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F Insurer	Ass't Report by Fax	/ Hand to Owner/Wks			1
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P Particulars: Veh No:		Tel			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

. 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 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

24/03/2022 16:39 (SGT) Date of Submission Date of Accident 23/03/2022 18:45 (SGT) **Exact Location of Accident** Eunos Ave 5, Singapore **TOWARDS EUNOS ROAD 8** Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Auto

1598

SMQ9294R Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? YAP RONGKUN, JOSHUA Name Of Registered Owner SXXXX781J NRIC No josh89yap@gmail.com **Email Address** (Phone) +65-98782855 Mobile Phone No Alternative Phone No +65-98782855

VEHICLE PARTICULARS

Toyota Manufacturer Corolla Model Variant

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

INSURANCE COMPANY

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy 1900257736-01 Policy Number

DRIVER

YAP RONGKUN, JOSHUA Name of Driver NRIC No SXXXX781J

Date Of Birth	22/01/1989
Occupation	Outdoor
- Date Of Driving Pass	31/05/2012
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98782855
Alt. Phone Number	+65-98782855
Email Address	josh89yap@gmail.com
Address	BLK 82B CIRCUIT ROAD #09-34
Address complement	-
Postcode	372082
to the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Daily Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	-
Insurance Company of Other Vehicle Owned by Driver	-
Insulance company	
A COLDENT	
GENERAL INFORMATION OF THE ACCIDENT	
	Out Outes
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
11000 0 2000	
THE WIFED MATION	
OTHER INFORMATION	
the applicant?	No
Was any foreign vehicle involved in the accident?	2
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	
initized convoyed to hospital by allibulation:	Yes
Was any other vehicle or property damaged?	NOTES AND ADDRESS OF THE PROPERTY OF THE PROPE
Number of Passengers (Including Driver)	1
be a conreceded by linknown Derson(5)	No
soliciting/offering accident claims assistance?	110
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	3 5 .
if yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
FLENOE NE. EN STATE DE LA CONTRACTOR DE	
ATTACHMENT(S)	
ATTACHMENT(3)	
U. I. I. for attachment?	Yes
Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	110
	VED VELICLE PROPERTY 1
DETAILS OF OT	HER VEHICLE PROPERTY 1
Perity County Co	
Vehicle Registration Number	SMJ5309X
Vehicle Registration Hames	
Vehicle Manufacturer	š •
Vehicle Model	
VANICIA VALIALII	

Private car

Accident report	SN08223O0001

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver Contact Number Address

Address complement

Postcode	one recommendation in	•
		-
- Nature Of Damage	A STATE OF THE PERSON NAMED IN	-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		-

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.
- 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.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 (If driver is not the policyholder) / Date & Time

Sketch Plan

Witnessed by Reporting Centre Personnel

vehideA: SMQ anglik
VilindeB: SMJ 5209X
Euros Ave 5
+ towards
Euros Road B

BATAT

Describe Circumstances of the Accident
on the stated date k time, I, vehicle A (SMR9294R) was travelling
At the stated location on the extreme right. As I was prepare to turn to the
right. Out of sudden, vehicle B (SMJ 5309X) from the second cane cut into
my lane and collided with the front left portion of my vehicle causing damages.

