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 18/04/2022 12:27 (SGT) Date of Accident 15/04/2022 02:15 (SGT) Exact Location of Accident Ava Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL9242C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LOO LYE CHING ADELINE (LU LIJUN) NRIC No S8502525B Email Address adeline.loo@outlook.com Mobile Phone No (Phone) +65-97240877 Alternative Phone No +65-97240877

VEHICLE PARTICULARS

Manufacturer Toyota Model Allion 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 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800147376-03 Cover Note Number

DRIVER

Name of Driver LOO LYE CHING ADELINE (LU LIJUN) NRIC No S8502525B

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	08/02/1985 Indoor 03/02/2007 15 YEARS AND 2 MONTHS Female (Phone) +65-97240877 +65-97240877 adeline.loo@outlook.com Blk 997B Buangkok Crescent #02-849 - 532997 Yes
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 Weather Conditions Road Surface	Collided into Property Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION	No 1 No - Yes 1 No
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
CIRCUMSTANCES OF ACCIDENT	
Please refer to the police report	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER	Yes No No VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	- - - - - Government

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Tree and Electrical box
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.
- 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 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 (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Angie Soh

on 15	Apri	1 202	2	e Acciden	2.10	am	Letui	na al	nun .	AUA AM	A car	1 44 /
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Declaration

IWe 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

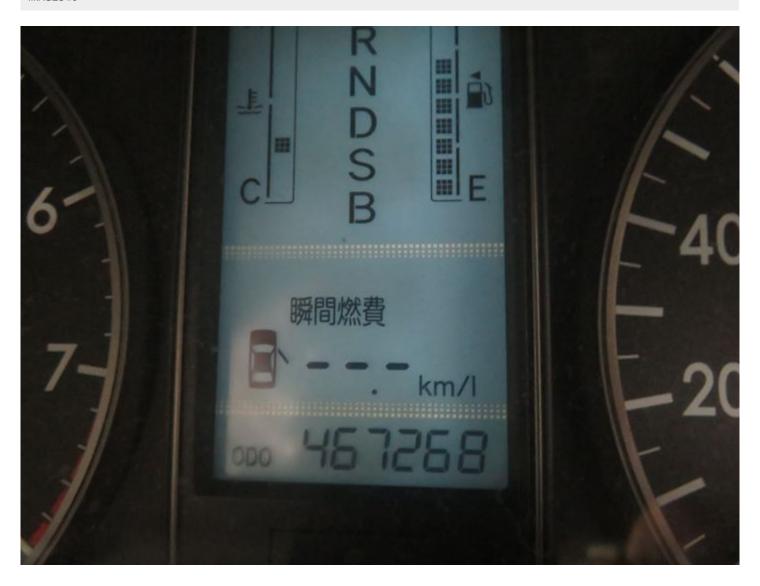
Witnessed by Reporting Centre
Personnel Angle Soh













REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2022 16:25



Report No. T/20220415/2060

Station Diary No.:

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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ID Type	/ ID No.:		Conta	act No.:							
NRIC NO / S8502525B				Home/Office: Mobile: 97240877							
National SINGAP	lity: PORE CITIZ	EN	Email	73.4							
Sex: Female	Sex: Age: Date of Birth: 08/02/1985			of Informant	7						
Race:	Race:			uage:	1	nstitution .	n / School Name:				
Chinese			Englis		f						
Occupati		ITANIT	Class	g Licence In	formation:	Tate of Ex	Expiry:				
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Generalin		of the Accident	第124条			學也是他		THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.			
Type of		on-Injury		Drink	Date/Time			Location:			
Accident:	G	overnment Prope	rty	Drive: No	Accident: 15/04/202	2 02:15	1				
Location:				1110	100000						
Weather: Clear				Surface:			Road Speed Limit:				
Traffic Flow:				c Control:			Traffic Volume:				
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Vide Report No.: E/20220415/0088



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2 of 3 Report No. T/20220415/2060

CONTINUATION OF REPORT

No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA					
:Driver			100 Km 100		1	NECOLOGICA DE LA COMPANIO DE LA COMP		
Name	LOO LYE CHING,	ID No.		S8502525B				
Related Vehicle	SJL9242C (Car)		Contact No.		97240877			
Hospital/Clinic	NIL	Class Drivin Licend Expin	g	Class: 3A Date of Expiry: NIL				
Date Treatment	NIL Date			scharge NIL				
No. of Days granted Medical Leave NIL				of Injury NIL				

Brief Details.

ON THE 15/04/22 AT ABOUT 0215HRS, I WAS BEARING PLATE NUMBER SJL9242C. I WAS DRIVING ALONG BALESTIER ROAD, I WAS DRIVING ON THE MOST LEFT LANE. AS I WAS DRIVING ON THE STRAIGHT ROAD WITH TWO OF MY FRIENDS AS MY PASSENGER, SUDDENL' LOSE CONTROL OF THE CAR TO TURN LEFT BECAUSE I THOUGHT MAYBE I WAS STRESSED OUT AS I WAS FOLLOWING THE GPS AND MY FRIEND DOESN'T KNOW THE WAY. WHAT I COUL RECALL IS MY CAR WENT UP THE CURB AND HIT THE TREE. THATS ALL.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20220415/2060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
TP /
Other ABU HURAIRAH BIN
ABDUL TALIB

Signature Of Interpreter:
Not applicable

Date/Time:
15/04/2022 16:25

Classification Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : LOO LYE CHING ADELINE (LU LIJUN) Vehicle No. : SJL9242C : 16 Dec 2021 To 15 Dec 2022 Period of Insurance Policy No. : 1800147376-03

Engine No. : 1NZD031138 Endorsement No.

: NZT2603025028 Issued Date : 08 Oct 2021 Chassis No.

ABOUT THE COVER

Make/Model : TOYOTA ALLION 1.5 [Sedan]

Engine Capacity/Tonnage: 1,496.00 CC First Year of Registration : 2008 Sum Insured : Market Value Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

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, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving fution, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with draw trade or business or use for any purpose in connection with floor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Read 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LOO LYE CHING ADELINE (LU LIJUN) - \$600 (Own Damage), \$600 (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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For 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 IT unes or Google Play.

IMPORTANT NOTES

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

If 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. 169), Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0155005000

KOH TONG POH

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

78 Shenon Way 809-16 AIG Building S079120 (T.+65 6419 3000) w

TONG POH KOH

Accident report SL03224I0003