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 23/06/2023 13:09 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/06/2023 19:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS AFTER STEVENS ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SLT9380X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAY SIEW KHIM NRIC No SXXXX592A Email Address khimtay1@gmail.com Mobile Phone No (Phone) +65-91730886 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota 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

your vehicle? Vehicle Category

Private car Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220103825

DRIVER

Name of Driver TAY SIEW KHIM NRIC No SXXXX592A Date Of Birth 16/05/1965 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	27/06/1983 40 YEARS Female (Phone) +65-91730886 - khimtay1@gmail.com 39 WESTWOOD WALK - 648682 Yes - No
Type of Accident Weather Conditions Road Surface	Chain Collision 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 3 Yes 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 Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20230623/7008	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SH6692X - -

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLG7493K -
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	TAY SIEW KHIM Female (Phone) +65-91730886 -
Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SLIGHT INJURY SLT9380X Yes No

IMPORTANT NOTICE

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SKETCH PLAN

- 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 Individuand occurate as possible. Any wild misrepresentation or withholding of material facts may allow insurance companies to repudiate policy habitaly.
- 4. The issue and ecceptance 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 report being made available eforesaid.
- 6. 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") maylare 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' lawyershaw firms, the Monetary Authority of Singapore and any relevant government egency/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 daims;

- (ii) investigating the accident and/or my daims;
- (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) angler
- (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

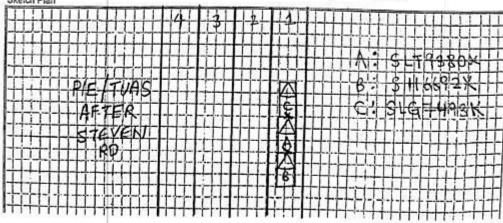
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (Agriver) not the policyholder) / Date Witnessed by Reporting Centre Person