Declaration

VWe 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



Date of Accident	33 03 3027 Accident Time: 1845hts (24-HR-FORMAT)
Accident Place	ELLNOS AVE 5 towards ELLNOS ROAD B
Vehicle Reg. No (Car plate No.)	: SIMR 9394R Vehicle Make/Model: Toyota Corrolla Altic
Insurance Company	Policy No. 1900257736 - 01
Name of Registered Owner	: Campany / Individual Yap Rong kun , Joshua
ID of Registered Owner	: Co Reg No: Owner's NRIC No:Sq0>7813
	: Co Contact No: Owner's Contact No: _9878 2855
DRIVER'S Name	: Yap Rong Kun, Joshua DRIVER'S NRIC No: S8902781I
DRIVER'S Date of Birth	: 23 JAN 1989 DRIVER'S License Pass Date 31 May 2012
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others. Owner
DRIVER'S Address	: APT BIK B&B Circuit Road #109-34 Singapore 37>082
DRIVER'S Contact No./ Alt No.	(1) 9878 2855 2) -
DRIVER'S Occupation	: DIDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	josh89 yap @ amail. com
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Was the accident reported to the	Driver): 01 Passenger Name: Gender: M/F police? YES \ NO Passenger Name: Gender: M/F car camera: YES \ NO Any Injuries: YES / NO Injured Name: Injured Name:
Exact purpose for which vehicle	was being used at the time of accident; Private use \ Work purpose
	Other Party Driver's Particulars (if any)
Vehicle Reg No: SMJ 5	809 X Vehicle Rag No:
Vehicle MakelModel:	Vehicle Make\Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER.	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
	Other Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No:
Vehicle MakelModel:	Vahiola Make\Model:
Name DRIVER.	Name DRIVER
IC No DRIVER	IC 60. DRIVER
DRIVER'S Contact & and	DRIVER'S Coman & add



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : YAP RONGKUN, JOSHUA

Period of Insurance

: 11 Dec 2021 To 10 Dec 2022

: 1ZR0E75202

: MR2BE3BE600003871 Chassis No.

Vehicle No.

: SMQ9294R : 1900257736-01

Policy No.

Endorsement No. **Issued Date**

: 27 Oct 2021

ABOUT THE COVER

Make/Model

Engine No.

: TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage: 1,598.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

: NA

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his her permission.
This Policy will indemally the Policyholder or any authorised driver only diheistre meets the specified age conciden.

You have to pay an additional sum of \$3,000 at "Young and/or inexpenenced Driver Eucess" ("YIDIR") if You are or Your Authorises Criver (named or unnamed) is under the age of 23 and/or has less

than 2 years' driving expetience

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholden's business.

This Policy does not cover use for her or reward, deliving fallon, driving test, racing, pace making, reliability that or speed leating, the carriage of goods ofter than samples in connection with any trade or susmess or use for any purpose in connection with Motor Trade.

Lass of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Trust-Party Risks and Compensation) Act (Cap. 189). Section 35 of the Road Transport Act. 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$6 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

YAP RONGKUN, JOSHUA - \$600 (Own Damage), \$600 (Flood Cover)

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

Toyota Bodycare Centre (For accident repair & accident reporting). Add. 2 Pandan Crescent Singapore 128462 Fet. 6631-1168.
 Toyota Bodycare Centre (For accident repair & accident reporting). Add. 17 Ubi Road 4 Singapore 408611 Fet. 6631-1688.

For other Appeared Reporting CentreviAld Authorised Reparent, seems contact our 24-hour accedent emergency hotine at +55 6338 6200. Attendatively, you may refer to AliG website even any up or A/G SG Mobile App. Sendry search and download "A/G SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certly 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 (Cap. 189) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504667244

INCHCAPE AUTO TOYOTA - BSTU007

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

78 Sheritan Way 809-16 AIG Building S078120 | T.+05 6419 3000 | www.aig.sg

AlG Asia Pacific Insurance Pte. Ltd.



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: SULSW30001 Vahigle Peristration No. CM Q 958VR
	Name (as shown in NRIC): AP ROWKUN, BOWN NRIC/FIN/Passport No:
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
	Address: Singapore (
	Contact (Tel): Mobile No.:
	Email Address:
	Date of Accident: Time of Accident:
	Place of Accident: EUNOS AVK 5 70 WORDS FUNOS BOOD &
	Insurance Company:
3)	ADDITIONAL INFORMATION /AMENDMENTS:
	I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:
	Juliako Horioftonia xelempal 70 9878 2855
9	
19	
8-	
-	Ju 26/03/2022
	Policyholder / Driver's Signature Date: Reporting Centre Persønnel's Signature Name: NRIC/FIN No.:

Date: