SN09237I0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/07/2023 15:34 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (18/07/2023 15:34 (SGT))

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.

 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 18/07/2023 15:34 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/07/2023 15:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (TUAS) BEFORE EUNOS EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

1496

Vehicle Registration Number SMJ2632G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG SU YING (HUANG SUYING) NRIC No. SXXXX892D Email Address GINY009@YAHOO.COM.SG Mobile Phone No (Phone) +65-98231864 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Sienta 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? No - Claiming third party Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220146463

DRIVER

Name of Driver NG SU YING (HUANG SUYING) NRIC No SXXXX892D Date Of Birth 29/08/1984 Occupation Indoor

Date Of Driving Pass 28/11/2021 Driving experience 1 YEAR AND 8 MONTHS Gender Female Mobile Number (Phone) +65-98231864 Alt. Phone Number Email Address GINY009@YAHOO.COM.SG Address APT BLK 234 TAMPINES STREET 21 Address complement # 10-525 Postcode 521234 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 Raining Road Surface Wet 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 **QUEK CHIN LING** Gender Female 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 PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230717/7006 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number QX488Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle 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 NG SU YING (HUANG SUYING) Gender Female Phone No (Phone) +65-98231864 Address APT BLK 234 TAMPINES STREET 21 Address Complement # 10-525 Post Code 521234 Approximate Age Years Old Injuries Sustained **NECK AND BACK** Injured person in which vehicle? SMJ2632G Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes INJURED 2

 Name of injured person
 QUEK CHIN LING

 Gender
 Female

 Phone No
 (Phone) +65-97852332

 Address

 Address Complement

 Post Code

 Approximate Age Years Old

 Injuries Sustained
 NECK INJURED

 Injured person in which vehicle?
 SMJ2632G

 Were seat belts worn?

 Was this injured conveyed to hospital by ambulance?
 Yes

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's

PIE (Juns) Before Gurus Gxi+

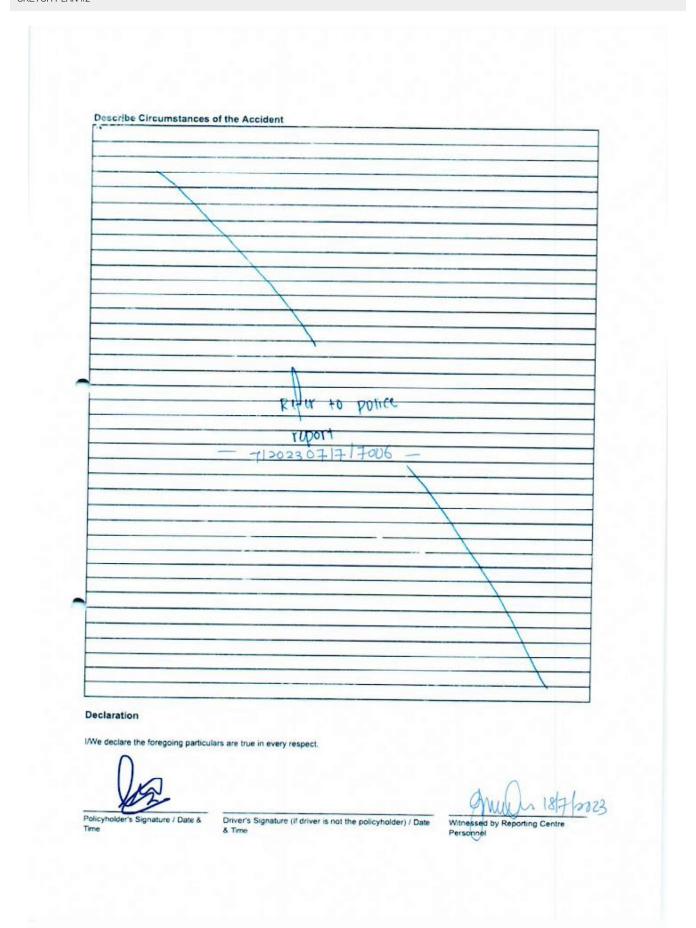
Witnessed by Reporting Cer Personnel

Sketch Plan

PIE (TUOS)

A- 3MJ2632G B-QX488Z

N= N00





T/20230717/7006

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

2 of 3 Report No. T/20230717/7006

CONTINUATION OF REPORT

SMJ2632G AIG MALAYSIA INSURANCE BERHAD 7220146462
SMJ2632G AIG MALAYSIA INSURANCE BERHAD 7220146463 27/02/2023 26/02/2

Details of Perso	on Involved	IN THE		100000000000000000000000000000000000000	all to be		
Any Pedestrian I	nvolved: No						
No. of Pedestrian			Use of Pe	Use of Pedestrian Crossing: NA			
Passenger	THE REPORT OF A PARTY	THE PARTY		and the same of	0103.	sing. TVA	
Name	QUEK CHIN LING			ID No.		S7901597J	
Related Vehicle	SMJ2632G (Car)			Contac	t No.	97852332	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL	
Date	14/07/2023 Date		Date	14/07		/2023	
No. of Days granted Medical Leave 01			Degree o		Slight	12.000	
Driver		BARRIOTO TO			NAME OF TAXABLE PARTY.		
Name	NG SU YING		ID No.		S8424892D		
Related Vehicle	SMJ2632G (Car)			Contac	t No.	98231864	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL	
Date	14/07/2023		Date		14/07	/2023	
No. of Days grant	ted Medical Leave	01	Degree of	f	Slight		

Brief Details

I was driving on PIE towards Tuas in my car SMJ2632G and there was a passenger Quek Chin Ling in my car. It was raining and a traffic jam. I was stopping behind another car in the first lane and a police car banged my car from behind. My passenger and I were conveyed on an ambulance to CGH and were discharge on the same day. My car was towed to TP compound. I took some pictures of the damage to my car.

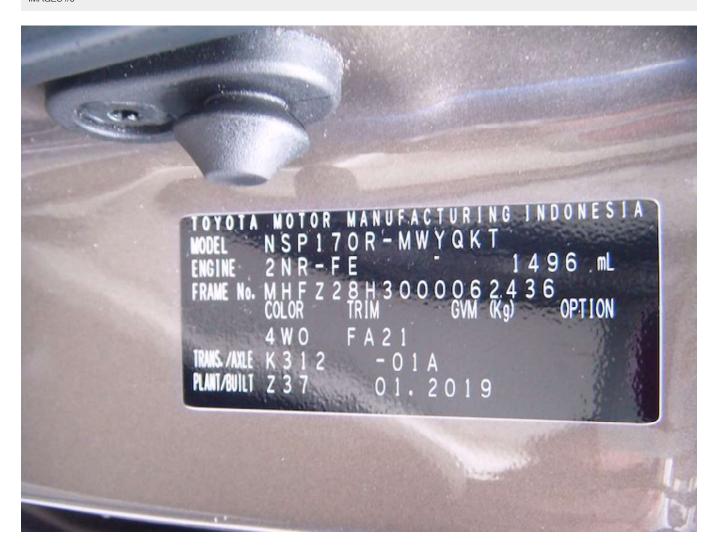
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230717/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2023 09:50		Vide Report No.:	Station Diary No.:			
t's Partic	ulars	AND STATE OF				
nformant: NG		Address: 234 TAMPINES STREET 21 #10-525 SINGAPORE 521234				
ID Type / ID No.: NRIC NO / S8424892D		Contact No.: Home/Office:	Mobile: 98231864			
Nationality: SINGAPORE CITIZEN		Email:				
Age: 38	Date of Birth: 29/08/1984	Type of Informant: Driver				
		Language: English				
Occupation: Primary school teacher		Driving Licence Information: Class: 3	Date of Expiry:			
	t's Partic nformant: NG ID No.: / S84248 /: PRE CITIZ Age: 38	t's Particulars Informant: ING ID No.: / \$8424892D /: IPRE CITIZEN Age: Date of Birth: 38 29/08/1984	Address			

General Infor	mation of the Accider	it	PARTY STATE OF		
Type of Accident: Injury Police Vehicle		Drink Drive: No	Date/Time of Accident: 14/07/2023 15:00	Type of Location Straight Road	
Location: TO PIE (TUA	S)				
Lamp Post No	umber: 413	Dead O. Co.			
Raining		Road Surface: Wet			
Traffic Flow: Tra		Traffic Control:		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head To	Rear		Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMJ2632G	Car	TOYOTA	sienta	Gold	Slightly Damaged	1
	Car					0
	Car					0





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

2 of 3 Report No. T/20230717/7006

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ2632G	AIG MALAYSIA INSURANCE BERHAD		27/02/2023	26/02/2024

Details of Perso	on Involved	IN THE		100000000000000000000000000000000000000	all to be		
Any Pedestrian I	nvolved: No						
No. of Pedestrian			Use of Pe	Use of Pedestrian Crossing: NA			
Passenger	THE REPORT OF A PARTY	THE PARTY		and the same of	0103.	sing. TVA	
Name	QUEK CHIN LING			ID No.		S7901597J	
Related Vehicle	SMJ2632G (Car)			Contac	t No.	97852332	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL	
Date	14/07/2023 Date		Date	14/07		/2023	
No. of Days granted Medical Leave 01			Degree o		Slight	12.000	
Driver		BARRIOTO TO			NAME OF THE OWNER, OWNE		
Name	NG SU YING		ID No.		S8424892D		
Related Vehicle	SMJ2632G (Car)			Contac	t No.	98231864	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL	
Date	14/07/2023		Date		14/07	/2023	
No. of Days grant	ted Medical Leave	01	Degree of	f	Slight		

Brief Details

I was driving on PIE towards Tuas in my car SMJ2632G and there was a passenger Quek Chin Ling in my car. It was raining and a traffic jam. I was stopping behind another car in the first lane and a police car banged my car from behind. My passenger and I were conveyed on an ambulance to CGH and were discharge on the same day. My car was towed to TP compound. I took some pictures of the damage to my car.



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



3 of 3 Report No. T/20230717/7006

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: 17/07/2023 09:50
Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN	Classification Of Case:
Contact No.: 65476083	
This report is lodged at Tampines NPC Kiosk 1	