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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 04/04/2023 12:50 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 04/04/2023 07:28 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS CHANGI AIRPORT NEAR TOH TUCK AVENUE/CLEMENTI FLYOVER Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLB1434Y**

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner THERESA LOURDES NRIC No S8360412C Email Address theresa.kugan@yahoo.com Mobile Phone No (Phone) +65-97292935

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Note Variant **HATCHBACK** Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1200

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070156601-02

DRIVER

Name of Driver THERESA LOURDES NRIC No S8360412C Date Of Birth 22/03/1983

Occupation Indoor Date Of Driving Pass 30/12/2011 Driving experience 11 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-97292935 Alt. Phone Number Email Address theresa kugan@yahoo.com Address NA Address complement Postcode 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT T/20230404/7012 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1**

SNA4708U

Tovota

Hiace

CAccident report ST0U23440001

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour	- White
Vehicle Category	Commercial vehicle
Name of Driver NRIC No	MUHAMMAD HAFIZ BIN ITHNIN S9132619A
Contact Number	(Phone) +65-96954055
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	ACCIDENT
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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 wiful 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.
- 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)

Lunderstand, acknowledge, agree and consent that :

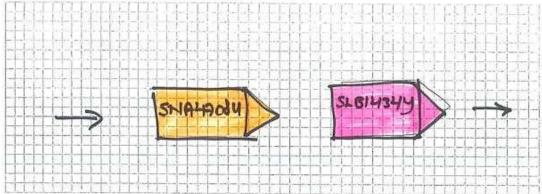
- (a) My insurer, my workshop and the General haurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) 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;
- (ii) 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

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

Witnessed by Reporting Centre Personnel





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Declaration

IWe declare the foregoing particulars are true in every respect.

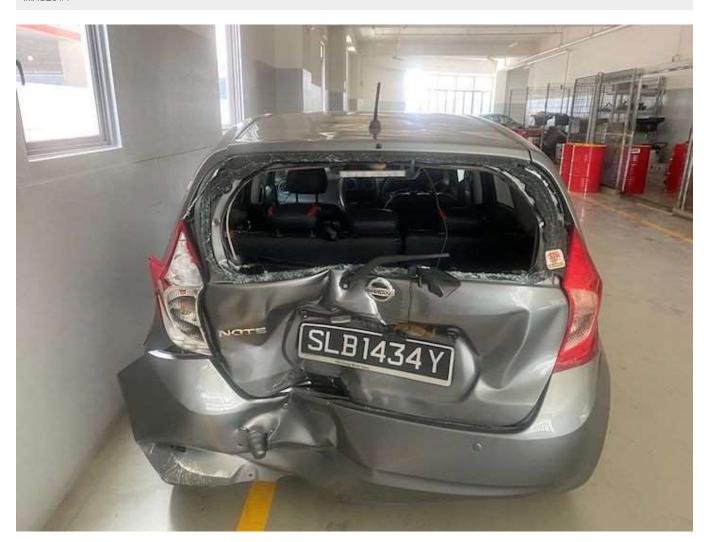
Policyholder's Signature / Date & Time Driver's Signature (# driver is not the policyholder) / Date & Time

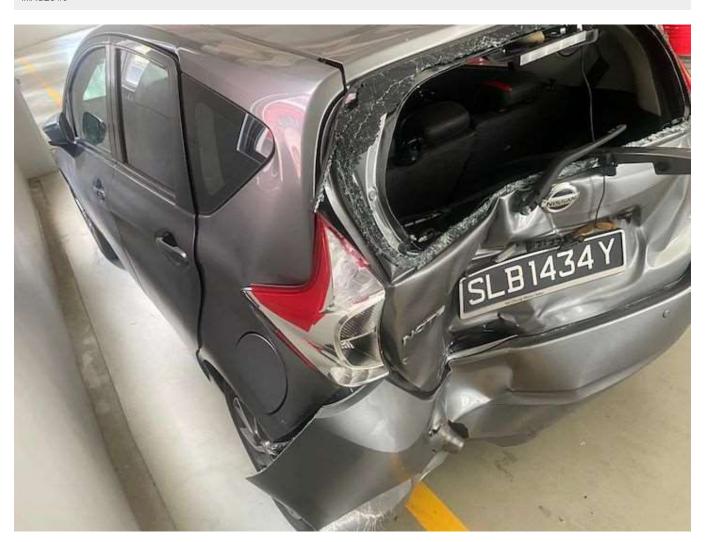
Witnessed by Reporting Centre Personnel











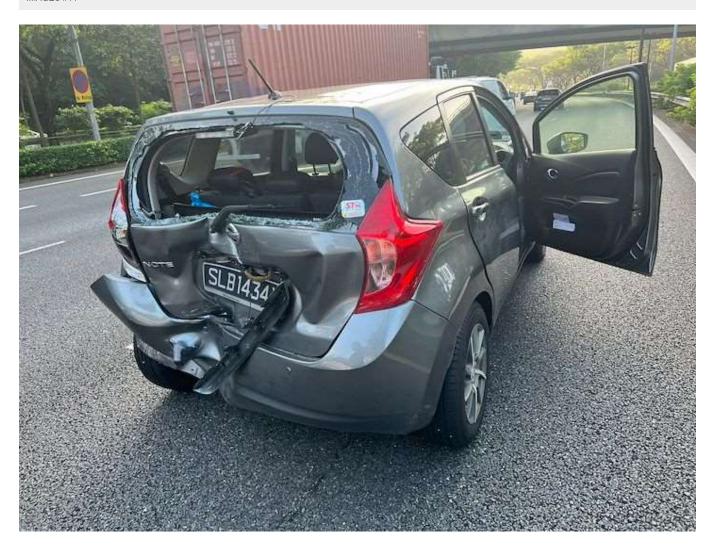




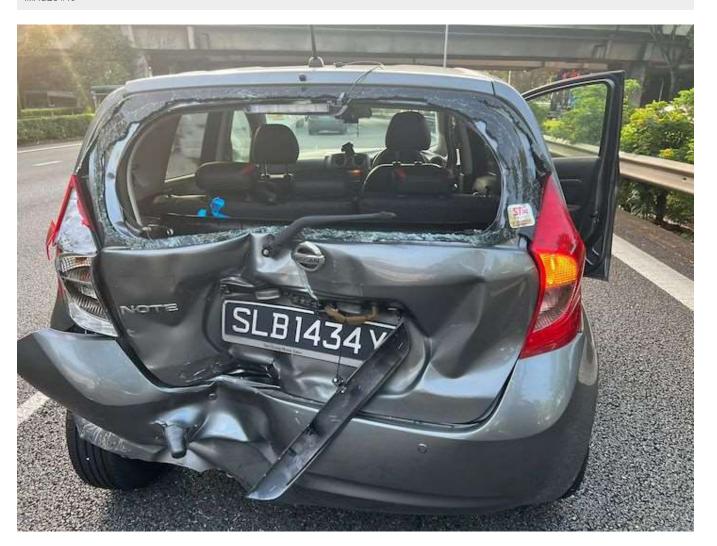






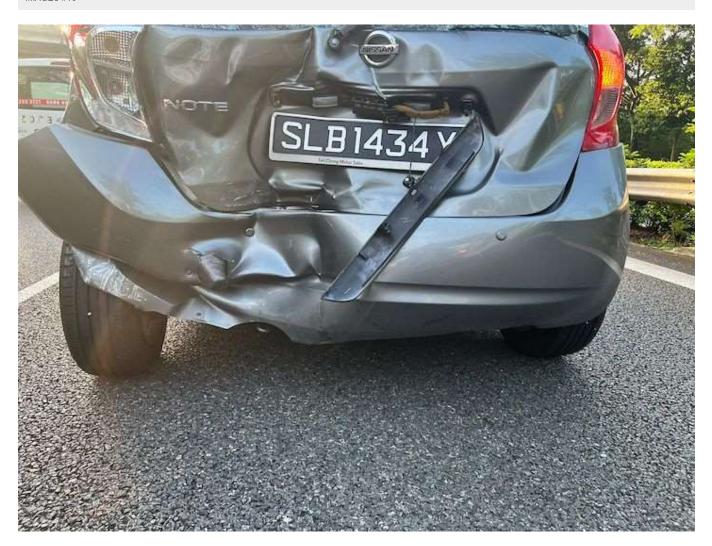




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20230404/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2023 11:03		/lade:	Vide Report No.:	Station Diary No.;	
Informan	t's Partic	ulars			
THE RESERVE OF THE PARTY OF THE	Informant: A LOURD		Address: 240 WESTWOOD AVEN	UE #04-48 SINGAPORE 648364	
ID Type / NRIC NO	ID No.: / S83604	12C	Contact No.: Home/Office:	Mobile: 97292935	
	lationality: Email: MALAYSIAN mkugan80@yahoo.com				
Sex: Female	Age: 40	Date of Birth: 22/03/1983	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Infor	mation of the Accide	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2023 07:40	Type of Location: Straight Road
Location: TOH TUCK A	VENUE			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled	1.9	Traffic Volume: Moderate
Type of Collis Between Mov	ilon: ring Vehicles - Head ⁻	To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLB1434Y	Car	NISSAN	NOTE 1.2 CVT ABS D/AIRBAG 2WD 5DR	Grey	Seriously Damaged	1
SNA4708U	Van	TOYOTA		White	Slightly Damaged	2



T/20230404/7012

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230404/7012

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Complete State of the last of	COLUMN TO A STREET	The state of the s
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB1434Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070156601-02	29/03/2023	28/03/2024
Details of P	erson Involved			108277
Any Pedestr	ian Involved: No			
No. of Pedes	strians Injured: NIL	Use of Pedestrian Cr	ossing: NA	
Driver				
Name	THERESA LOURDES	ID No.	S83604120	3

Any Pedestrian I	nvolved: No				
No. of Pedestrian	AND THE PROPERTY OF THE PROPER	Use of Pe	Use of Pedestrian Crossing: NA		
Driver					
Name	THERESA LOURDES		ID No.	S8360412C	
Related Vehicle	SLB1434Y (Car)	Contact No	97292935		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	NIL	Date	NIL		
No. of Days gran	ted Medical Leave NIL	Degree o	f NIL		
Driver					
Name	MUHAMMAD HAFIZ BIN ITHNIN		ID No.	S9132619A	
Related Vehicle	SNA4708U (Van)		Contact No.	96954055	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL		
No. of Days gran	ted Medical Leave NIL	Degree o	f NIL		

Brief Details.

I'm Theresa Lourdes and I was driving my car Nissan Note SLB1434Y on PIE from my home in Jurong West going towards to my office in Changi Business Park. I was the driver and there was no passenger in my car. Approximately at 7:40 AM at PIE 28KM just before Clementi Flyover, a private medical transport with vehicle registration SNA4708U hit/collided on my rear of my car damaging the boot area, shattering the rear windscreen, dented some parts at back passenger area and rear door could not be closed/opened properly. I was unharmed and did not sustain any bodily injury. I have exchanged particulars with the driver whom drove the private medical transport. He was also seen not harmed and did not sustain any bodily injury. There was also no damages to government property. The driver's name whom drove the medical transport and hit my car is MUHAMMAD HAFIZ BIN ITHNIN with IC:S9132619A. The private medical transport had its front side damaged. I had my car towed by EMAS recovery to Dairy Farm Nature Park Car Park since it could not been driven as the broken bumper was blocking the rear tire. Eventually I had my car towed by AIG Insurance truck to Nissan Service Center in Leng Kee.



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



3 of 4 Report No. T/20230404/7012

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20230404/7012

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:
04/04/2023 11:03

Classification Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168