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

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the research of 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 Date of Accident Exact Location of Accident Additional Location Information	02/03/2022 11:29 (SGT) 01/03/2022 12:00 (SGT) Singapore ADAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1560Z	

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAY KIA KOON TRADING
Company Reg No	53137737K
Email Address	taykiakoon@hotmail.com
Mobile Phone No	(Phone) +65-96942866
Alternative Phone No	+65-96942866

VEHICLE PARTICULARS

Manufacturer

Manuacturei	Toyota
Model	DYNA 150 MANUAL
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	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210054623
Cover Note Number	11/07/2021 TO 10/07/2022

DRIVER

Name of Driver	TAY KIA KOON
NRIC No	S1209526J

Date Of Birth 25/11/1956 Occupation Outdoor Date Of Driving Pass 25/07/1978 Driving experience 43 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96942866 Alt. Phone Number Email Address taykiakoon@hotmail.com Address APT BLK 341 HOUGANG AVE 7#10-469 (S) Address complement Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** 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 - Head to Rear 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 REFER WITH 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 Vehicle Manufacturer	YP9221P -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-92341884
Address	-
Address complement	_

Postcode	-
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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.
- 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>.
- 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.
- 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.

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Declaration

I/We declare the foregoing particulars are true in every respect.

10.58 am

TAY KIA KOON TRADING

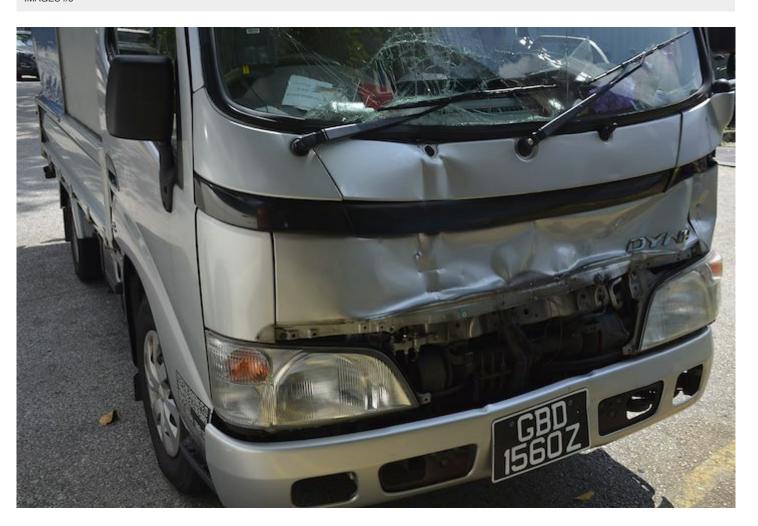
士中 2-3-22

Witnessed by Reporting Centre Personnel

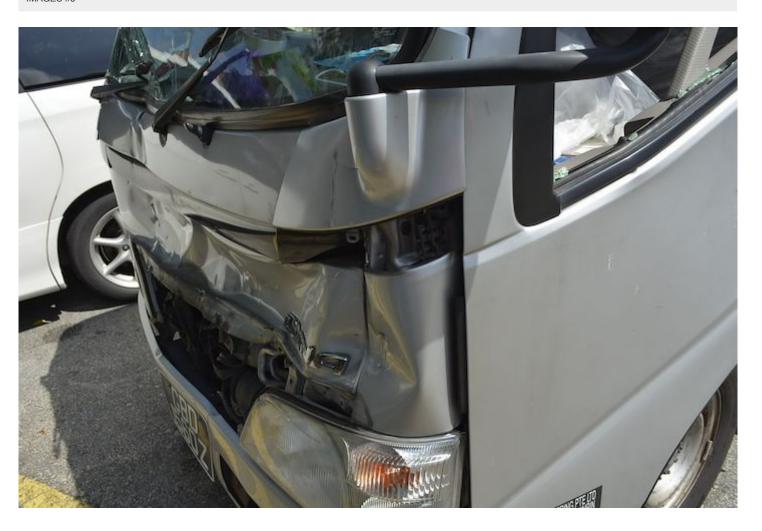
Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time







