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 27/05/2021 14:17 (SGT) Date of Accident 26/05/2021 13:20 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 361 HOUGANG AVE 5 LINKWAY CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBR9808J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG YUET LAY NRIC No. S1336889I Email Address ngyuetlay@hotmail.com Mobile Phone No (Phone) +65-96339609 Alternative Phone No +65-96339609

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900250562 Cover Note Number

DRIVER

Name of Driver NG YUET LAY NRIC No. S1336889I

Date Of Birth 27/01/1958 Occupation Indoor Date Of Driving Pass 08/06/1977 Driving experience 43 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96339609 Alt. Phone Number +65-96339609 Email Address ngyuetlay@hotmail.com Address **BLK 361 HOUGANG AVENUE 5** Address complement #07-328 Postcode 530361 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 - Cross Junction 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHED DOCUMENTS ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SDT1829S Vehicle Manufacturer Vehicle Model

Vehicle Variant	 -
Vehicle Colour	-
Vehicle Category	 Private car
Name of Driver	-
Contact Number	 -
Address	

Address complement

Accident report SB0G215R0004

Postcode	-
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

KETCH PLAN				
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ECLARATION				
We declare the forego	ing particulars are t	rue in every respect.		
60				11/

Date & Time:

Policyholder Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
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 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 lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

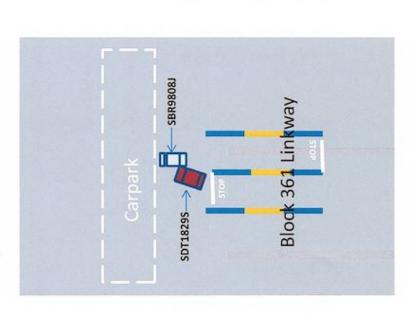
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Carpark accident

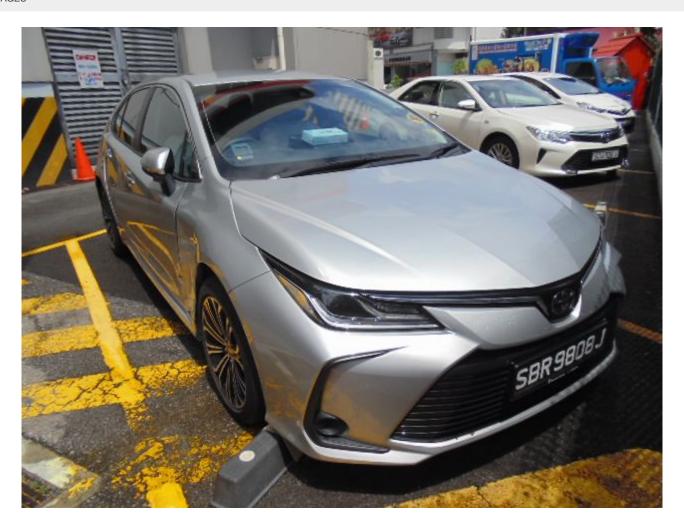


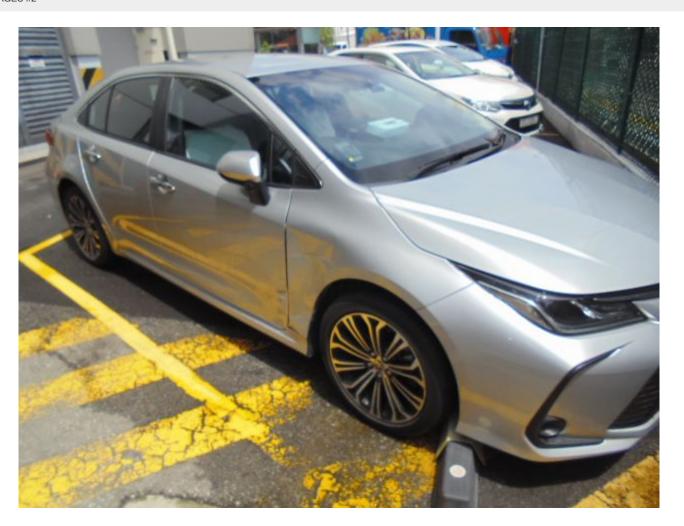
Statement: While I was exiting the carpark lot at about 1320 hours, 26 May 21, another vehicle, SDT1829S which was turning right from the linkway collided into my car. My car's front door was damaged from the impact.

