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.

 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 the research of this report will for a fee the made available upon application by interested parties. 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	13/01/2022 16:30 (SGT)
Date of Accident	12/01/2022 12:16 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	Slip road to PIE (Tuas)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7001X	
INSURED/POLICYHOLDER		

Toyota

INSURED/POLICYHOLDER	

Is company?	No
Name Of Registered Owner	Lau Tang Long
NRIC No	S1178337F
Email Address	miclau8888@gmail.com
Mobile Phone No	(Phone) +65-91070955
Alternative Phone No	+65-91070955

VEHICLE PARTICULARS

Manufacturer

	Toyota
Model	Fortuner
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2694

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800018601-03
Cover Note Number	-

DRIVER

Name of Driver	Lau Tang Long
NRIC No	S1178337F

Date Of Birth 26/09/1956 Occupation Outdoor Date Of Driving Pass 03/12/1975 Driving experience 46 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91070955 Alt. Phone Number +65-91070955 Email Address miclau8888@gmail.com Address Blk 625 Senja Road #17-140 Address complement Postcode 670625 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 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? 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? 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 the sketch plan. 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 Vehicle Manufacturer	SJP6594K Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93835168
Address	-
Address complement	-

Postcode	-
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	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 Policyhelder 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.
- 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 Insurence 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, acknow ledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 09.30/AM /3-1-1022

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

Z & Time

Witnessed by Reporting Centre Personnel Angle Sc

Angie Soh

Sketch Plan

Describe Circumstances of the Accident
On 12/1/2022, at about 12.16 pm, I was
driving mil vehicle SKS 7001X along Adam Road
SJP 6594 K in front of my webicle. As I was approaching
the exit of looked to check for on comme whiles.
A the traffic classed , a proceeded to two out but
the said which did not more and 9 could not stop
in time a but note the right hear portion of the soid
Hadarcha. Nakadia wasa warunga ha
turning left to PIE (Thas) There was a new cle no SJP 6594 K in front of my vehicle. As I was approaching the exit, I looked to check for on coming whicles. I k the traffic cleared: I proceeded to two out but the said whicle did not move and I could not stop in time 2 hit onto the right near portion of the said vehicle. No body was injured.
de8 signA

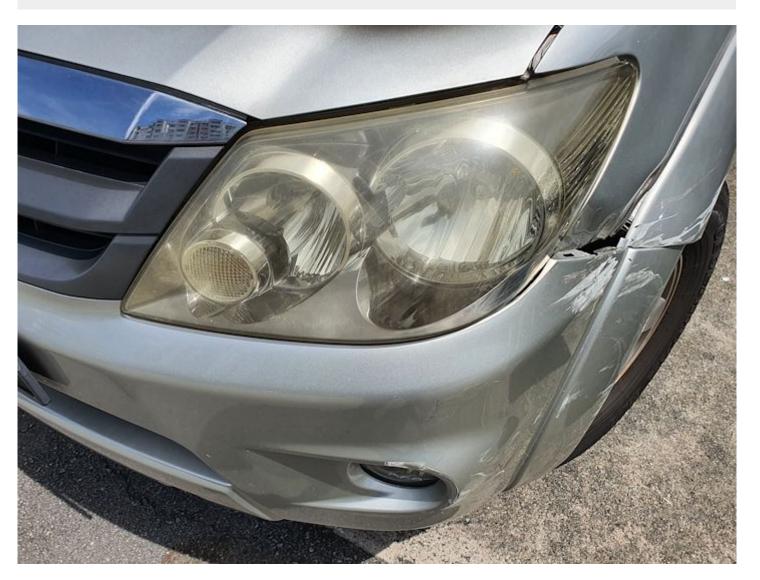
Declaration

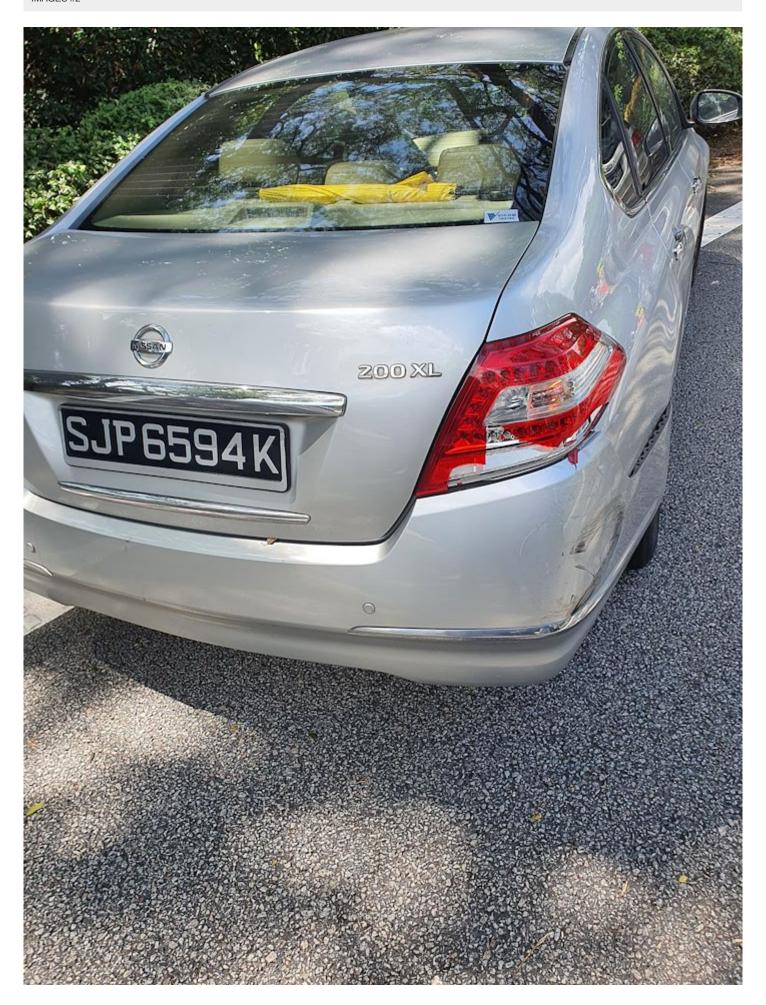
We declare the foregoing particulars are true in every respect.

