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 25/08/2021 14:30 (SGT) Date of Accident 24/08/2021 19:34 (SGT) Exact Location of Accident Singapore Additional Location Information EXIT FROM PIE TO BKE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SNA8099S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YU HUALONG NRIC No S8082848I Email Address YUHUALING80@HOTMAIL.COM Mobile Phone No (Phone) +65-93207610 Alternative Phone No (Home) +65-93207610

VEHICLE PARTICULARS

Manufacturer

Model Sienta 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210059233 Cover Note Number

DRIVER

Name of Driver YU HUALONG NRIC No S8082848I

Date Of Birth 25/06/1980 Occupation Indoor Date Of Driving Pass 29/05/2021 Driving experience 3 MONTHS Gender Male Mobile Number (Phone) +65-93207610 Alt. Phone Number (Home) +65-93207610 Email Address YUHUALING80@HOTMAIL.COM Address BLK 693A WOODLANDS AVE 6 #11-705 Address complement Postcode 731693 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 Chain Collision 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name HTIN LIN SOE Gender Male 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 SEKTCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKK7541X Vehicle Manufacturer Mazda

Private car

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SHB4449H -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	_

F 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.

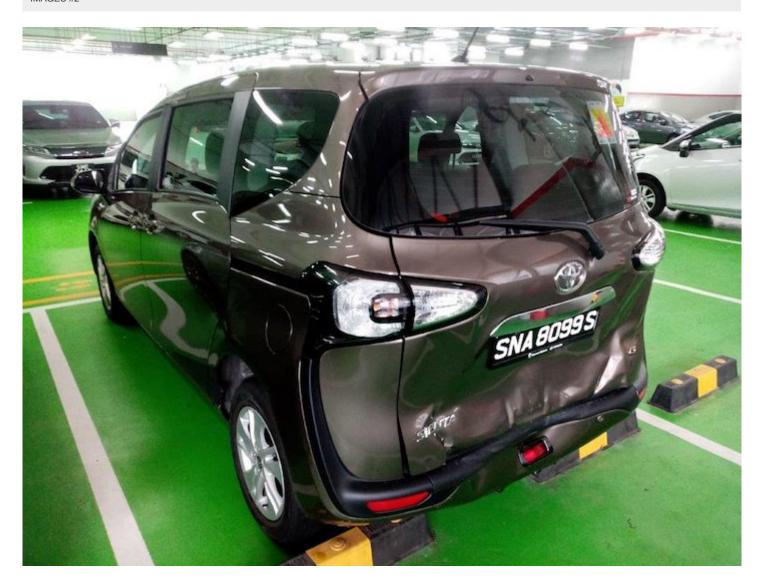
Policyholder's Signature / Date & Time	Driver's S & Time	ignature (if drive	er is not the p	oolicyholder)	/ Date	Witnessed by Reporting Centre Personnel
Sketch Plan	47	T VAVE	1	1	1	C- SHB 4449H B- SKK 754 17

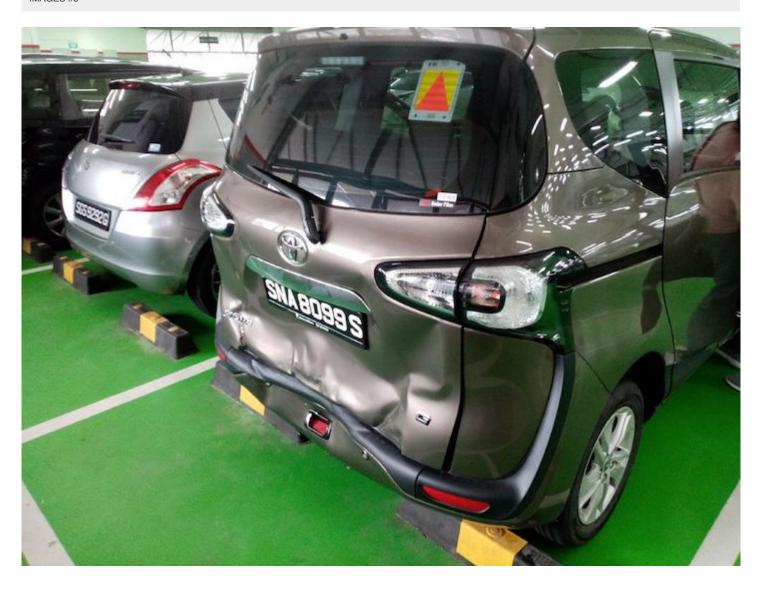
4 %

Describe Circumstances of the Accident

from behind, a	PIF and prepose to exit to BKF, suddenly a Car (SKK) other Taxi (SHB4449H) hitted	on Car SKE7541X.
		<u> </u>
claration		
declare the foregoing particula	s are true in every respect.	
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MAL CLAI		
25/06/2001		





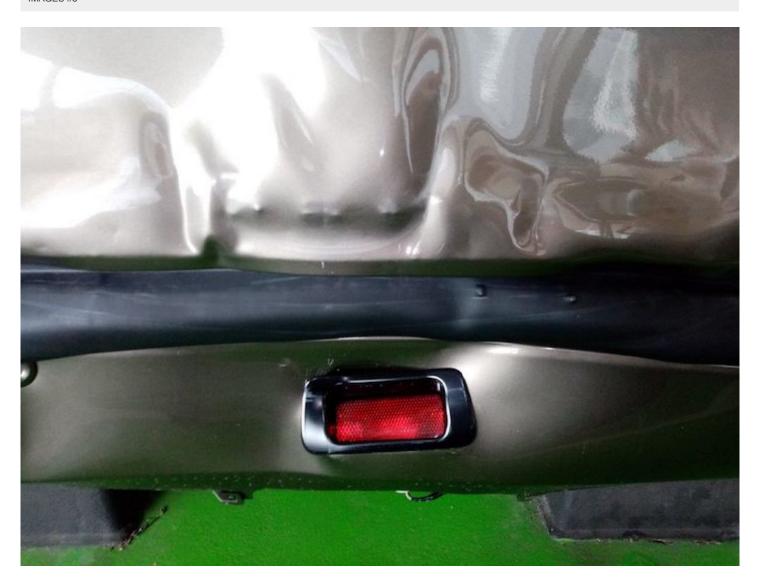








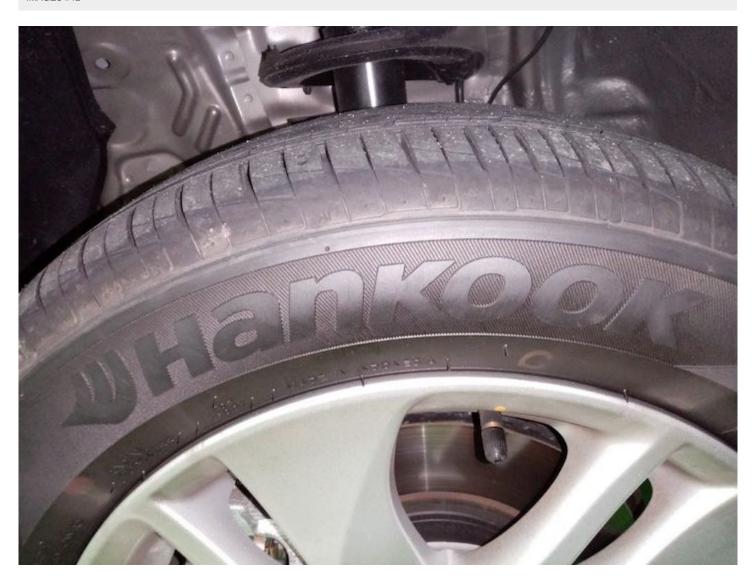




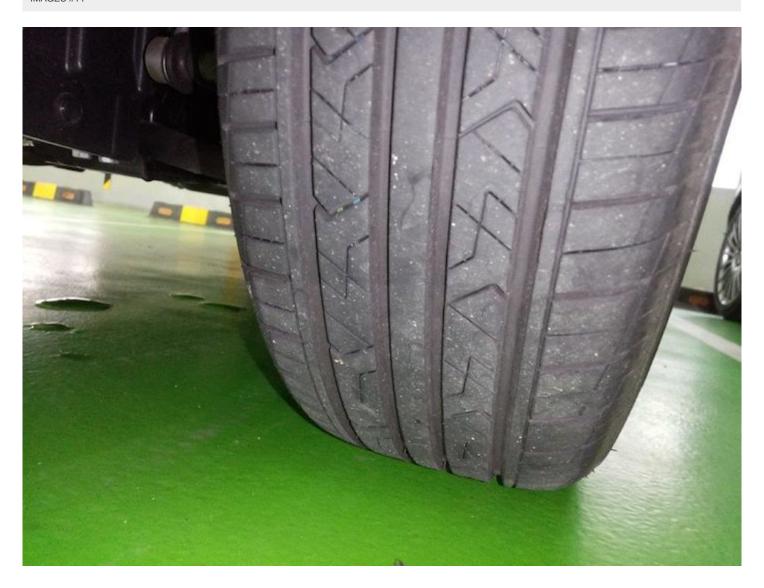




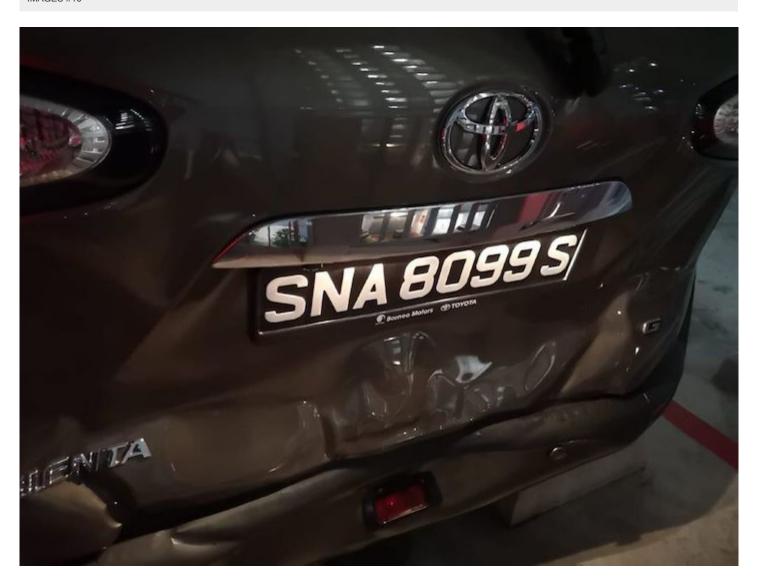


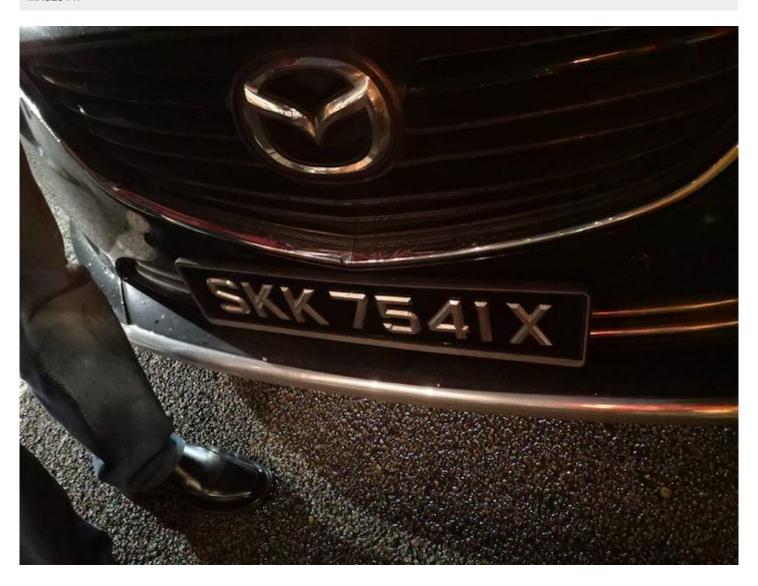














CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : YU HUALONG Vehicle No. : SNA8099S Period of Insurance : 25 Jun 2021 To 24 Jun 2022 Policy No. : 7210059233 Engine No. : 2NRX696586 Endorsement No. : 000000000406335 Chassis No. : MHE728H3100071467 Issued Date : 27 Jul 2021

Make/Model : TOYOTA SIENTA 1.5

Engine Capacity/Tonnage : 1,496.00 CC Sum Insured : Market Value First Year of Registration : 2021 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Pelleyholder
 b) Any other person who is driving on the Policyholder's order or with higher persons.
 This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexpenenced 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, demestic and gleasure purposes and for the Policyholder's business.
This Policy does not cover use for hise or reward, driving tuition, driving test, racing, pace-moking, rehability 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 Meter Trade.

Loss of Use 1500cc - 1600cc

* Limitations randered 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

Section 1 Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

YU HUALONG - \$1000 (Own Damage), \$1000 (Flood Cover)

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

1.Teyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128452 Tcl: 0631 1188 2.Teyota Bodycare Centre (For accident repair & accident reporting). Add: 17 Ubi Read 4 Singapore 408611 Tcl: 6631 1698.