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Sketch Plan

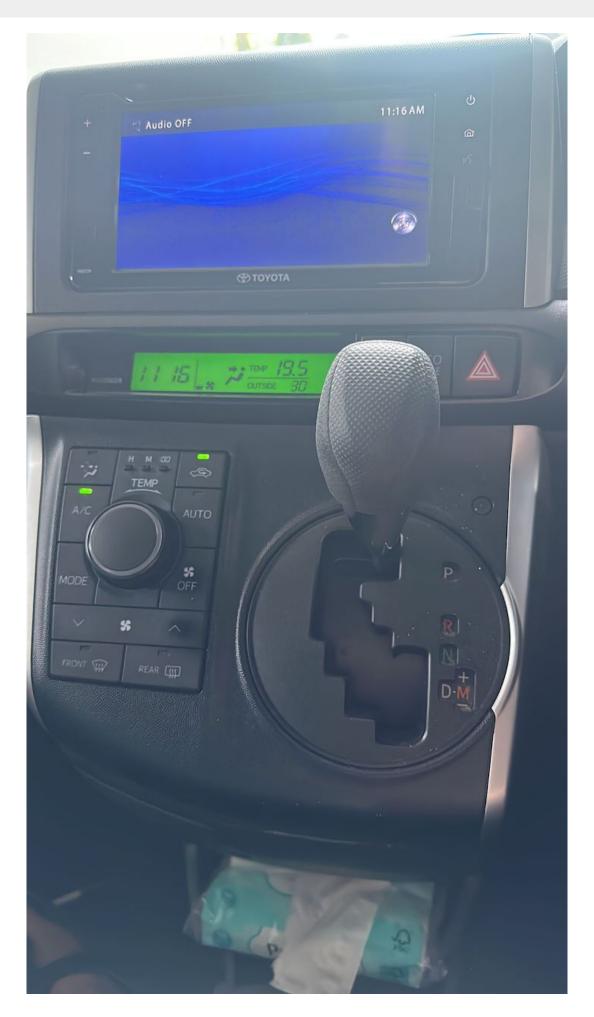


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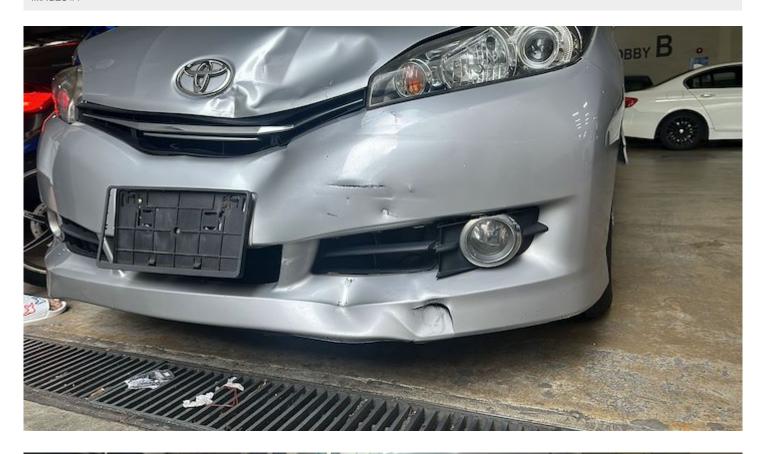
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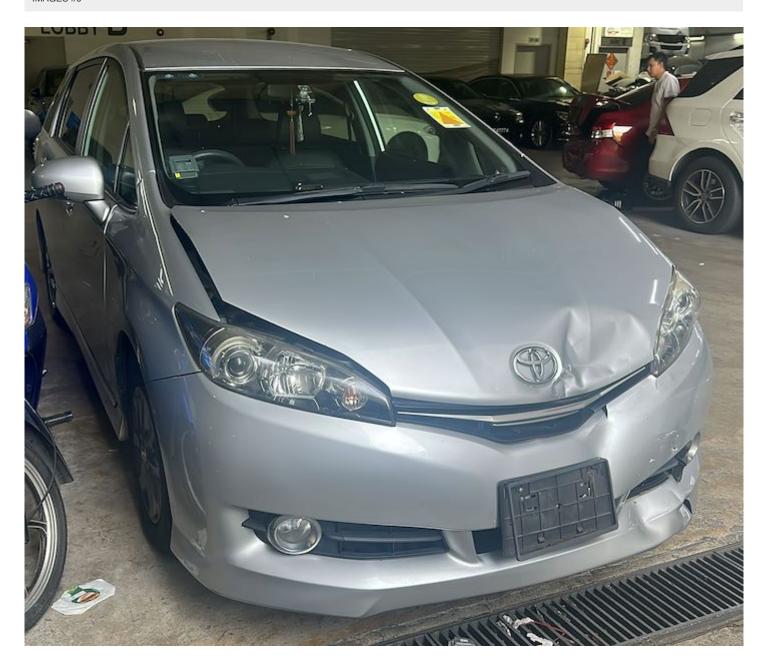
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20230623/7008

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2023 10:17		Vlade:	Vide Report No.:		Station Diary No.
Informan	t's Partic	ulars		COURT HOLE	
Name of Informant: TAY SIEW KHIM			Address: 39 WESTWOOD WALK SING	SAPORE 6486	82
ID Type / NRIC NO	ID No.: / S17195	92A	Contact No.: Home/Office:	Mobile: 917	
Nationalit SINGAPO	y: ORE CITIZ	ΈΝ	Email: KHIMTAY1@GMAIL.COM		0000
Sex: Female	Age: 58	Date of Birth: 16/05/1965	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation DIRECTO			Driving Licence Information: Class: 3	Date of Exp	ry:

Type of Accident:	Injury Others	others Drive: Accident:		Type of Location Straight Road
Location:		INO	22/06/2023 19:20	
PIE TOWARD	S TUAS AFT STE	VEN RD		
Clear		Dry		
Clear Traffic Flow: One Way				Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SH6692X	Car				Seriously Damaged	2
SLG7493K	Car				Seriously Damaged	2
SLT9380X	Car	TOYOTA	WISH 1.8 CVT	Silver	Seriously Damaged	0





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20230623/7008

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
SLT9380X	AIG ASIA PACIFIC INSURANCE PTE.	7220103825	17/11/2022	16/11/2023

Details of Perso	n Involved				
Any Pedestrian I					THE REAL PROPERTY OF THE PARTY
No. of Pedestria	ns Injured: NIL		Lise of Do	destrian Cro	ante NIA
Driver		STREET, SQUARE	OSC OF FE	destrian Gro	ssing: NA
Name	TAY SIEW KHIM			ID No.	S1719592A
Related Vehicle	SLT9380X (Car)			Contact No	91730886
Hospital/Clinic	24 HOUR WALK-IN	CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	23/06/2023		Date		06/2023
No. of Days gran	ted Medical Leave	03	Degree of		

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SLT9380X WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 1 ALONG PIE TOWARDS TUAS AFTER STEVEN RD.

THE VEHICLE IN FRONT SUDDEN BRAKE DUE TO TRAFFIC, SO I ALSO BRAKE AND STOP.

SUDDENLY, VEHICLE B, BEARING TAXI PLATE SH6692X BANG ONTO THE REAR PORTION OF MY VEHICLE, THE IMPACT CAUSED MY CAR TO PROPEL FORWARD AND BANG ONTO ANOTHER VEHICLE, BEARING CAR PLATE SLG7493K

WE EXCHANGED PARTICULARS AND TOOK PHOTOS OF THE ACCIDENT SCENE.

DUE TO THE ACCIDENT, I SUFFERED PAIN ON MY NECK AND LOWER BACK.

THE NEXT DAY, I WENT TO LOH & LOH CLINIC & SURGERY TO CONSULT A DOCTOR NEAR MY WORK PLACE LOCATED AT ANG MO KIO.

I RECEIVED 3 DAYS OF MC.





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

3 of 3 Report No. T/20230623/7008

CONTINUATION OF REPORT

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: 23/06/2023 10:17
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476204	Classification Of Case:
NP168	