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 04/05/2023 11:33 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/05/2023 08:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information (LAMP POST NUMBER 937) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

1598

No - Claiming third party

Vehicle Registration Number **SLP1830M**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LO SOON HEE NRIC No SXXXX827B Email Address sh lo@live.com Mobile Phone No (Phone) +65-97421493 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210044926-01

DRIVER

Name of Driver LO SOON HEE NRIC No SXXXX827B Date Of Birth 22/05/1965 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	12/06/1984 38 YEARS AND 11 MONTHS Male (Phone) +65-97421493 - sh_lo@live.com 17 PUNGGOL FIELD WALK #05-05 - 828747 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Jurong West Neighbourhood Police Centre (Phone) +65-18002689999 (Fax) +65-62672438 700 Corporation Road Singapore 649818 No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20230503/2031	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH TRAFFIC POLICE
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Model

Vehicle Registration NumberFBT1866BVehicle Manufacturer-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TAN CHIN LEE
Contact Number	(Phone) +65-93210964
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

- 1. Please report correctly 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 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 forwanded by the insurers of the GW Records Munagement 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)
- l 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 analor process my personal deta/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 excident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident alial be collectively referred to as the "Insurers"), the Insurers' law yersitaw firms, the Monetary Authority of Singapore and any relevant government agancy/authority (such as the police), for the purpose(s) of :
- (i) processing, handling end/or dealing with my claims including the settlement of the claims and any necessary investigations retains 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 realing of correspondence, atalements, invoices, reports or notices to me, which could involve disclosure of cortain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/multipackages); 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 parmitted 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 GM to their third party service providers or agents (including their line yers/lew Hims), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Data & Time	Driver's Signature (If di	river is not the policyholde		nessed by Rep sonnel	orting Centre
Sketch Plan	3 8				
	1 8 10	111111		TH	111111
	0.3			A	01 1 1 9 301
	0 3		THE		39119
11 11	43			0 6	0+ 101/
1 1 1	5 4			DVI	151-42-641
	2 ta 2				
	Z d				
11 11 191	1-3-11				
시 본 등 네티다	2 8				
	27				

cribe Circumstances	se veter	the police	report .		
- Contraction					
T/	20230203/	>031 .			
	The second second				
			<u> </u>		
	3 - 4 - 5 - 6				
					_
					_
				-	
	The Transfer				
					-
				10 642	
					-
	1000	11-1-1-W-			
ration					
clare the foregoing particul	are are true in every resp	ect.			/
					1
					1
my	Munt	03 May 2023 15	iothus	and note	1/282
lder's Signature / Date &	Driver's Signature (if a & Time	draver is not the policyholder)		by Reporting Centre	1 120



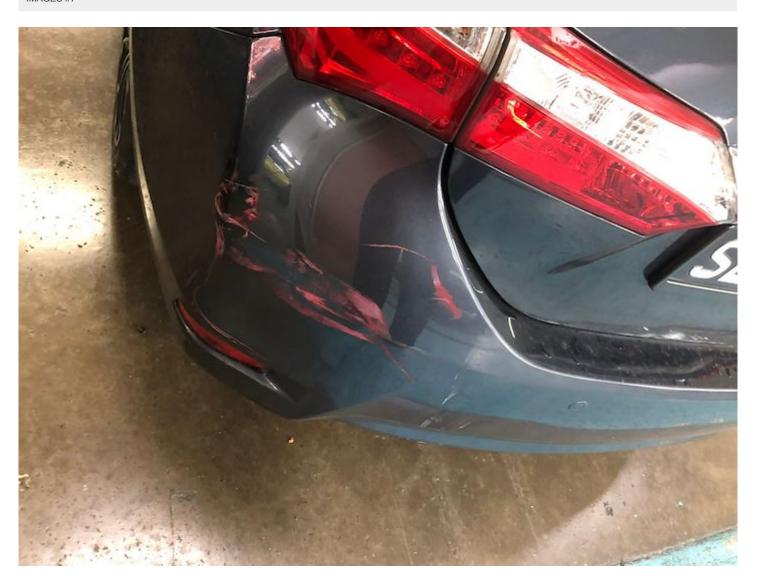


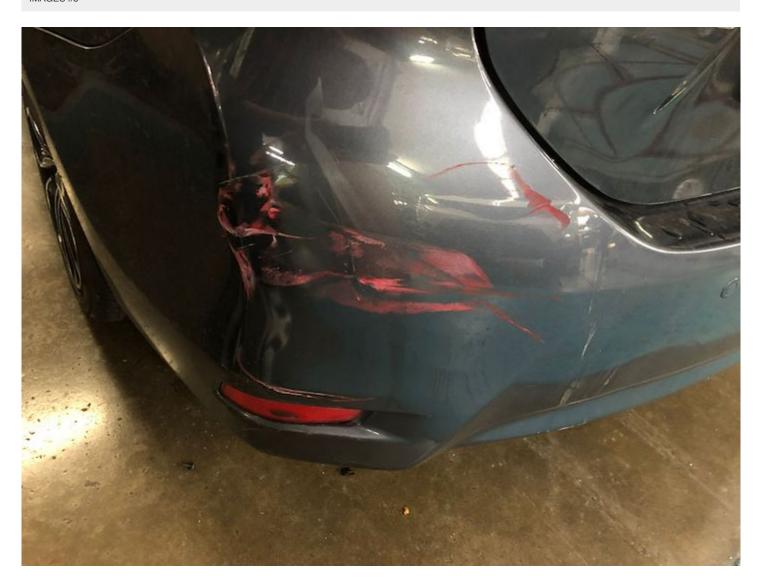




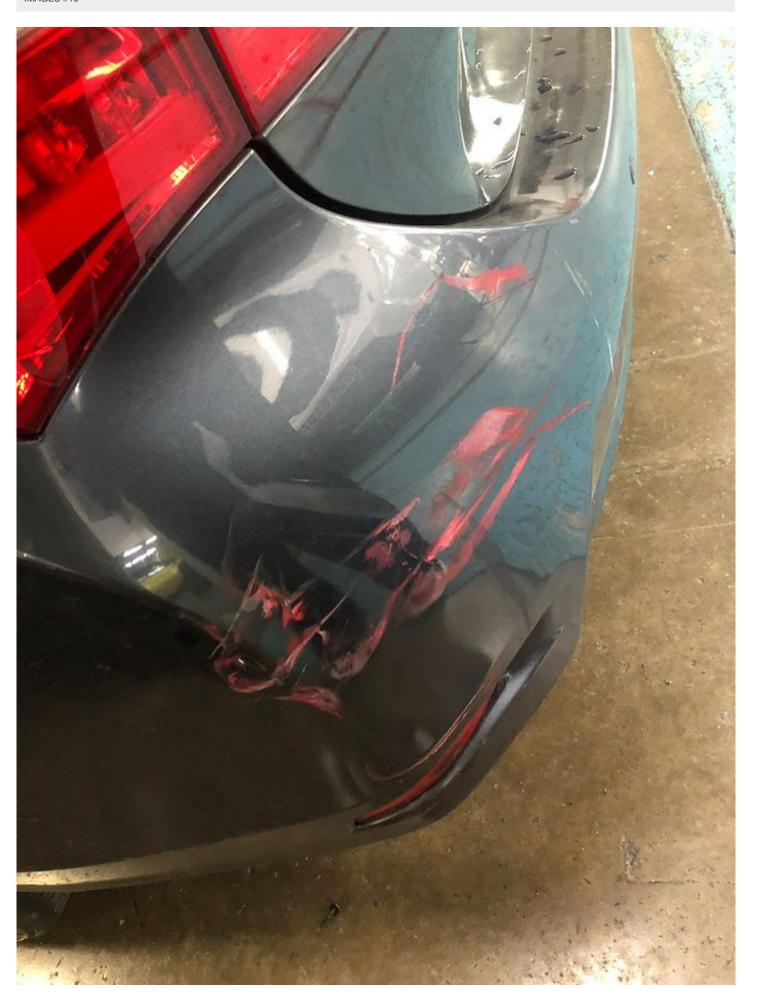


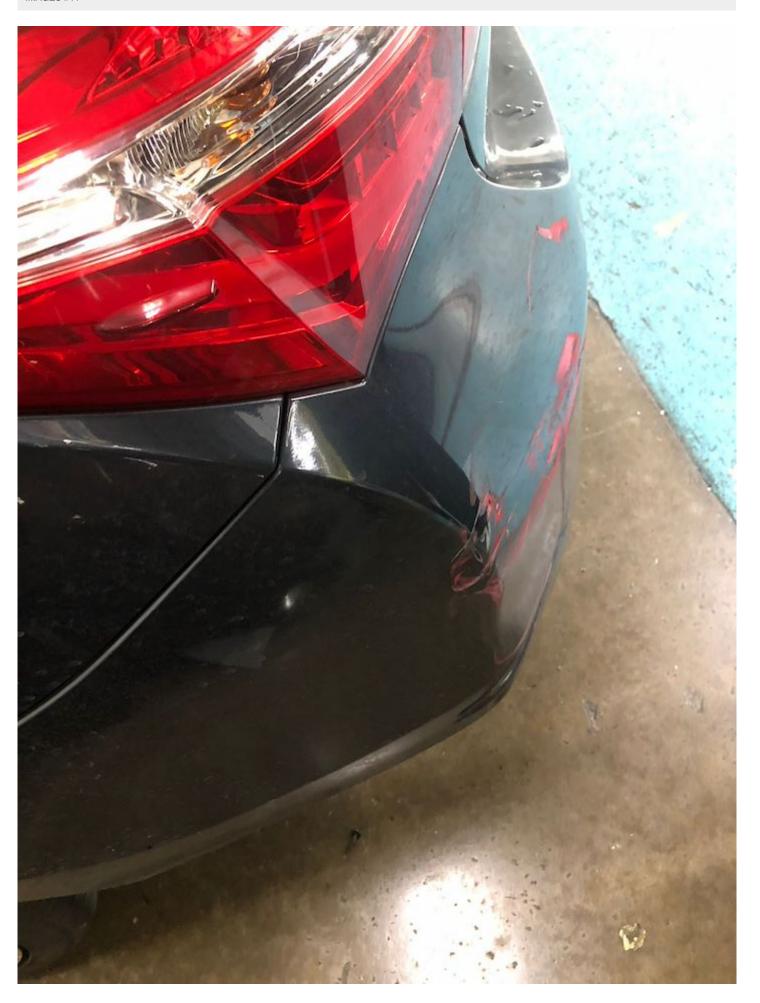




















REPORT OF A TRAFFIC ACCIDENT

T/20230503/2031

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

1 of 4 Report No. T/20230503/2031

Date/Time Report Made: Vide Report No.: Station Diary No.: 03/05/2023 10:24 E/20230503/0032 Informant's Particulars Name of Informant: Address: LO SOON HEE 17 PUNGGOL FIELD WALK #05-05 SINGAPORE 828747 ID Type / ID No.: Contact No.: NRIC NO / S1701827B Home/Office: Mobile: 97421493 Nationality: Email:

SINGAPORE CITIZEN Sex: Date of Birth: Age: Type of Informant: Male 57 22/05/1965 Driver Race: Language: Chinese English Occupation: Driving Licence Information: Chief operating officer/General Class: 2B,2A,2,3,4,5 Date of Expiry:

General Information of the Accident

Type of Accident:

Drink Date/Time of Type of Location: Accident: Straight Road

03/05/2023 08:00

No

Location:

Manager

PAN-ISLAND EXPRESSWAY

Lamp Post Number: 937 Weather: Road Surface: Clear Dry Traffic Flow: Traffic Control: Traffic Volume: Two Way Not Controlled Heavy Type of Collision: Anyone conveyed by Between Moving Vehicles - Head To Rear ambulance: Yes

Details of V	ehicle Involve	d				STATE OF THE PARTY
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBT2866B	Motorcycle	YAMAHA	AEROX	Red	Slightly Damaged	0
SLP1830M	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	Grey	Slightly Damaged	0

Details of V	ehicle Insurance			Paris was I am to
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Details of Vehicle Insurance



Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999 continu

CONTINUATION OF REPORT

2 of 4 Report No. T/20230503/2031

Class: 2B,2A,2,3,4,5

Date of Expiry: NIL

Class of

Driving Licence & Expiry Date

Date Discharge NIL Degree of Injury NIL

Vehicle No.	Insurance Company	Insuran	ce No	1	Effective	Expiry Date
SLP1830M	AIG ASIA PACIFIC INSURANCE PTE LTD.	721004	4926-01	1 3	29/11/2022	28/11/2023
Details of Po	erson Involved		SWIII	7,16	Charles Charles	
Any Pedestri	an Involved: No					
CONTRACTOR OF THE PARTY OF THE	trians Injured; NIL	Use of Per	destrian	Cross	ing: NA	
Rider	HE SHOW THE PROPERTY OF THE SERVICE		To see in	REPRESENT		
Name	TAN CHIN LEE	was lee ne Mane	ID No		S2586036E	
Related Vehi	cle FBT2866B (Motorcycle)	FBT2866B (Motorcycle)		ct No.	93210965	
Hospital/Clin	C NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Ex	piry: NIL
Date Treatm	ent NIL	Date Disc	harge	NIL		
	granted Medical Leave NIL	Degree of	Injury	Sligh		
Driver			The state of	THE SE	ALE PLAN	
Name	LO SOON HEE		ID No	+	S17018278	В
Related Veh	cle SLP1830M (Car)		Conta	ct No.	97421493	

Brief Details.

Hospital/Clinic

Date Treatment NIL

NIL

No. of Days granted Medical Leave

On 3/5/2023 at about 0800hrs, I was driving my car bearing plate number SLP1830M along PIE, at the first lane, about 19km towards Tuas. At that point of time, I saw that the vehicle in front of me had slowed down, thus I had slowly applied my brake. Suddenly, I heard a loud bang coming from the rear of my car and when I made a check, a motorcycle FBT2866B (01 Male Chinese subject) had hit my car from the back.

NIL

I then slopped my car and went down to make a check. I then saw that he was already lying on the floor and that his motorcycle was on top of him. There were two passersby who had come and helped him, and I too went over to assist him. I then called for ambulance. I also managed to exchanged particulars with the rider. He was alone at that point of time.

Shortly after, Traffic Police, ambulance, EMAS and LTA came to scene. After he was being treated, the rider was conveyed to the hospital, condition conscious.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 4 Report No. T/20230503/2031

CONTINUATION OF REPORT

I was alone, and I was not injured. My car sustained damages on the rear left bumper area, whereby it was dented and had some scratches. There were also some red-colored pain transfers. I am unsure of the total cost of damages.

I do have an in-car camera inside my car, and I had handed over the SD Card to the Traffic Police who had attended to me. I am unsure if there was any CCTVs located around the vicinity. First time such incident had happened.



T/20230503/2031

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999 CONTINUATION OF REPORT

4 of 4 Report No. T/20230503/2031

Signature of Officer Recording J I	The Report:
STAFF SGT NUR SYAFIQAH BINTE ABDUL LATIFF	9
Signature Of Interpreter; Not applicable	
Officer In Charge Of Case:	
STAFF SGT SYED MUHAMM. DMAR ALHABSHEE	AD ISA BIN
Contact No.: 65476187	

Signature Of Informant:	10 .
	Hamfor
Date/Time: 03/05/2023 10:24	
Classification Of Case:	



SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

/Recipient's	Nama Contact	No / NRIC or Pas	rood No. (D	selr and Ma 1
T. CAL - 10 1.	a year of the second	110 111110 01 1 83	aport red. r r n	and real
Trattic Topics	(Address / Poli	ce Station / NPC /	NPPI	
ereby acknowledge receipt of the beli	Same market		170.0.5	
	S = S D			
1 \ 10000 1761) SV	(are		
+			/	
		/		
	_/	1		
			-	
om Lo Soon Hee				
om oo	ime, NRIC or Pa	ssport No. / Flank	and No.)	10/10
				304020
SLP 1830 M 17	Punggo		11/01	1/4
SLP 1830 M , 17	Punggo	Tie d	10	<
SLP 1830 M , 17	Punggo	1 Field		1/2
SLP 1830 M , 17	Punggo (Address / Polic	Tie d		-
SLP 1830 M , 17 03/05/2023 (Date)	Punggo (Address / Polic	Tield the Station / NPC / I DO O O O S (Time)	NPP)	
SLP 830 M 17 03/05/2023 (Date) itnessed by /* Handed over by:	Punggo (Address / Polic	Tield the Station / NPC / I DO O O O S (Time)		
SLP 830 M 7 O3/05/2023 (Date) itnessed by /* Handed over by:	Punggo (Address / Polic	Tield the Station / NPC / I DO O O O S (Time)	NPP)	
SLP 830 M 7 O3/05/2023 (Date) itnessed by /* Handed over by:	Punggo (Address / Polic	Tield the Station / NPC / I DO O O O S (Time)	NPP)	
SLP 1830 M , 17	Punggo (Address / Polic	Tield the Station / NPC / I DO O O O S (Time)	NPP)	
SLP 1830 M 17 O3/05/2023 (Date) itnessed by /* Handed over by: Delete if applicable) LML 10 Jos. Her S1701827 B	Punggo (Address / Polic	Tield the Station / NPC / I DO O O O S (Time)	NPP)	
SLP 830 M 7 O3/05/2023 (Date) itnessed by /* Handed over by: Delete if applicable) Liv Jose Her S1701827 B (Signature)	Punggo (Address / Polic at	Tig (signature)	NPP)	(Signature)
SLP 830 M 7 O3/05/2023 (Date) itnessed by /* Handed over by: Delete if applicable) Liv less HeR S1701827 B (Signature)	Punggo (Address / Polic at	Tig (signature)	NPP)	(Signature) T 720121
SLP 830 M 7 03/05/2023 (Date) itnessed by /* Handed over by: Delete if applicable) LAM Lo Josa, HeR S1701827 B (Signature)	Punggo (Address / Polic at	Tig (signature)	NPP)	(Signature) T 720121
SLP 830 M 7 O3/05/2023 (Date) itnessed by /* Handed over by: Delete if applicable) White Lo Jess Her S1701827 B (Signature)	Punggo (Address / Polic at	Tig (signature)	NPP)	(Signature) T 720121
SLP 830 M 7 03/05/2023 (Date) itnessed by /* Handed over by: Delete if applicable) LAM Lo Josa, HeR S1701827 B (Signature)	Punggo (Address / Polic at	Tig (signature)	NPP)	(Signature) T 720121