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 15/07/2021 16:38 (SGT) Date of Accident 15/07/2021 08:53 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information AYE towards city (after Jurong Town Hall) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX4505C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Lim Eng Teck NRIC No. S1396996E Email Address minhuat@singnet.com.sq Mobile Phone No (Phone) +65-97853411 Alternative Phone No +65-97853411

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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 Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100448076-05 Cover Note Number

DRIVER

Name of Driver Lee Ying (Li Ying) NRIC No. S8028779H

Date Of Birth 16/09/1980 Occupation Indoor Date Of Driving Pass 06/08/2010 Driving experience 10 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-98774943 Alt. Phone Number Email Address minhuat@singnet.com.sg Address Blk 410 Pandan Gardens #15-74 Address complement Postcode 600410 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Authorise driver Does Driver Own Other Vehicles? 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 Side Swipe 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle 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? Yes Police Station Name Thomson Neighbourhood Police Post Police Station Phone No (Phone) +65-18004529999 Alt. Police Station Phone No (Fax) +65-65535740 Police Station Address Blk 25 Sin Ming Road #01-180 Singapore 570025 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please to sketch plan / police report no: T/20210715/2063. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBS2519J Vehicle Manufacturer Vehicle Model

Motorcycle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	Crisanto Lucanas Belano
Passport No/FIN	G3441480M
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

- 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 <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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

& Time

ERP

- (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 Passonal 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 15 JUL 2021

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

15 JUL 2021

Witnessed by Reporting Centre Personnel Jenny Lim

Sketch Plan

car skx 4505 C

rustorbike FBS 2519J

After Jurong Townhall

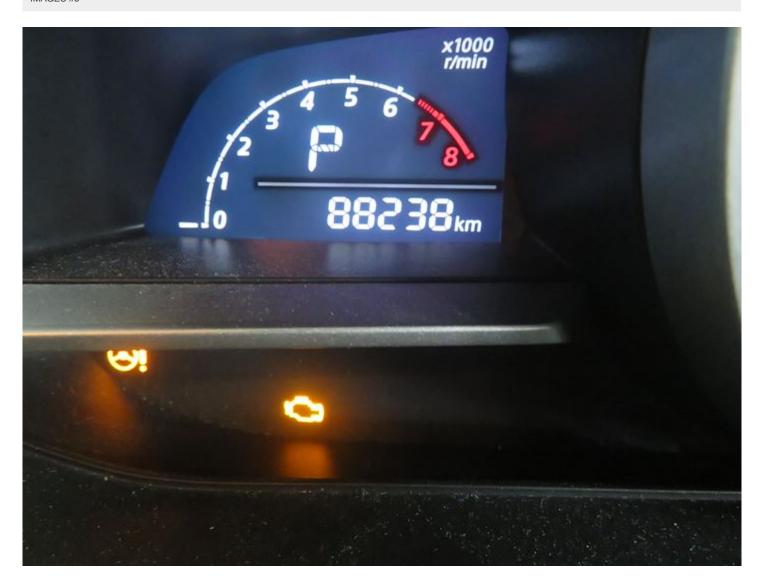
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eclare the foregoing particulars are true in every respect.	
Mr.	
Mr.	
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171	M.
holder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting	- 0



