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.

 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 25/02/2021 14:58 (SGT) Date of Accident 24/02/2021 17:20 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG JALAN BAHAR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ2324J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PHANG LAY HWA NRIC No. S7129899Z Email Address ANNPHANG9899@GMAIL.COM Mobile Phone No (Phone) +65-91007022 Alternative Phone No (Home) +65-91007022

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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1900237200-01 Cover Note Number

DRIVER

Name of Driver TANG SOCK HUANG NRIC No S7722420C Date Of Birth 27/08/1977 Occupation Indoor

Date Of Driving Pass 07/05/1999 Driving experience 21 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98449559 Alt. Phone Number Email Address REACH.EIANX@GMAIL.COM Address 2 CHOA CHU KANG GROVE #23-01 Address complement Postcode 688238 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 - Major/Minor Rd 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? 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 PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

GBE5002G
-
-
-
-
Commercial vehicle
AZMAN BIN JUNABI
S7035127G
(Phone) +65-85227577
-
-
-

nsurance Company Name	-
lature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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.
- 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)

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 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 8

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

Francis Cher Motor Claims Assessor Borneo Motors (S) Pte Ltd

Witnessed by Reporting Centre Personnel

Sketch Plan

	nnces of the Accident
on 24/02	1 2021 - Weather Londition = Raining
At 5:20	Pm, I was driving along Jalan Bahar Singgore
on the	om, I was driving along Jalan Bahar, singapore way to Jurong west street &1.
It was	a wet road and low visibility condition as it
1/// // // //	1.0'
Fraffic 1	was slow as I was in the traffic queue to
turn r.	ght toward juring west Ave s.
Marine.	
	and stap and brakes
Although	I had stopped on the brokes the broke did not
ceens.	to Prease Belly. Hence collided head-front
onto t	Le commercial intride in Annt of me in the
CAN Q	I had stepped on the brakes the brake alid not to engage fully. Hence, collided head-front is commercial volvide in front of me in the were line. (Van reg. no. GBE 5662G).
GBE ST	6626 & sustained runor dents on its
taigat	e ·
whale	my car Sma 2324 J sustained bumper damage
and b	point dents.
1.10- 00	diamond contact . I that made of
cida	changed contact and took photos of int damages and left the scene within
10 mi	of gamages and left the scene within
10 1000	
)

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Prancis Cher Motor Claims Assessor Borneo Motors (S) Pte Ltd

Witnessed by Reporting Centre Personnel













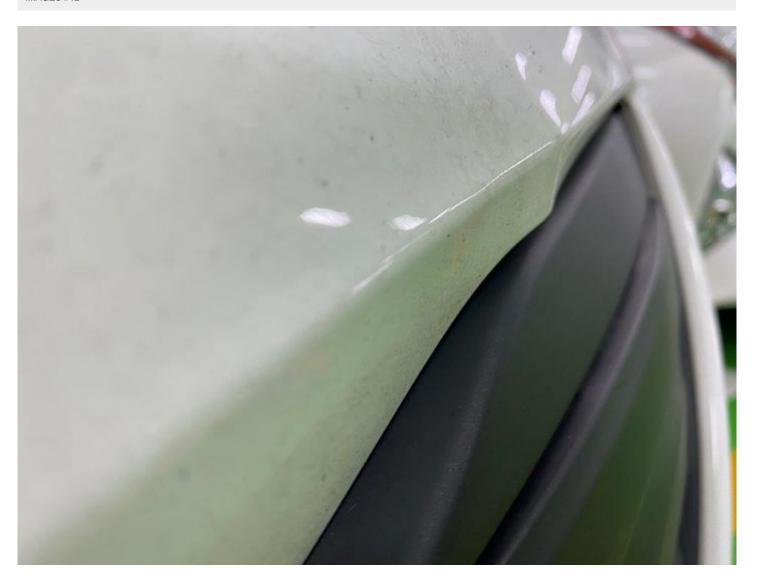




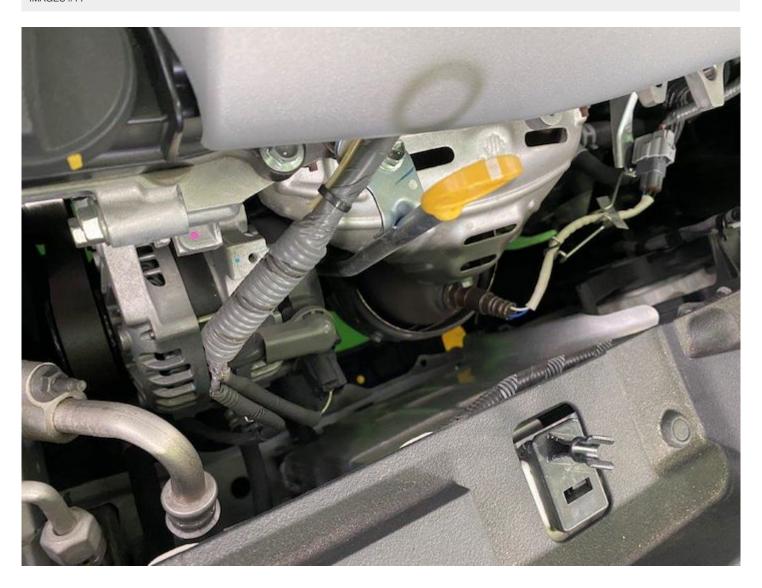




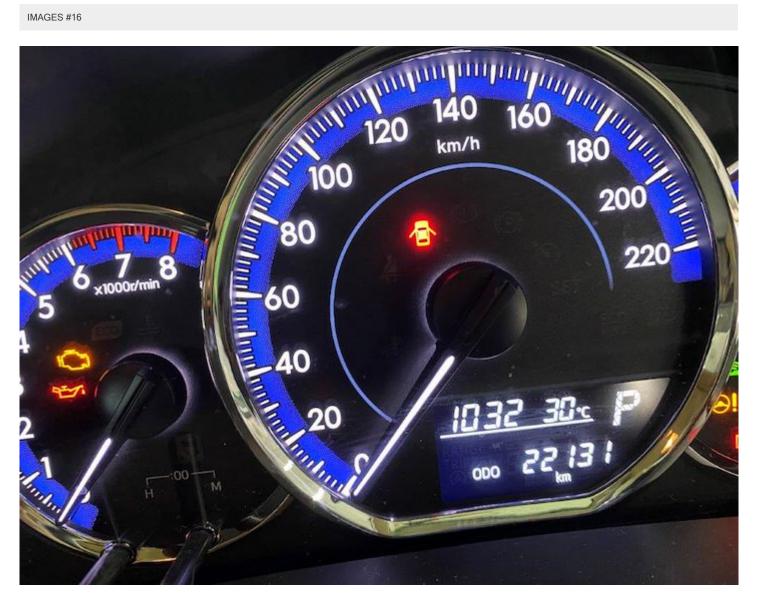






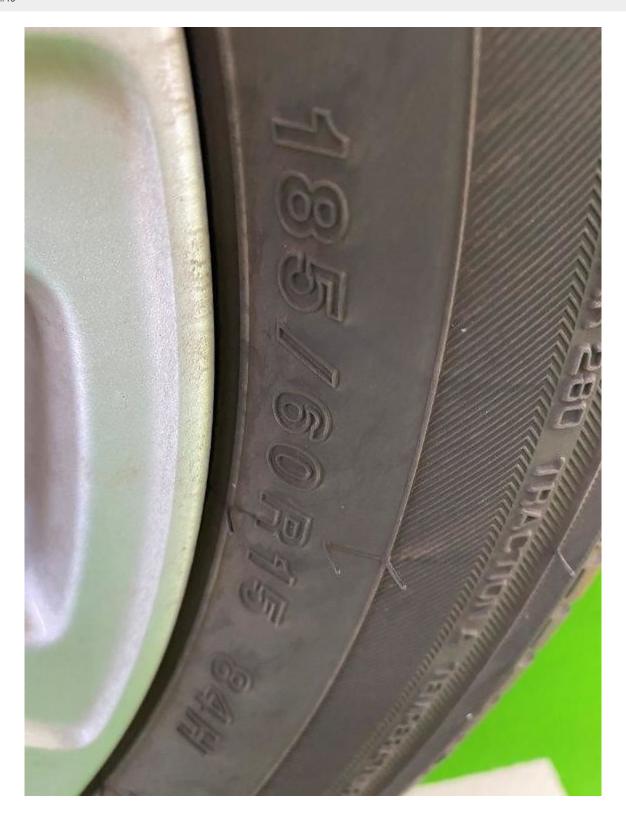


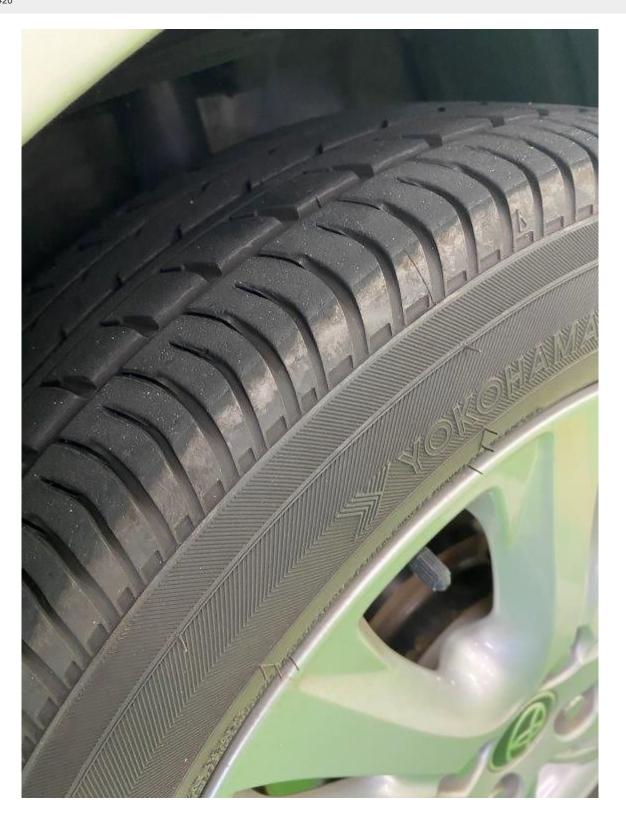














CERTIFICATE OF INSURANCE

Vehicle No.

Mileage Condition

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : PHANG LAY HWA (PENG LIHUA) Period of Insurance

Engine No. : 2NR5403045 Chassis No.

: 04 Nov 2020 To 03 Nov 2021 Policy No. Endorsement No. : MR2B23F3401192533

: 000000000363652 Issued Date : 27 Oct 2020

: Unlimited Mileage

: SMQ2324J

: 1900237200-01

ABOUT THE GOVER

Make/Model : TOYOTA VIOS 1.5

Engine Capacity/Tonnage : 1,496,00 CC Sum Insured : Market Value First Year of Registration : 2019 Driver Restriction : NA Off Peak Car : No 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 his/her pormission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she 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 than 2 years' driving experience.

Age Condition : All Age Condition

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 hire or reward, driving fullon, 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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road 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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

PHANG LAY HWA (PENG LIHUA) - \$600 (Own Damage). \$600 (Flood Cover)

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

1.Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188 2.Toyota Bodycare Centre (For accident repair & accident reporting). Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200. Alternatively, you may refer to AIG website www.sig.sg.cr AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/We 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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

0504667206

INCHCAPE AUTO TOYOTA - BSTL007

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCASS



AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way

MOTOR ACCIDENT INTERVIEW FORM

NAME	Tang Sock Huang
VEHICLE NUMBER	SMQ 2324J
DATE/ TIME OF ACCIDENT	24/02/2021, 5:20 pm
PLACE OF ACCIDENT	Jalan Bahar Singapore
THIRD PARTY VEHICLE (IF ANY)	GBE 5662 G
**************************************	AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
\$ 51, Scotts Road ((Start of Journey) PEST St. 81 (Destination).
DID YOU DRINK ANY ALCOHOLIC DRIN POLICE CONDUCT ANY BREATHE-ANALY	IKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC YSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
Front collision	THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WERE YOU OR YOUR PASSENGER/S IN.	JURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE