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 Authorised 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 18/02/2021 15:37 (SGT) Date of Accident 18/02/2021 08:55 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE (CHANGI) BEFORE UPP SERANGOON RD EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC3440Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM JUNE PEIN NRIC No. S7919699A Email Address niepenujmil@hotmail.com Mobile Phone No (Phone) +65-94370934 Alternative Phone No +65-94370934

VEHICLE PARTICULARS

Manufacturer Honda Model Odyssey 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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2000001104-01 Cover Note Number

DRIVER

Name of Driver **LIM JUNE PEIN** NRIC No S7919699A Date Of Birth 15/06/1979 Occupation Indoor

Date Of Driving Pass 22/11/2001 Driving experience 19 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-94370934 Alt. Phone Number +65-94370934 Email Address niepenujmil@hotmail.com Address BLK 330 TAH CHING ROAD #19-90 Address complement Postcode 610330 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 Chain Collision 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **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 FRONT VEHICLE SUDDENLY JAMMED BRAKE AND STOP. I BRAKE BUT COULD NOT STOP IN TIME AND COLLIDED INTO VEHICLE B REAR PORTION. THERE'S ANOTHER VEHICLE IN FRONT OF VEHICLE B. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	SLA4378L -
Vehicle Model	-
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 VEHICLE B
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGG6556D Vehicle Manufacturer Vehicle Model 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 VEHICLE C 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 <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)

Lunderstand, 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' 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' 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

Sketch Plan

((A)

A : SMC 34402 R : SLA 43781

C: SGG 65562

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Declaration

IVVe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

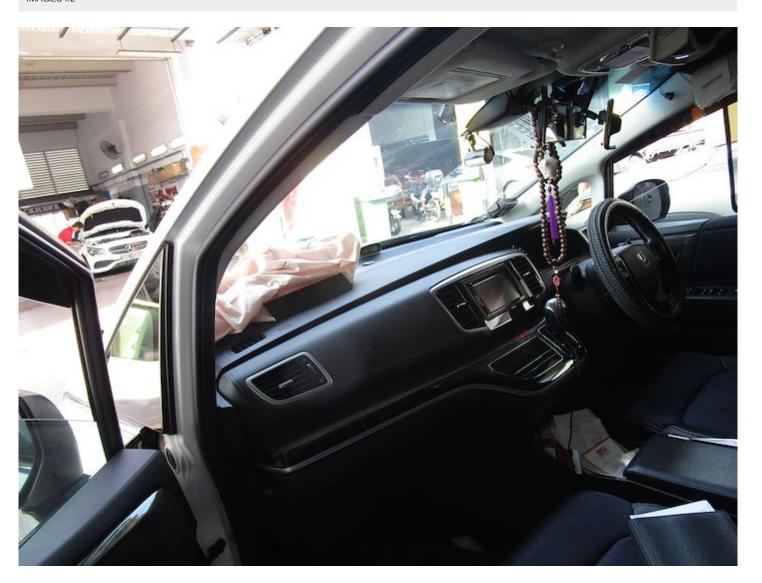
Witnessed by Reporting Centre Personnel

ATG ASIA PACIFIC INSURANCE PTE LTD

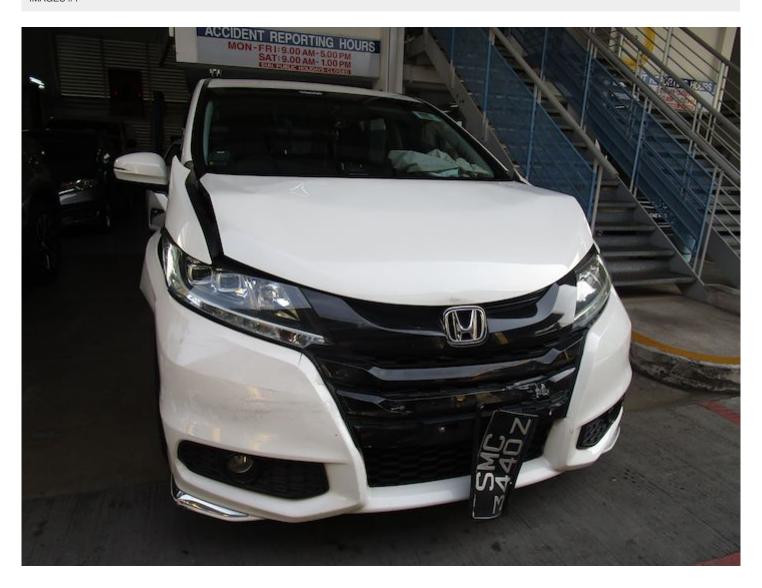
MOTOR ACCIDENT INTERVIEW FORM

VEHICLENUMBER	
	SMC 3440Z
DATE/TIME OF ACCIDENT	18102120 @ 08.33 HRS
PLACE OF ACCIDENT	PIE (CHANCIL) BEFORE UPP SERANCIOON!
THIRD PARTY VEHICLE (IF ANY)	SLA 4378L, SGG6556D.
*************************************	"在实际股份表现的企业的企业的企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业
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AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : Lim June Pein

Name of Poncyrous
Period of Insurance : 02 Feb 204 . . .
Engine No. : K24W1407291
: RC11107170 ; 02 Feb 2021 To 01 Feb 2022

Vehicle No. : SMC3440Z Policy No. : 2000001104-01 Endorsement No.

Issued Date : 27 Jan 2021

ABOUT THE COVER

Make/Model : HONDA Odyssey 2.4 EX-S

Engine Capacity/Tonnage : 2,356.00 CC Sum Insured : Market Value First Year of Registration : 2016 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : No

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 his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if harshe meets the specified age condition.

You have to pay an additional sum of \$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.

Age Condition

; All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use* :

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

* Limitations rendered inoperative by Socion 8 of the Moter Vehicles (Third-Party Risks and Compensation) Act (Cap. 189); Section 95 of the Read Transport Act, 1987 (Malaysia) and Read Transport (American Read Transport Res.).

EXCESS

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

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Lim June Pein - 5600 (Own Damage), \$600 (Flood Cover)

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

my accident regains to the Wehicle must be carried out by one of our Authorised Repairers. For other Approved Repairing Centres/AIG Authorised Repairers, please contact our 24-hour accident neighbors at +65 (338 6200, Alternatively, you may refer to AIG website www.aig.s.g or AIG SG Mobile App. Simply search and download "AIG SG from ITunes or Google Pilay.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

EWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1997 (Malaysta), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Ryles, 1969 (Malaysta).

0504300000

KAH KONG HOU

80 ANSON ROAD #07-01 SINGAPORE 079907

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

MONG HOUSEAST

