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 22/11/2021 11:34 (SGT) Date of Accident 21/11/2021 10:45 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF UPP CHANGI ROAD EAST & BEDOK ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR4307R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE HOCK LYE NRIC No. S2512831A Email Address LEEHOCKLYE@GMAIL.COM Mobile Phone No (Phone) +65-86606301 Alternative Phone No (Home) +65-86606301

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla 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? Yes 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 1900261316 Cover Note Number

DRIVER

Name of Driver NG LAI ENG NRIC No. S2506732J

Date Of Birth 02/07/1961 Occupation Indoor Date Of Driving Pass 06/11/1999 Driving experience 22 YEARS Gender Female Mobile Number (Phone) +65-86606302 Alt. Phone Number Email Address LEELAIENG@GMAIL.COM Address 831B UPPER EAST COAST ROAD BAGNALL COURT Address complement Postcode 466618 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 - Cross Junction 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMG2306P Vehicle Manufacturer Honda Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver **HUANG WEILIANG** NRIC No S8605123J Contact Number (Phone) +65-82828003



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

ETCH PLAN		
		Treat to the last
\rightarrow	6DA	
	V	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
I was dri	vine along Upper Chan	gi Road East and intende
to turn	right to Bedok	
light tur	ned green and	T started to trans
lloon tuc	rine I didn't	cealine there was
in the s	t of took took	ic light which
starting to	tum red	couldn't stop in
time and	was hit lu	the oncomine
vehicle;	00-9 741 59	The Country of the Co
		- W 3 5 1000 C 200 C
-		
		٨
CLARATION		
e declare the foregoing partic	culars are true in every respect.	
H	Jairn	
cyhelder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
e & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 lodgment 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:

- 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' lawyers/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
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Date & Time:

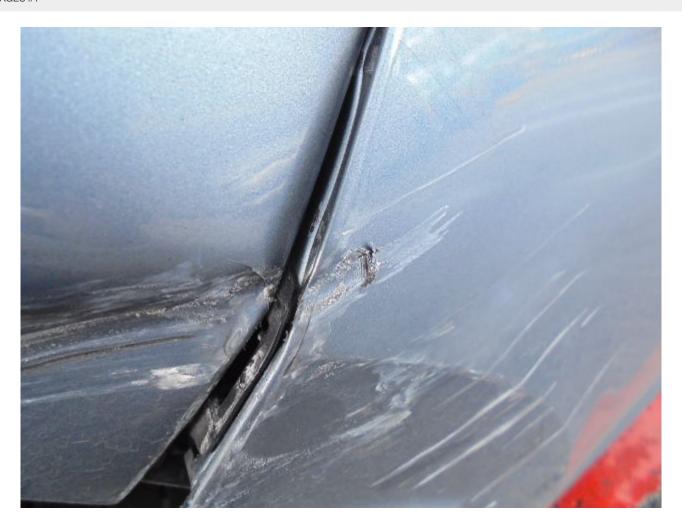
Name NRIC/FIN No .:

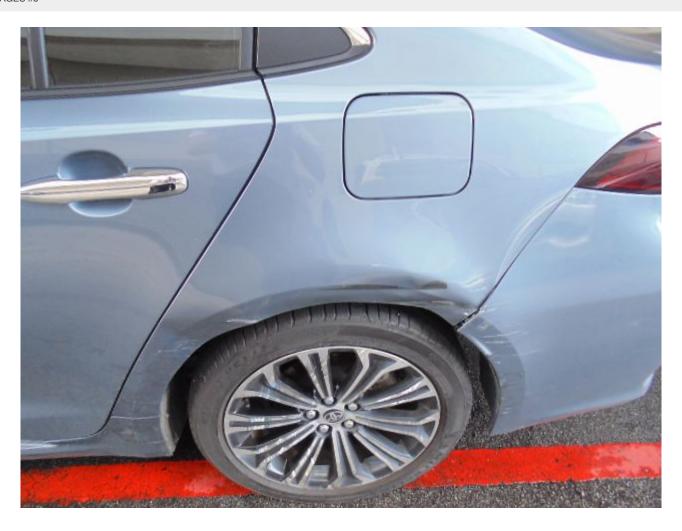
Reporting Centre Personnel's Signature

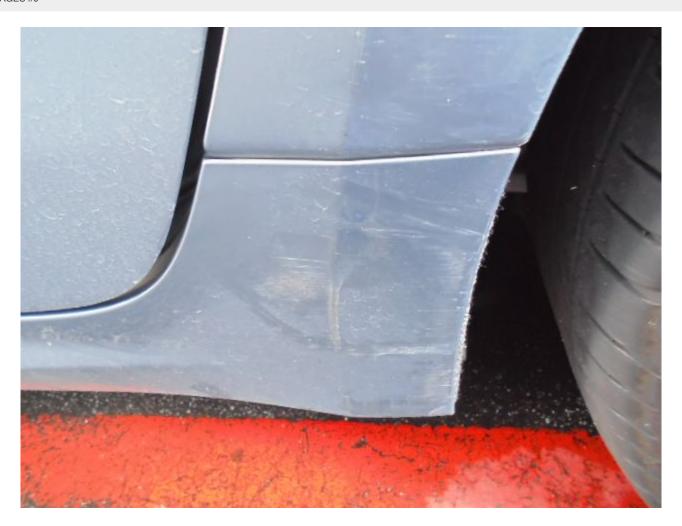




















CERTIFICATE OF INSURANCE

YOTA AUTO PROTECTOR PRIVATE VEHICLE

ne of Policyholder

: LEE HOCK LYE

iod of Insurance

: 06 Jan 2021 To 05 Jan 2022

jine No. assis No.

: 1ZR0E93195 : MR2BE3BE100005592 Vehicle No.

SMR4307R : 1900261316-01

Policy No.

Endorsement No. Issued Date

: 09 Dec 2020

BOUT THE COVER

ake/Model

river Restriction

: TOYOTA COROLLA ALTIS 1.6

ngine Capacity/Tonnage : 1,598.00 CC

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2020

Insuring with COE/PARF : Yes

erson or Classes of Persons Entitled to Drive*:

Any other person who is arving on the Policyholder's order or with his/her permission. is Policy will indemnity the Policyholder or any authorised driver only if he/she moets the specified age condition

at 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 ha

in 2 years, driving expenence

ge Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

e only for social, domestic and pleasure purposes and for the Policyholder's business.

s 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 tri
uness or use for any purpose in connection with Motor Trade.

mications 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 Act, 1987 (Mal

CESS

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

perty Damage - \$0

idscreen: \$100

med Driver and Excess (where applicable)

: HOCK LYE - \$600 (Own Damage), \$600 (Flood Cover)

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

yota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188

yota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

wher 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 w SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

ORTANT NOTES

Purchase Company/Employer's Loan: MayBank

by 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) Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).



AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way #07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME		
VEHICLE NUMBER	Ng Lan Eng	
	: 5mg 4307R	
DATE/ TIME OF ACCIDENT	21/11/2-21 10.	45 am Bedo
PLACE OF ACCIDENT		East Rd Book
THIRD PARTY VEHICLE (IF ANY)	SMG 2306 P	
WHERE DID VOLUCTART VOLUE IOLIPHEV AND	**************************************	*****************
VHERE DID 100 START 100R JOURNEY AND	WHERE WAS THE INTENDED DESTINATION BEFORE	THE ACCIDENT?
At Block 58 Um Ne	w Upper Chay's Road	to
31B Upper Fast	Cone A Rose d	0.00
Apper Carr		
DID YOU DRINK ANY ALCOHOLIC DRINKS BE	FORE YOU DRIVE ON THE DAY OF THE ACCIDENT?	IF YES, DID THE TRAFFIC
OLICE CONDUCT ANY BREATHE-ANALYSER T	EST ON YOU? IF YES, WHAT WAS THE RESULTS?	
No.		
WHAT IS THE TYPE OF COLLISION AND THE EX	KTENSIVENESS OF THE DAMAGES TO ALL VEHICLES IN	NVOLVED?
	ollision,	
0		
/EDE VOLLOR VOLID BASSEN/GED/S INHIBED	? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN	TO THE TRAFFIC DOLLER
OR INVESTIGATION?	FIF INJORED, WHICH HOSPITAL? WERE YOU TAKEN	TO THE TRAFFIC POLICE
No		
181		
Agort		
IAME: Ng Lai Eng.		
AFFIRMED THE ABOVE INFORMATION IS GI	VEN TO MY BEST KNOWLEDGE	