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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 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 13/08/2021 15:53 (SGT) Date of Accident 12/08/2021 17:55 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information Country/State of Loss

TOWARDS WOODLANDS BEFORE TURF CLUB AVENUE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD2519U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOO DEBORAH NRIC No SXXXX712E Email Address deborahloo88@gmail.com Mobile Phone No (Phone) +65-92732776 Alternative Phone No. +65-92732776

VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla Variant **ALTIS** 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? No - Claiming third party 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 2100470149-05 Cover Note Number

DRIVER

Name of Driver LOO DEBORAH NRIC No SXXXX712E

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	29/11/1970 Indoor 05/01/1995 26 YEARS AND 7 MONTHS Female (Phone) +65-92732776 +65-92732776 deborahloo88@gmail.com 26 WOODLANDS CRESCENT #08-26 - 738084 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 3 Yes No Yes 2 No
Name Gender	TAN JUN LIM ELLIOT Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes WITH OWNER No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	GBE7208Y - - -

- Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	
Address	-
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Destroy	-
	-
Insurance Company Name Nature Of Damage	-
Secretarian de la constitución d	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	=

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PA5724S
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	_
Vehicle Colour	2
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	
Address	.≅/. >
Address complement	•
Postcode	*
Insurance Company Name	-
Nature Of Damage	•
	<u>-</u> -
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	**

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LOO DEBORAH Female (Phone) +65-92732776 SLIGHT INJURY SLD2519U Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 withholding 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. 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.
- 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.
- 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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

$\begin{vmatrix} A & 2 & 5 & 1 & 1 & 1 \\ B & 1 & 1 & 1 & 1 & 1 \\ B & 2 & 3 & 4 & 5 & 1 & 1 \\ C & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 2 & 4 & 5 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 \\ C & 2 & 2 & 2 & 4 & 5 & 1 & 1 \\ C & 2 & 2 & 2 & 2 & 4 & 5 & 1 \\ C & 2 & 2 & 2 & 2 & 4 & 5 & 1 \\ C & 2 & 2 & 2 & 2 & 4 & 5 & 1 \\ C & 2 & 2 & 2 & 2 & 4 & 5 & 1 \\ C & 2 & 2 & 2 & 2 & 4 & 5 \\ C & 2 & 2 & 2 & 2 & 4 \\ C & 2 & 2 & 2 & 2 & 4 \\ C & 2 & 2 & 2 & 2 & 4 \\ C & 2 & 2 & 2 & 2 $	BKE Towards Woodlands before Turf Club Ave
B = GBE7208Y	A=5LD2519U
C=PA5724S	B = GBE7208Y
	C = PA 5724S

Describe Circumstances of the Accident

On the stated date and time, I vehicle A (SLD2519U) vas travelling on the stated venue on lane 3. Vehicle in front of me slow down and stop thus I follow suit. Suddenly, I felt an huge impact from the rear which causes my vehicle to surge forward and hit onto vehicle C (PA5724S). I alighted and realise im involve in a chain collision of 3 vehicle. Vehicle B (GBE7208Y) being the last vehicle.	
travelling on the stated venue on lane 3. Vehicle in front of me slow down and stop thus I follow suit. Suddenly, I felt an huge impact from the rear which causes my vehicle to surge forward and hit onto vehicle C (PA5724S). I alighted and realise im involve in a chain collision	
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of 3 vehicle, Vehicle B (GBE7208Y) being the last vehicle.	
	of 3 vehicle, Vehicle B (GBET2084) heing the last whice

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 12/08/2021 Accident Time: 1755 (24-HR-Format)
Accident Place	: BKE Towards Woodlands before Turf Club Ave
Vehicle. No. (Car Plate No.)	: SLD 2519U Make/Model: Toyota Corolla Atis 1.6 dual
Insurace Company	: AIG Policy No: 2100470149-05
Owner or Company Name /IC No.	: Loo Deborah (S70427/2E)
Owner or Company Contact No.	: 9213 2116 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: LOD DEBORAH
DRIVER'S Date Of Birth	: 29/11/1910 DRIVER'S License Pass Date 05 JAN 1995
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 26 WOODLANDS CRESCENT * 08 - 26 (138084)
DRIVER'S Contact No./ Alt No.	:1) 9273 2776 2)
DRIVER'S Occupation	: MDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: deburahloo 880 guail. com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river):
Any Injury (If YES, Pls state):	r camera: YES \ NO s being used at the time of accident: Rrivate use \ Work purpose Party Driver's Particular (if any)
Vehicle. No: GBE 7208 Y	6
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	gender: TAN JUW LIW ELLIDT (M)



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Loo Deborah

Period of Insurance

: 09 Jun 2021 To 08 Jun 2022

Engine No.

: 1ZRX555306

Chassis No.

: MR053REH104546332

Vehicle No.

: SLD2519U

Policy No.

: 2100470149-05

Endorsement No. **Issued Date**

: 06 May 2021

ABOUT THE COVER

Make/Model

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage: 1,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

Off Peak Car : No

: NA

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

) The Policyholder

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 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

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 reward, driving tuition, 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

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Loo Deborah - \$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)

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 Sole Agent's workshop.

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

0030210239 AIG - AUTO DIRECT

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSPLLC

78 Shenton Way #09-16 AIG Building \$079120 | T:+65 6419 3000 | www.alg.sg

AIG Asia Pacific Insurance Pte. Ltd

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	712E
Vehicle No.:	SLD2519U
Vehicle to be Exported:	No
ntended Deregistration Date:	31 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA COROLLA ALTIS 1.6L CVT
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	1ZRX555306
Chassis No.:	MR053REH104546332
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,589.00
Original Registration Date:	09 Jun 2016
First Registration Date:	09 Jun 2016
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$19,589.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jun 2026
PARF Rebate Amount: Intended COE Rebate Details	\$13,712.00
COE Expiry Date:	08 Jun 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,020.00
COE Rebate Amount:	\$22,438.00
Total Rebate Amount:	\$36,150.00

The information contained herein is correct as at 13 Aug 2021



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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: 5408 Vehicle Registration No: _NRIC/FIN/Passport No: Name (as shown in NRIC): (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Singapore () Address: ___ Mobile No.1 Contact (Tel):___ Email Address: Time of Accident: Date of Accident: Place of Accident: Insurance Company: . (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: Reporting Centre Personnel's Signature Policyholder / Driver's Signature

Name:

Date: