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 First Submission 30/09/2024 17:01 (SGT) Reported by **Actual Driver** Date of Accident 27/09/2024 12:26 (SGT) Exact Location of Accident Jurong West, Singapore Additional Location Information JURONG WEST ST 63, LAMP POST 16 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ7447S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN KIM LEE NRIC No SXXXX845B Fmail Address Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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?

Effective Date/Time of Ownership

No - Claiming third party Vehicle Category Private car Transmission Auto CC 1500 Vehicle Fuel First Regisration Date Chassis no

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7230004347

DRIVER

Name of Driver	THOMAS TAN KEAT HAO
NRIC No	TXXXX597A
Date Of Birth	•
Occupation	Indoor
Driving Pass Date	22/02/2022
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	•
Address	
Address complement	<u>{</u>
Postcode	207227
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Child
	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
Tiodd Guillago	ыу
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Na
Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	No
Was any injured onveyed to hospital by ambulance?	INO
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
1.3.5 day made daptared by our damera:	163
DETAILS OF OTHER	R VEHICLE PROPERTY 1
DETAILS OF OTHER	TVEHIOLE I NOI ENTI-I
Vehicle Registration Number	SBS3094K
-	

Volvo

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Bus Name of Driver ROSLEY BIN ABDUL SAMAD NRIC No SXXXX495B Contact Number (Phone) +65-98238872 Address BLK 408 JURONG WEST STREET 42 Address complement #06-667 Postcode 640408 Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name LOUIS LIU

Phone (Phone) +65-96193218

Email

SKETCH PLAN

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- 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.
- 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 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.
- 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)

I 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 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

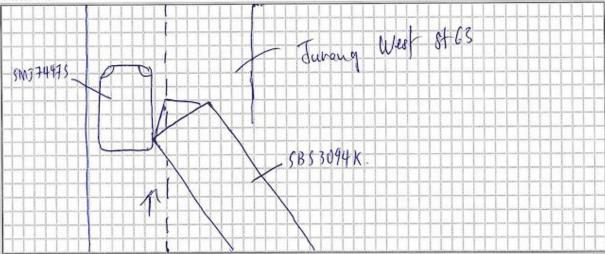
R 28 sep'24 1017 hrs.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

escribe Circumstance of the Accident	ound 1226 hours, I was turning right from Jurong
W. O. Al San Trees V	VOL CE () when I am a Malay lady bean on the mad
Locale the partie parterior	crossing at lamp post 16. She was holding her head crossing at lamp post 16. She was holding her head cryyle had fallen beside her. The lady vras involved with SIVR3360K (Driver: Alex, Hp: †65 9668 5654). I did not
with her hands and her bi	cycle had fallen beside her. The lady vicus involved with
another accident with cur	SNO 3360K (Driver: Alex, HP: +65 9668 5654) - I did not
witness this accident occurring	
helift)) and fact day, account	
I immediately filter left	From Lone 1 to Lane Z and stopped my car slightly in front azard lights were turned on. I rendered assistance to the lady
of the fallen Malay lady. H	azard lights were turned on. I rendered assistance to the lady
and called for an ambulan	e- Another passer-by, Al, came come shortly atter, and
moved the lady with me t	o the pedestrian crossing upon advice of the SCDF dispatcher
to ensure her safety.	
Whilst tending to the lady	and waiting for arrival of ambulance, a SBS Transit buse made a right turn from Jurong West st 61 into Jurong
(license plate SBS 3094 K)	made a right turn from Jurang West st 61 into Jurang
War G 63 and hit the Gal	nt rear bumper and passinger door area of my stationary
car. I did not see the acciden	nt happening, only that there was a loud bong. I turned
around and saw the 1899	thurpening, only that there was a loud bong. I turned corner of the bus-stuck into my car.
B), the driver of the bus, s	said that as he was making the right turn, he was
Watching Out for pedestrians	crossing the road on his busis right blind spot. He says his
vision was obstructed by the	Pillors of the MRT tracks and surrounding tollage, and did
not see my car until it?	coid that as he was making the right turn, he was crossing the road on his busis right blind spot. He says his pillors of the MRT tracks and surrounding foilage, and did so too late, resulting in the left corner of his bus clipping my
car	
betails of witness Al:	petails of B):
Louis Liu	Rosley Bin Abdul Samad
165 9619 3218	NRIC: 51596495B
	HP: 165 9823 8872
	DOB: [6-12-1963
	APPR: APT BLK 408 JURONG WEST STREET 42
	5 (640 408)

Declaration

I/We declare the foregoing particulars are true in every respect.

R 28 887 1033 hrs

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

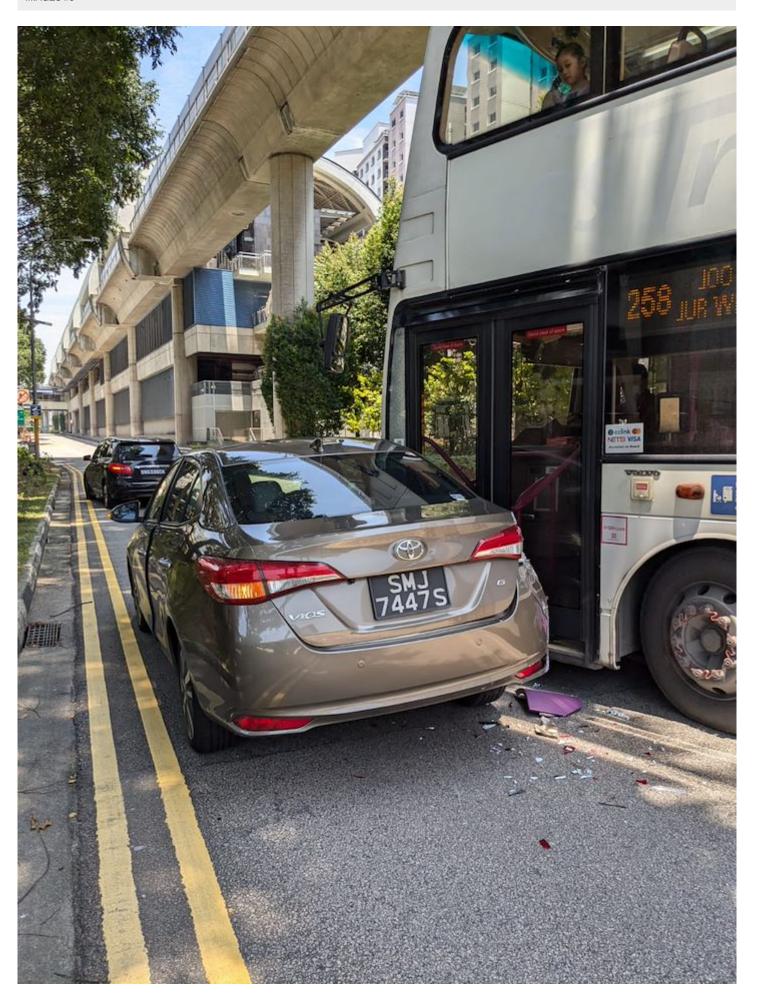
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Policyholder's Signature / Date & Time Driver's Signature (if driver is

Accident report SB0K249U000A

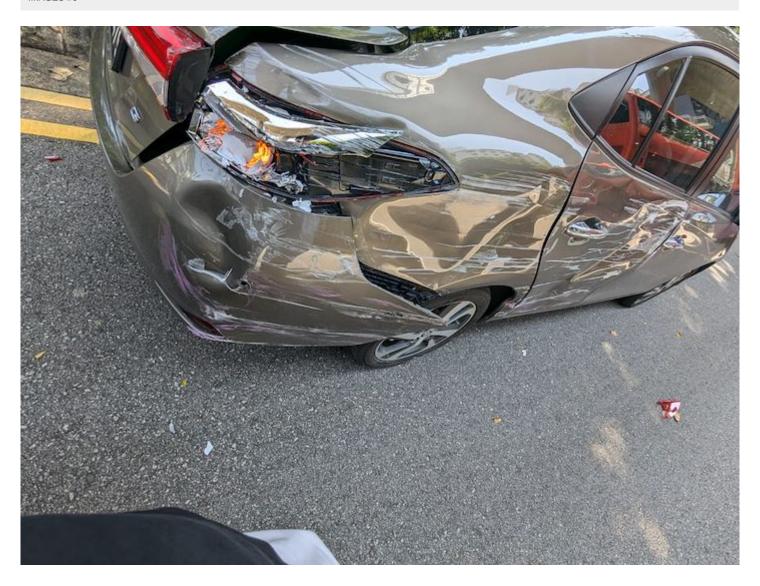


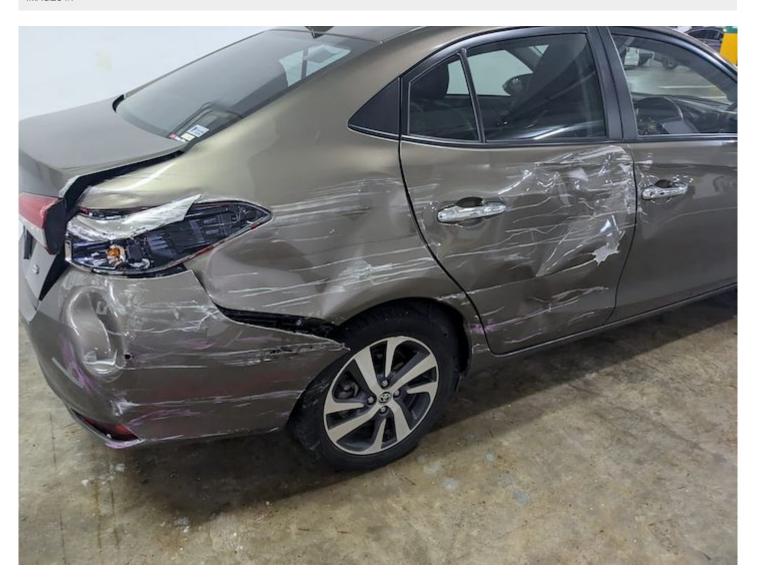


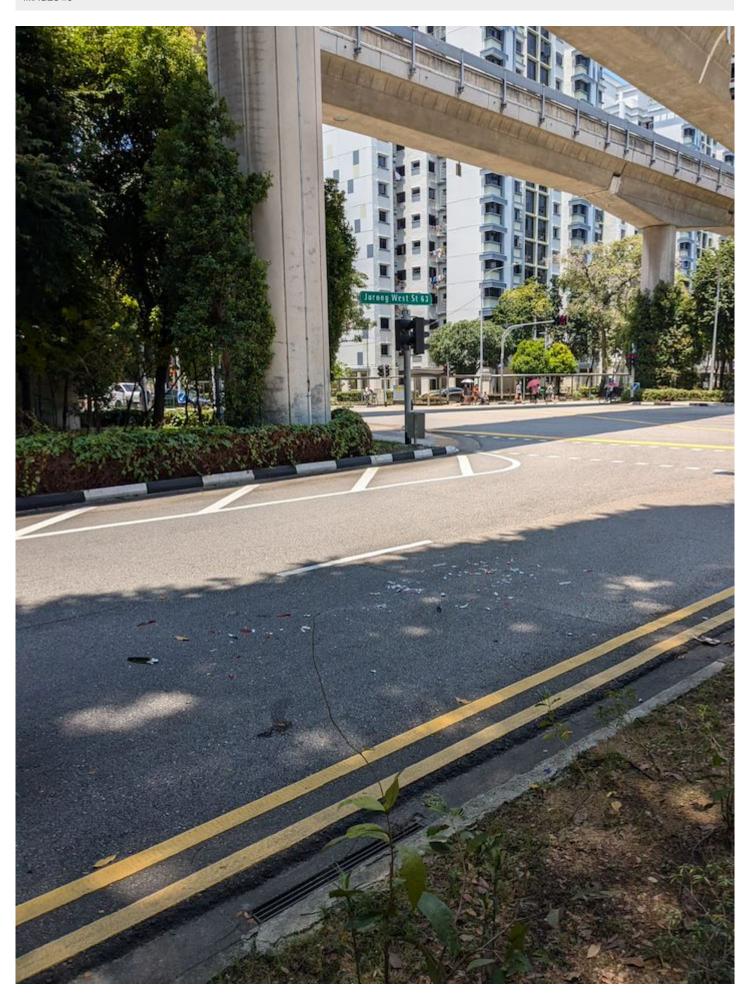


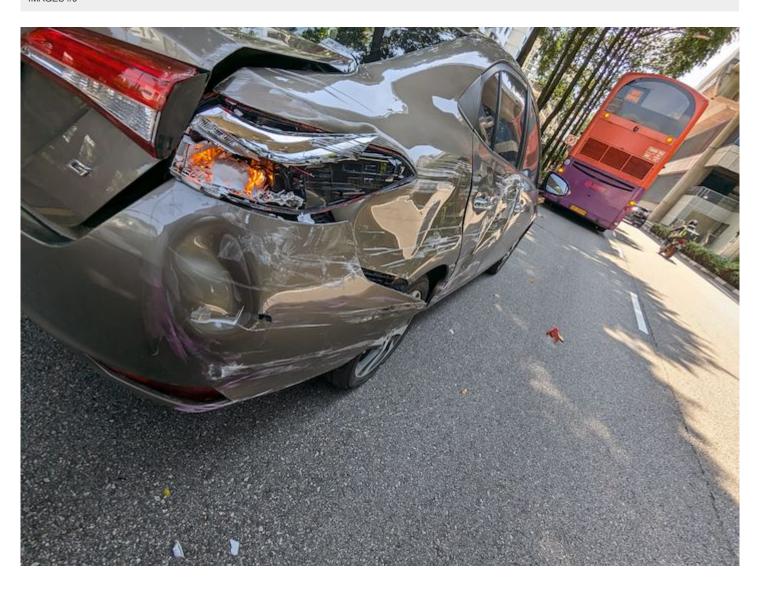












AUTHORIZATION LETTER

	Date: 28 Se	ep 2024			
Dear Sir / Madam, RE: Authorization to Act on Behalf for Insurance Claims Documentation I, (full name) TAN KIM LEE NRIC No S6975845B hereby authorized my (relationship) SON (full name) THOMAS TAN KEAT HAO, NRIC No T0103597A to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number SMJ7447S as I am currently having tight official business schedules / away from Singapore on duty oversea travel. Please do not hesitate to contact me should you require any further clarification on the above. Thank You Yours truly, Signature:					
RE: Authorization to Act on Behalf for Insurance Claims Documentation I, (full name) TAN KIM LEE NRIC No S6975845B hereby authorized my (relationship) SON (full name) THOMAS TAN KEAT HAO, NRIC No T0103597A to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number SMJ7447S as I am currently having tight official business schedules / away from Singapore on duty oversea travel. Please do not hesitate to contact me should you require any further clarification on the above. Thank You Yours truly, Signature:					
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NRIC No					reference and the second
documentation pertaining to my registration vehicle number SMJ7447S as I am currently having tight official business schedules / away from Singapore on duty oversea travel. Please do not hesitate to contact me should you require any further clarification on the above. Thank You Yours truly, Signature: TAN KIM LEE 165 0763 9155	authorized my	(relationship) SON	(full name)	THOMAS TA	AN KEAT HAO
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Please do not hesitate to contact me should you require any further clarification on the above. Thank You Yours truly, Signature: Name: TAN KIM LEE	documentation	pertaining to my registration	n vehicle number	SMJ7447S	as I am
Yours truly, Signature : TAN KIM LEE					
Signature : TAN KIM LEE	Thank You				
Name : TAN KIM LEE	Yours truly,				
Name : TAN KIM LEE					
Name : TAN KIM LEE	Signature :	Jankinghe			
+65 0762 9455		TAN KIM LEE			
		100000000000000000000000000000000000000			



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Thomas Ign Keat Har
VEHICLE NUMBER	: SMJ 74475.
DATE/TIME OF ACCIDENT	: 27 Sep 2024, 1226 hrs.
PLACE OF ACCIDENT	: Jurong West St 63, lamp post 16.