For other: Approved Reporting Centres/AIG Authorised Repailers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.eig.s.g.or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

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

WWe hereby certify that the policy to which this Confecte of Insurance relates is issued in accordance with the provisions of the Moter Vehicles (Third Party Ricks and Compensation) Act (Cop. 189). Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Moter Vehicles (Third Party Ricks) Rules, 1999 (Malaysia)

AIG Asia Pacific Insurance Pte. Ltd. INCHCAPE AUTO TOYOTA - BSTL062 This computer generated document does not require a signature.

33 LENG KEE ROAD

0504867228

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSRSHA

Accident report SB0G218P0006



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Yu Hua Long
VEHICLE NUMBER	: SNA 80993
DATE/TIME OF ACCIDENT	: 24/2/2021 0 19:34pm
PLACE OF ACCIDENT	Exit from PIE to BEE
THIRD PARTY VEHICLE (IF ANY)	: Stk FLAIX.
********	**************************************
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI	JOURNEY AND WHERE WAS THE INTENDED DENT?
DID YOU DRINK ANY ALCOHOLITHE ACCIDENT? IF YES, DID THE ANALYSER TEST ON YOU? IF YES	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? Chein Collision	ON AND THE EXTENSIVENESS OF THE DAMAGES
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAF	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
(all 25/08/2021) Name: YU HUALONG	

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