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.

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 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 24/09/2021 10:42 (SGT) Date of Accident 23/09/2021 15:00 (SGT) Exact Location of Accident Near 429 River Valley Rd, Singapore 248328 Additional Location Information NEAR TO APARTMENT SINGAPORE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE9991Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **PENG ZHIJU** NRIC No. S8180288B Email Address pamela.pengsj@gmail.com Mobile Phone No (Phone) +65-93385786

Alternative Phone No

+65-93385786

VEHICLE PARTICULARS

Manufacturer Lexus Model Is 250 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? No - Claiming third party Vehicle Category Private car Transmission Auto

CC 2500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number 7210032969 Cover Note Number

DRIVER

Name of Driver PENG ZHIJU NRIC No. S8180288B

Date Of Birth 26/04/1981 Occupation Indoor Date Of Driving Pass 13/06/2008 Driving experience 13 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-93385786 Alt. Phone Number +65-93385786 Email Address pamela.pengsj@gmail.com Address 6 ANGKLONG LANE #04-01 Address complement Postcode 579980 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? Nο 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED. 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 **SLA4606D** Vehicle Manufacturer Toyota Vehicle Model Wish Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver MOHAMMAD FAISAL BIN ABDUL LATIFF S8230872E Contact Number (Phone) +65-87522309 Address

| Address complement | - |
|---|---|
| Postcode | - |
| Insurance 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 Vehicle Model | SNA1815M - |
|--|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | MARVIN |
| Contact Number | (Phone) +65-90094433 |
| 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 <u>correctly</u> 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 <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.
- 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)

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 (# driver is not the policyholder) / Date & Time

Kellack Road

Witnessed by Reporting Centre Personnel

Sketch Plan

| Describe Circumstances of the Accident | _ |
|--|----------|
| , on 23/7/2021 at around 3pm, I was | - |
| driving my car out of a barking lot on | \neg |
| Kellord Jead, when I was Usignalling | |
| left to move out of the parking low muy | |
| Cat was hit by vehicle - SLA 4ROGDON the loft | |
| The road was narrow and the car-SLAA | |
| | -20 |
| was driving very fast, the impact of the collisi | 7.0 |
| was great due to the feet speed his | |
| | |
| Car-SLA 46060. The orner of SLA 96060 | |
| Charles by Carrey to Clark Hold | |
| Should be aware to Slow down while | - |
| d-illes i a Dida a I I i I a | , |
| arrang in a side food which is narrow | 7 |
| 1 / 20 / 1 | |
| Which result in an Dig impact on my | |
| Car. My car damage was bad due to | - |
| CM. My car damage was bad due to | - |
| the colician and the inner made min | \neg |
| The contiston and the made made | |
| | _ |
| Car All another car on the Mant- | \dashv |
| | \neg |
| CX/AIQITA | |
| OMA IDDIV. | |
| | |
| | \dashv |
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Declaration

I/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



AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Peng Zhiju Vehicle No. : SKE9991Z : 13 May 2021 To 12 May 2022 Period of Insurance Policy No. : 7210032969

Engine No. : 4GR0665409 Endorsement No.

Chassis No. : JTHBK262105123668 : 13 Apr 2021 Issued Date

ABOUT THE COVER

Make/Model : LEXUS IS250

Engine Capacity/Tonnage : 2,500.00 CC

Driver Restriction : NA Sum Insured : Market Value

First Year of Registration : 2010

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 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 than 2 years' driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use* :

Use only for social, demestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving bullon, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Peng Zhiju - \$800 (Own Damage), \$800 (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/AIG Authorised Repairers, Please contact our 24-hour accident emergency hottine 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 iTunes or Google Play.

IMPORTANT NOTES

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

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 I/V of the Road Transport Act, 1887 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

SAFE HARBOUR ASSURANCE AGENCY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Pusy Xhee Goh

