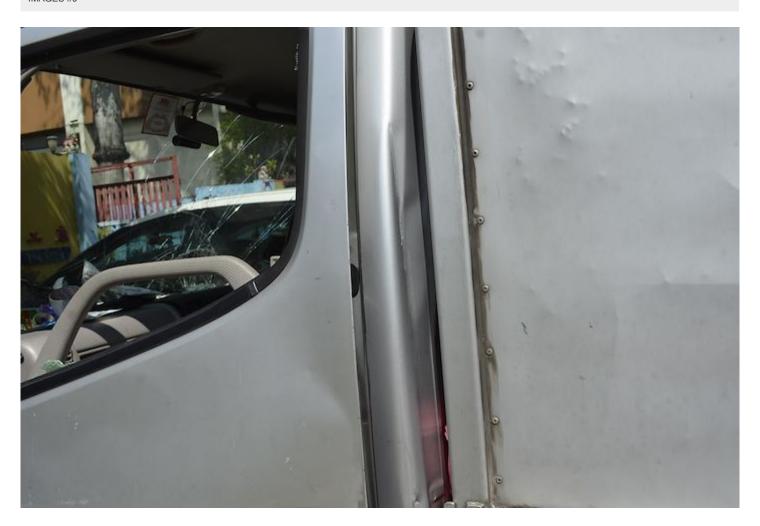






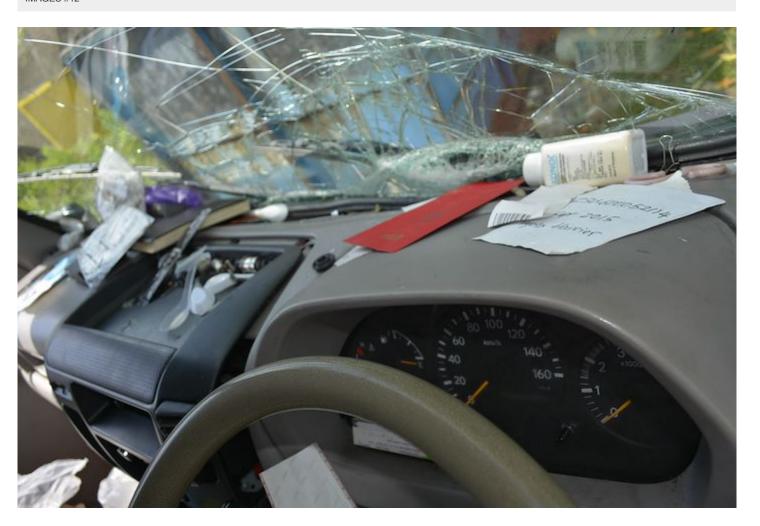






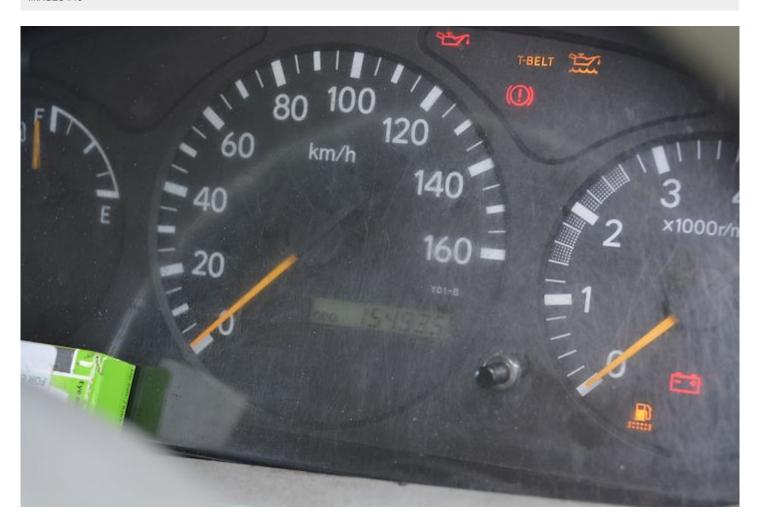
















AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way #07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME	Tay kig koon
VEHICLE NUMBER	(B) 1560Z
DATE/ TIME OF ACCIDENT	1/3/202 @ 12004
PLACE OF ACCIDENT	Adam rad
THIRD PARTY VEHICLE (IF ANY)	: VP9221P
WHERE DID YOU START YOUR JOURNEY	Y AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
from queen -	our to husery
	IKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC YSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
WHAT IS THE TYPE OF COLLISION AND	THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WERE YOU OR YOUR PASSENGER/S IN. FOR INVESTIGATION?	JURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
TAY KIA KOON TE	RADING
生力	and the second s
NAME:	
I AFFIRMED THE ABOVE INFORMATION	N IS GIVEN TO MY BEST KNOWLEDGE

CERTIFICATE OF INSURANC

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Period of Insurance

Name of Policyholder : TAY KIA KOON TRADING : 11 Jul 2021 To 10 Jul 2022

Engine No.

: 1KD2407569

Chassis No.

: JTFAT35Y40K203125

Vehicle No.

: GBD1560Z

Policy No.

: 7210054623

Endorsement No.

Issued Date

: 04 Jun 2021

ABOUT THE COVER

Make/Model

: TOYOTA DYNA 150 1.7 ton [Lorry]

Engine Capacity/Tonnage : 1.7 Tonnage : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2014

Insuring with COE/PARF : Yes

Driver Restriction Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if height meets the specified age condition.

You have to pay an additional sunt of \$3,000 as "Young and or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnumed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for sociolit, domestic or pleasure purposes. This Policy does not cover a) use for hise or reward, driving fullion, driving test, rading, pace-making, reliability trial or speed-testing; and b) Jise whilst drawing a trailor except the towing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

*Unitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and 1987 (M

EXCESS

Section 1. Fire - \$0 Own Damage - S600 Theft - \$0 Flood Cover - 80

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/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 Sofe Agent's workshop.

The other Approved Reporting Centres(MA) Authorised Repairers, please contact our 24-hour accident emergency hotine at +55 5335 6200. Alternatively. You may refer to AIG website www.aig.5g or AIG SG M.Aife App. Simply search and download "AIG SG" from IT unce or Geogle Pilay.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

INWs 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) Roles, 1959 (Malaysia).

0500659000

INSMART (INSURANCE) AGENCY PTE

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE

SINGAPORE 415934

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Jing Chyl Sandy Falig