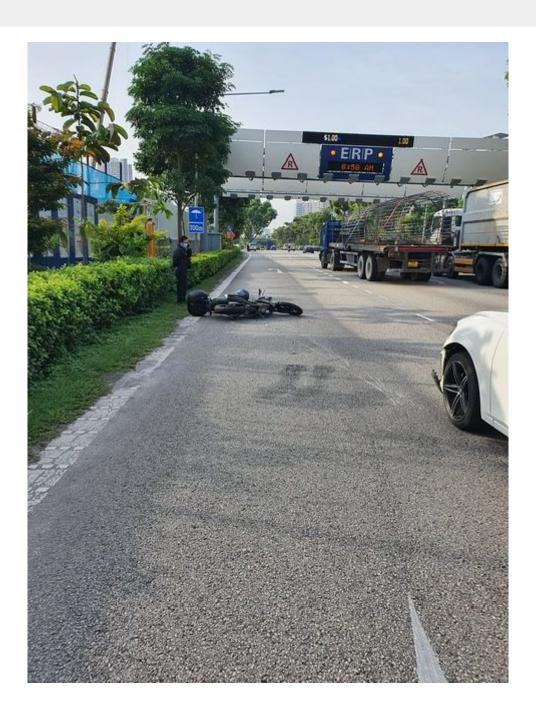




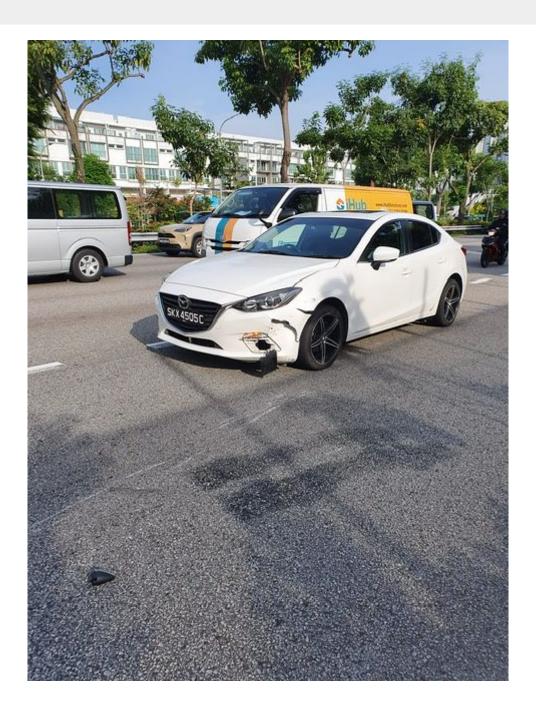


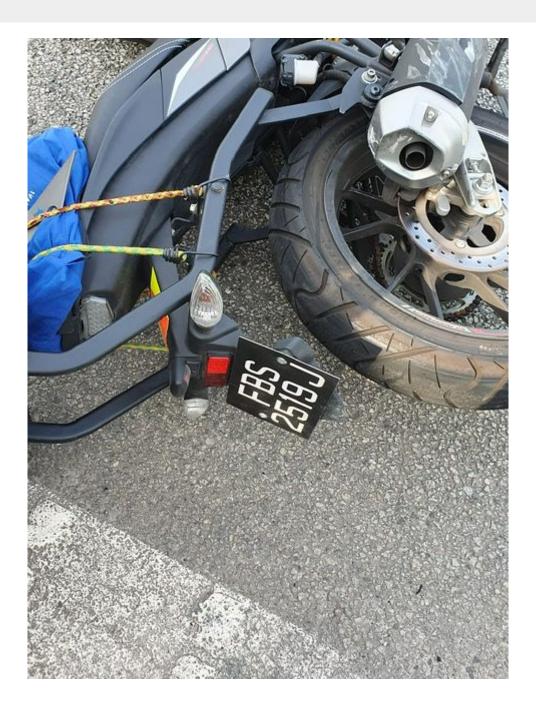






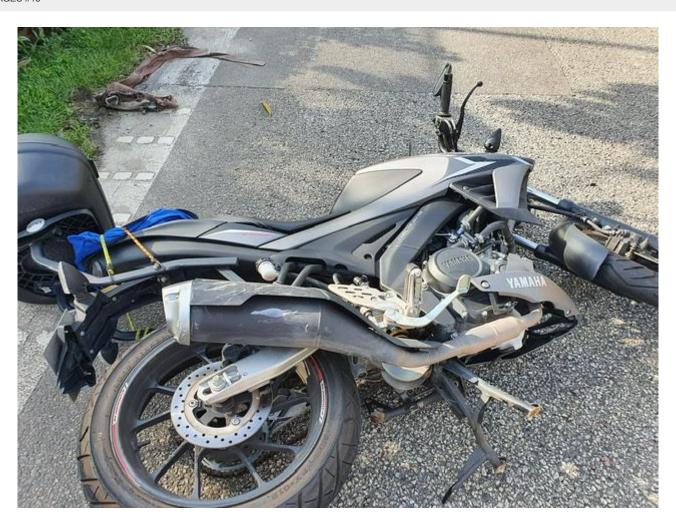


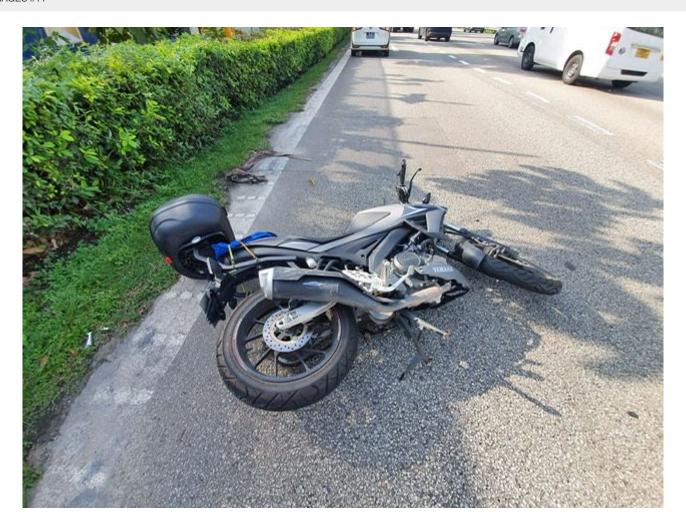
















Police Station Of Origin: Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

1 of 3 Report No. T/20210715/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2021 15:08		Made:	Vide Report No.:	Station Diary No.: 40	
Informan	t's Partic	ulars	N 建7	20 00 1 00 00 00 00 00 00 00 00 00 00 00	
Name of LEE YING	Informant:		Address: APT BLK 410 PANDAN GAR 600410	RDENS #15-74 SINGAPORE	
ID Type / ID No.: NRIC NO / S8028779H		79H	Contact No.: Home/Office:	Mobile: 98774943	
Nationalit	y: DRE CITIZ	'EN	Email:		
Sex: Age: Date of Birth: Female 40 16/09/1980 Race: Chinese			Type of Informant: Driver		
			Language:	Institution / School Name:	
Occupation:		17	Driving Licence Information: Class: 3A Date of Expiry:		

Selfer W. HOLL	nation of the Accident	Drink		CONTRACTOR OF THE PARTY OF THE	
Type of Accident:	21 Attended by Police		Date/Time of Accident: 15/07/2021 08:50	Type of Location: Straight Road	
Location: AYER RAJAH Weather:	I EXPRESSWAY	Road Surface:	it.	Road Speed Limit:	
Clear		Dry		Trodd Opeco Einic	
Trainer letti		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Calor	Condition	No of Passenge
FBS2519J	Motorcycle					0
SKX4505C	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20210715/2063

2 of 3

Report No. T/20210715/2063

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

CONTINUATION OF REPORT

Name	CRISANTO LUCANAS BELANO			ID No		G3441480M
Related Vehicle	FBS2519J (Motorcyc	cle)		Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Driver-					144	
Name	LEE YING		ID No		S8028779H	
Related Vehicle	SKX4505C (Car)		Contact No.		98774943	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3A Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL	

Brief Details.

On the 15/07/2021 at about 0853hrs, I was driving my vehicle (SKX4505C) at Ayer Rajah Expressway (AYE) towards Clementi Ave 6. I was driving on the third lane of a four lane road with the fourth lane turning left only.

I wanted to filter lane to the fourth lane. While I was filtering lane, a motorcycle (FBS2519J) which was parked at the road shoulder moved off and my vehicle side swiped his vehicle. He fell off the motorcycle and I stopped my vehicle at the side of the road to make a check on him. I called the ambulance for him as he informed he requires ambulance. When the ambulance came, they make a check on him and assisted me to call Traffic Police. I waited for Traffic Police to come. My vehicle suffered damages on the front left side.

The rider was not conveyed to any hospital. The Traffic Police took down our particulars and all left. I also managed to exchange particulars with the rider. The rider superior also came and I managed to get his contact number instead of the rider. The contact number of his superior (Thomas) is 92372094. I wish to note that I am not injured. I wish to note that I do not have the report number for the accident.





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Report No. T/20210715/2063

Tel No: 1800-4529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 3 MUHAMMAD TAUFIQ BIN ISHAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2021 15:08
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	SN 070
Authentication Stamp	
1	YATURE -



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66S50020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SL03217F0002 Vehicle Registration No: SKX 4505C Name(as shownin NRIC): Lee Ying (Li Ying) NRIC/FIN/Passport No: SXXXX779H (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Blk 410 Pandan Gardens #15-74 _Singapore(600410) Address Mobile No.: 98774943 Contact (Tel) **Email Address** : 15/07/2021 ____Time of Accident : 08:53 hours Date of Accident : AYE towards city (after Jurong Town Hall) Place of Accident Insurance Company: AIG Asia Pacific Insurance Pte Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: To upload accident scene photographs.

Lee Ying (Li Ying)
Policyholder / Driver's Signature
Date: 16/07/2021

(Mr)

Reporting Centre Personnel's Signature Name: Jenny Lim

NRIC/FIN No.: Date: 16/07/2021



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lim Eng Teck

Period of Insurance : 14 Dec 2020 To 13 Dec 2021

Engine No. : P520329948

Chassis No. : JM6BM42A8G0324305 Vehicle No. Policy No.

: SKX4505C

: 2100448076-05

Endorsement No.

Issued Date : 09 Nov 2020

ABOUT THE COVER

Driver Restriction

Make/Model

: MAZDA 3 1.5 SKYACTIV Engine Capacity/Tonnage : 1,496.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

: NA

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 helshe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or (nexperienced 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, demissic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving fusion, 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 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)

Lim Eng Teck - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Approved regional controls and Authorises repeates (or collecting related repeats).

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 Sofe Apert's workshop.

For other Approved Reporting Centres/AVG Authorised Repairers, please contact our 24-hour accident emergency hottine at +85 6338 6200. Alternatively, You may refer to AVG website www.aig.sg.or AVG SG Mobile App. Simply search and download "AVG SG" from iTunes or Google Play.

IMPORTANT NOTES

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

(I/Ve 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).

0500257000

NG EE PIN KENNETH

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM

SINGAPORE 079120 ANSP-NONLIFE Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

onton Way #06.16 AIG Building SDT9120 | T +65 5419 3000 | www.mg.sg