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 11/06/2021 09:58 (SGT) Date of Accident 10/06/2021 13:15 (SGT) Exact Location of Accident Yio Chu Kang Rd, Singapore Additional Location Information OPPOSITE SERANGOON STADIUM. Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA2629M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HO TECK SOON NRIC No. S1431181E Email Address ho.tecksoon@changiairport.com Mobile Phone No (Phone) +65-96278706

Alternative Phone No +65-96278706

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 Yes

your vehicle? Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210044135 Cover Note Number

DRIVER

Name of Driver HO TECK SOON NRIC No. S1431181E

Date Of Birth 17/08/1960 Occupation Indoor Date Of Driving Pass 20/10/1993 Driving experience 27 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96278706 Alt. Phone Number +65-96278706 Email Address ho.tecksoon@changiairport.com Address BLK 547 SERANGOON NORTH AVE 3 #06-160 Address complement Postcode 550547 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 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 VEHICLE B SUDDENLY JAMMED BRAKE AND STOP. I BRAKE BUT COULD NOT STOP IN TIME AND COLLIDED INTO VEHICLE B REAR POSTION. I AGREE TO LET SME MOTOR PTE LTD TO HANDLE MY OWN DAMAGE CLAIM AND REPAIR. 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	SKU8783E
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	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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)SKA2629M
YIO CHU KANET	LO TOWArds Sevangoon Centr	R) SKU8783E
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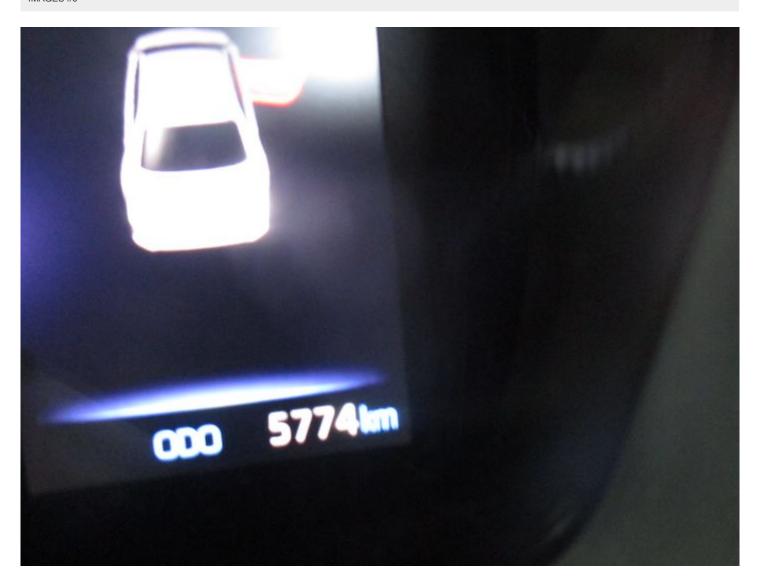












ATG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	tho teck soon
VEHICLE NUMBER	SKA2629M
DATE/TIME OF ACCIDENT	10/66/2021 @13.15
PLACE OF ACCIDENT	. Y10 Chu kang Pd (opp serangoan stadium)
THIRD PARTY VEHICLE (IF ANY)	SKU8783E
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	OURNEY AND WHERE WAS THE INTENDED DESTINATION
DID YOU DRINK ANY ALCOHOLI ACCIDENT? IF YES, DID THE TRAI ON YOU? IF YES, WHAT IS THE RES	C DRINKS BEFORE YOU DRIVE ON THE DAY OF THE PFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ULT?
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E YOU OR YOUR PASSENGER'S I EN TO THE TRAFFIC POLICE FOR No Injects	NJURED? IF INJURED, WHICH HOSPITAL? WERE YOU INVESTIGATION?
VI .	ATTENTION!
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COVER NOTE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the postay issued to the Postayholder.

Name of Policyholder : HO TECK SOON

Period of Insurance : 28 Apr 2021 to 27 Apr 2023

: MR2BE3BE400014514

Cover Note No. Endorsement No. : 7210044135

Engine No. Chasis No.

: 1ZR0G82993

Issued Date

: 28 Apr 2021

ABOUT THE COVER

: TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration 2021

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 the permission. This Policy will indemnify the Policyholder or any authorised driver only if he life meets the specified age condition.

You have to pay an additional tom of \$3,000 as "Young and/or the specificed 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 hire or revised, driving fusion, driving fest, racing, pace-making, reliability that 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 Molor Trade.

Loss of Use 1500cc - 1600cc

*Limitations rendered inoperative by Section 6 of the Millor Versicles (Third Party Risks and Compensation) Act (Cap. 159) and Section 95 of the Road Transport Act. 1557 (Malaysia), are not to be included sincer these headings.

EXCESS

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

Section 2 Property Damage - 10

Windscreen: \$100

Named Driver and Excess (where applicable) HO TECK SOON - \$600 (Own Danlage) \$600 (Flood Cover)

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

Toyota Bodycare Centre (For accident repair & accident reporting). And it Plandan Creacent Singapore 128462 Tell 6631 1188

7 Toyota Bodycare Centre (For accident repair & accident reporting). Add: 17 Upi Road 4 Singapore 408613 Ter: 6651 1688.

For other: Approved Reporting Centres/ASD Auditorised Repairers, please contact our 24-bost accident emergency hostins at +65 6338 6200. Alternatively, you may refer to ASD vectors which and 50 Million App. Secrety search and download "ASD SO" from Human or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan; Toyota Financial Services Singapore Pte Ltd

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

I'We hereby certify that this Cover Note is issued in accordance with the provisions of the Moos Versides (Third Party Risks and Compensation) Act. (Cap. 169). Part IV of the Road Yransport Act. 1681 (Makastya) and Motor Vehicles (Third Party Risks) Rules, 1950 (Makastya). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504667251

INCHCAPE AUTO TOYOTA - BSTU023

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.

