Kurau Road, the traffic light was green in my favour. I came to a complete stop to check for oncoming traffic. Upon making sure that the traffic was clear, I proceeded to inched my vehicle with caution intending to make a right turn, suddenly motor car SNJ 9077B collided into the front right portion of my vehicle at an immense speed causing my motor vehicle to suffer substantial damage to the front right portion of my vehicle.

My SD card has been taken by the Traffic Police.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230323/7003

CONTINUATION OF REPORT

Sketch Plan

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: 23/03/2023 05:49
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476225	Classification Of Case:

NP168