THIRD PARTY VEHICLE (IF ANY)	:8BS3094K
· 我会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会	*********************************
DECENATION DEFODE THE ACCU	JOURNEY AND WHERE WAS THE INTENDED DENT? INCER Mall, and was at Juring 并 West St 61 63 · Destination was Nanyang Technological
DID YOU DRINK ANY ALCOHOLIC THE ACCIDENT? IF YES, DID TH ANALYSER TEST ON YOU? IF YES, MO	C DRINKS BEFORE YOU DRIVE ON THE DAY OF E TRAFFIC POLICE CONDUCT ANY BREATHE, WHAT IS THE RESULT?
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAF	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
ବ	
YN	
Name: Thomas. I Affirmed The Above Information Is C	Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TAN KIM LEE Vehicle No. : SMJ7447S Period of Insurance : 19 Mar 2024 To 18 Mar 2025 Policy No. : 7230004347-01

Engine/Motor No. : 2NRX421529 Endorsement No.

Chassis No. : MR2B23F3801168820 Issued Date : 26 Jan 2024 22:13

ABOUT THE COVER

Make/Model : TOYOTA VIOS 1.5

Engine Capacity/Tonnage: 1,496.00 CC Sum Insured : Market Value First Year of Registration : 2019 Driver Restriction Off Peak Car : No : NA Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with higher permission.
 This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$5\$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition Mileage Condition : Unlimited Mileage

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for him or reward, driving testion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered insperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1980, Section 95 of the Read Transport Act, 1987 (Malaysia) and Read Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage + \$600 Theft - \$0 Flood Cover - \$600

Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

TAN KIM LEE - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers, Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, You may refer to AIG website www.alg.sg.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I'We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the previsions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Part IV of the Road Transport Act, 1967 (Mataysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Mataysia).

0504576010 ARK - PT(A)

AIG Asia Pacific

0102010

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

3 HOY FATT ROAD SINGAPORE 159504

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP

78 Shenton Way #09-16 AIG Building \$079120 | T:+65 6419 3000 | www.aig.sg