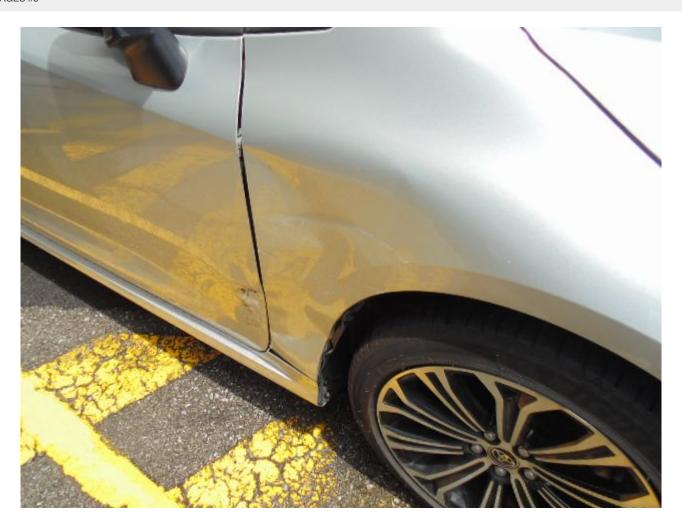




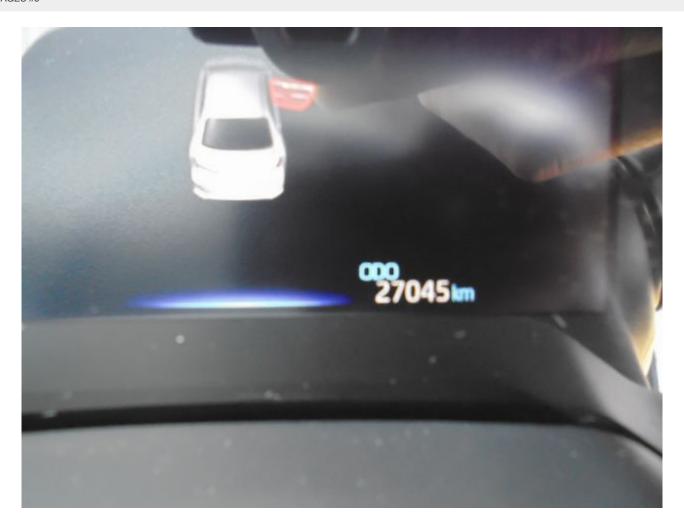
















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SB0G215R0004 Vehicle Registration No: SBR9808J Name (as shown in NRIC): NG YUET LAY NRIC/FIN/Passport No: ____ (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Singapore (Mobile No.: 9633 9609 Contact (Tel):__ Email Address: Date of Accident: 26/05/2021 ____ Time of Accident: 13:20 Place of Accident: BLK 361 HOUGANG AVE 5 LINKWAY CARPARK Insurance Company: AIG ASIA PACIFIC INSURANCE PTE LTD (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: AMEND INSURED CORRECT NAME TO NG YUET LAY Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: SURAIDAH Date: NRIC/FIN No.:

Date: 28.05.2021

GIARMC Addendum Form



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Ng Tret Log				
VEHICLE NUMBER	: 6BR 980FJ				
DATE/TIME OF ACCIDENT	: 26 5. 21 8 1320				
PLACE OF ACCIDENT	: Ble 361 literay CP.				
THIRD PARTY VEHICLE (IF ANY)	107.8200				
******	专新的有有有有有的有有有有有有有有有有有有有有有有有有有有有有有有有有有有有有				
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?					
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE 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				
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?				
Name:					

I Affirmed The Above Information Is Given To My Best Knowledge.

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



COVER NOTE

: 21 Nov 2019

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy resized to the Policyholder

Name of Policyholder : NG YUET LAY

Vehicle No.

Cover Note No.

 Period of Insurance
 : 21 Nov 2019 to 20 Nov 2021

 Engine No.
 : 1ZR0E64955

 Chasis No.
 : MR2BE3BEX00003324
 : 1900250562 Endorsement No.

ABOUT THE COVER

: TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage : 1,598.00 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 permission. This Policy will indemnify the Policyholder or any authorised driver only if hershe 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 veries driver experience.

Issued Date

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 fate or reward, driving tution, 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) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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) NG YUET LAY - \$600 (Own Damage) - \$600 (Flood Cover)

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

a Bodycare Centre (For accident repair & accident reporting). Add. 2 Pandan Crescent Singapore 128462 Tel: 6631

2. Toyota Bodycare Centre (For accident repair & accident reporting). Add: 17 Uol Road 4 Singapore 408511 Tel: 6631 1688

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.aig.sg.or AIG SG Mobile App. Simply search and download 'AIG SG' from (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIC immediately.

If you do not receive your Certificate of Insurance and policy documents within the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act. 1987

[Malassys) and Motor Vehicles (Third Party Risks) Rules. 1999 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

INCHCAPE AUTO TOYOTA - BSTL035

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

33 LENG KEE ROAD SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.