13-1-2022

Policyholder's Signature / Date & Time 0 9 . 3 0 A m Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel Angie Soh

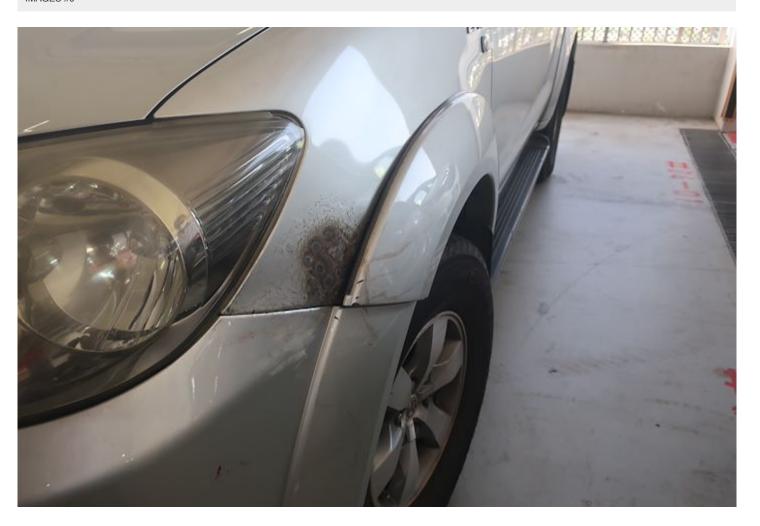






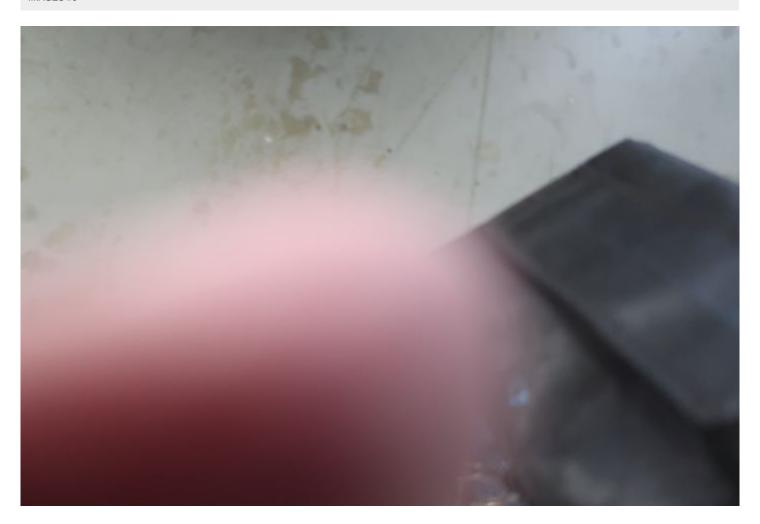
















CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder . LAUTANGLONG

Period of Insurance : 27 Mar 2021 To 26 Mar 2022

Engine No. Charata No.

: 2TR6509855 : MR0ZX69G300014711 Vahlele Ho.

: CKC7001X

Policy No.

: 1800016601-03

Endorsement No. Issued Date

: 28 Feb 2021

ABOUT THE COVER

: TOYOTA FORTUNER 2.7

Engine Capacity/Tonnage: 2,694.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2008

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive':

al The Policyholdze.

b) Any other person who is enving on the Policyholdzer's order or with his/her permission.

This floking will indemnify the Policyholdze or any euthorises driver only if hels/he mosts the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or transportenced Driver Excess" ("NDR") if You are or Your Authorised Driver (numed 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 him or remark, driving busins, driving test, recing, pace-moking, reliability that or speed/acting, the contage of goods other than samples in connection with any trade or because or use for any particle in connection with Motor Trade.

* Limitations rendered incognitive by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cop., 189), Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport Act, 1997

Section 1 Fire - \$0 Own Damage - \$500 Theti - \$0 Flood Cover - \$500

Windscreen: \$100

Named Driver and Excess (where applicable)

LAU TANG LONG - 5500 (Own Damage), \$500 (Flood Cover)

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

Any socioest report to the Vehicle must be somed out by one of our Authorised Repairers.
For other Augment Reporting Centres/AND Authorised Repairers, please contact our 24-hour accident emergency hasting at +65 6338 6200. Alternatively, you may refer to AIG website invitivals, signor AIG
SC Matrix Ago, Simply search or d download "AND SC" from it used or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Vete terrory couldy that the policy to which this Confidence of the vance relates is issued in accordance with the provisions of the Motor Vehicles (Tord Party Risks and Compensation) Act (Cap. 189), Part N of the Road Transport (Americans), Road Transport (Americans), Act 2019 and Motor Vehicles (Third Party Risks), Rules, 1959 (Nativals).

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INSURE LINK PTE LTD

2 KALLANG AVE 108-16 CT HUB SINGAPORE 389407

Insure Link Pte Ltd 2 Kallang Avenue #08-16

CT Hub S(339407) Off: 6444 4644 Fax: 6444 0040

AIG Asia Pacific Insurance Pte, Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pto, Ltd.

78 Shareon Way 200-18 ALG BLOSING 8079 (20 | T.+65 6419 9000 | werk a