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

- 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 27/05/2022 17:29 (SGT) Date of Accident 27/05/2022 08:35 (SGT) Exact Location of Accident Singapore Additional Location Information JALAN CHEMPAKA KUNING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT7596C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner POH SIM HUAT NRIC No. S7000157H Email Address simhuat@gmail.com Mobile Phone No (Phone) +65-85332728 Alternative Phone No +65-85332728

VEHICLE PARTICULARS

Manufacturer Nissan Model SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR Variant Exact purpose for which vehicle was being used at time of accident

1498

Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070152761-01 Cover Note Number 14 Dec 2021 To 13 Dec 2022

DRIVER

Name of Driver POH SIM HUAT NRIC No. S7000157H

Date Of Birth 01/01/1970 Occupation Indoor Date Of Driving Pass 12/06/1989 Driving experience 32 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-85332728 Alt. Phone Number +65-85332728 Email Address simhuat@gmail.com Address 3 RIVERVALE LINK #11-22 (S) 545119 Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Collided into Property 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 PASSENGER 1 Name SON Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACH. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGY878U Vehicle Manufacturer

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

lame of Driver	-
Contact Number	_
ddress	_
ddress complement	_
ostcode	
nsurance Company Name	
lature Of Damage	_
Details of property damaged in accident	_
lo. 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 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)

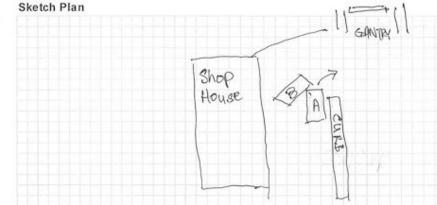
Lunderstand, acknowledge, agree and consent that :

- (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

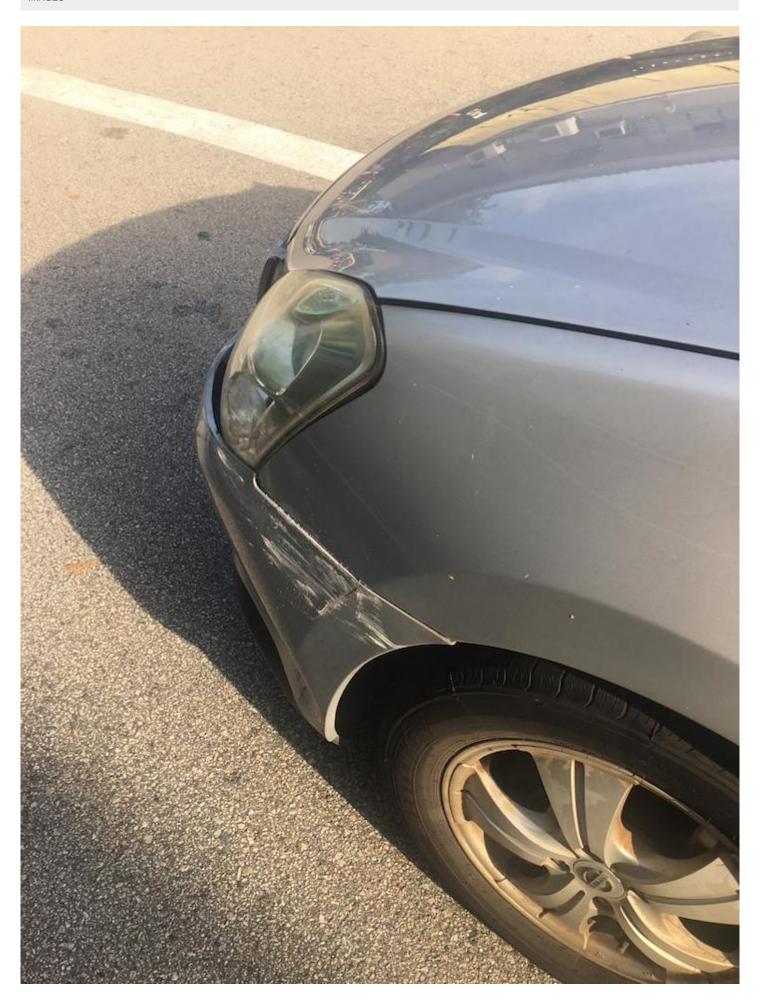
Driver's Signature (If driver is not the policyholder) / Date & Time

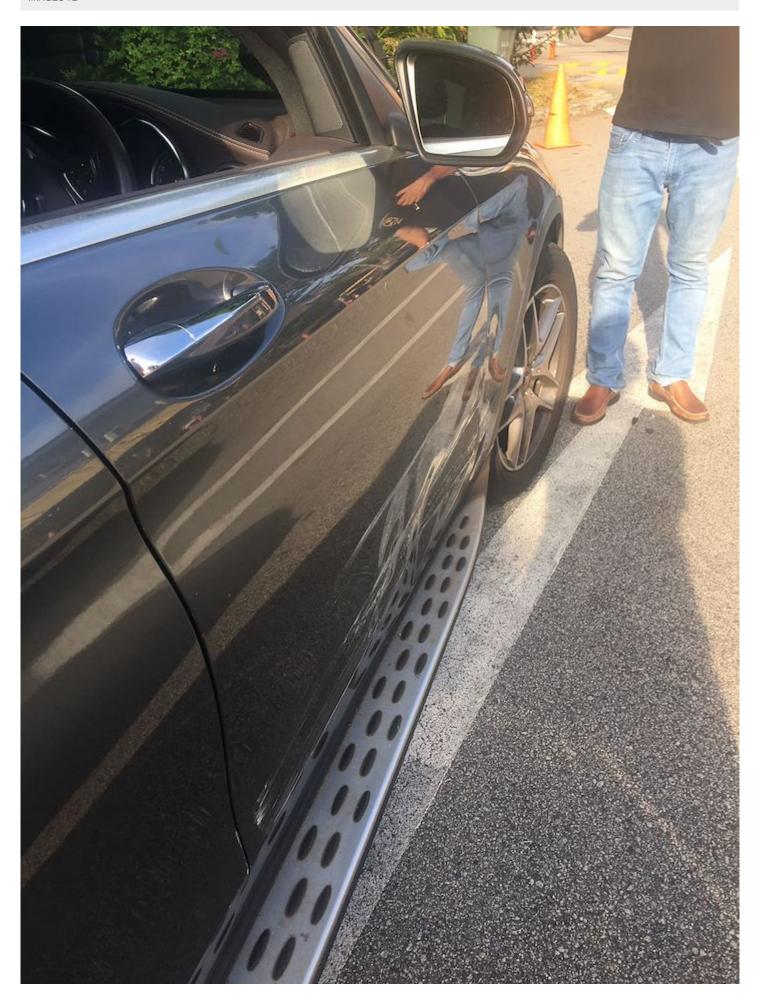
Witnessed by Reporting Centre Personnel



A 35T 7596C

on Friday 27 Ma	at about 0835 hrs. I got into my parked car and
was about to	two right to exit the car park when the vehicle is und suddenly swerve into my path and his my left side of my our.
registration Sava	(RW) anddenly giverye into my path and his
tothe hil into	All both side of Mil cas
right	ring ter since of ring to.
1.091011	
	#1
7	
	#4/10 Tag" #4 a Tag
e. Plasse note that your insure	may have 14 days time frame for you to submit an own damage claim under your own poli
ase check your policy for more	formation.
claration	
ciaration	
declare the foregoing particular	are true in every respect
deciare the rolegoing particular	are in the interest respect.
1106	annit
KUKUKO 4:57	n Krzyken
PULLED 4:57 27 May 2022 cyholder's Signature / Date &	
27 May 2072	
0	

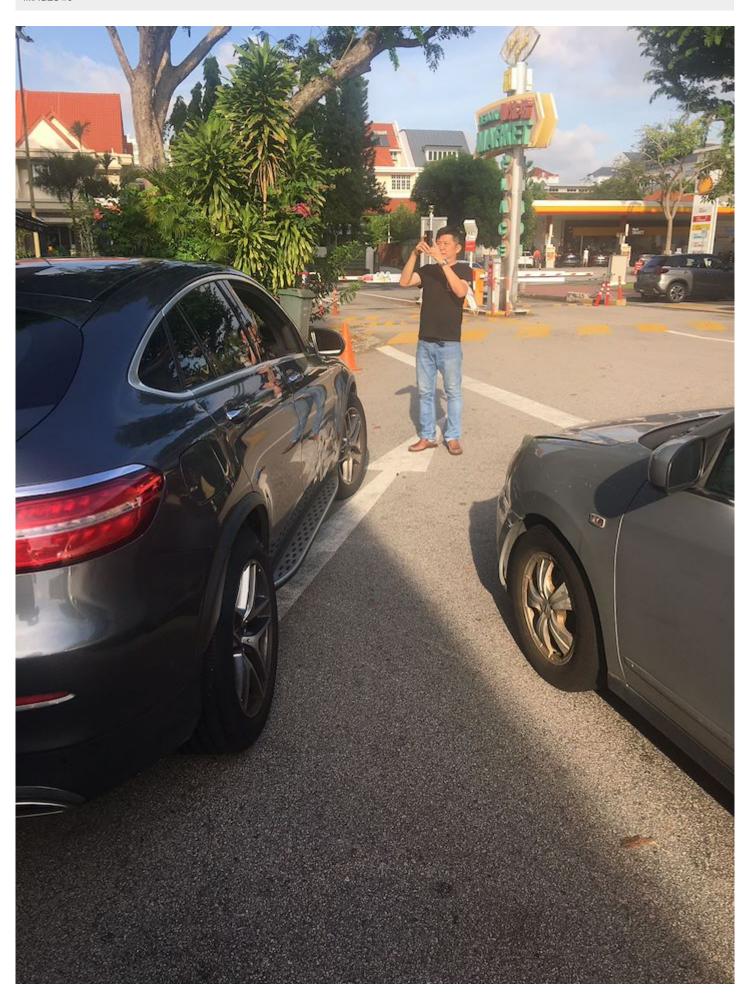






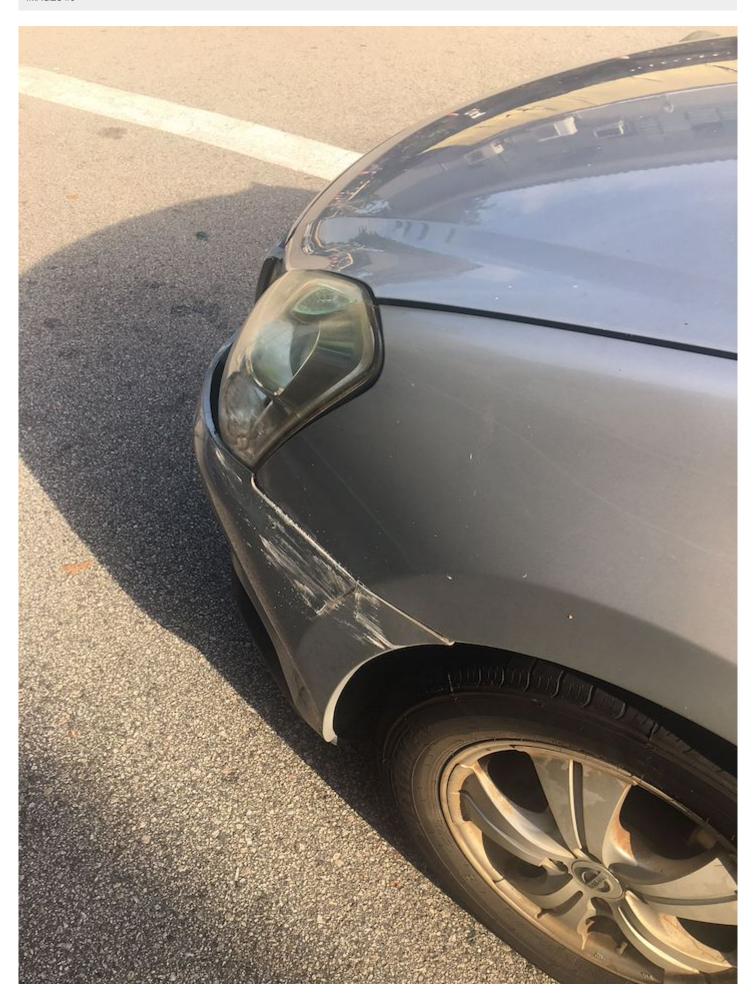




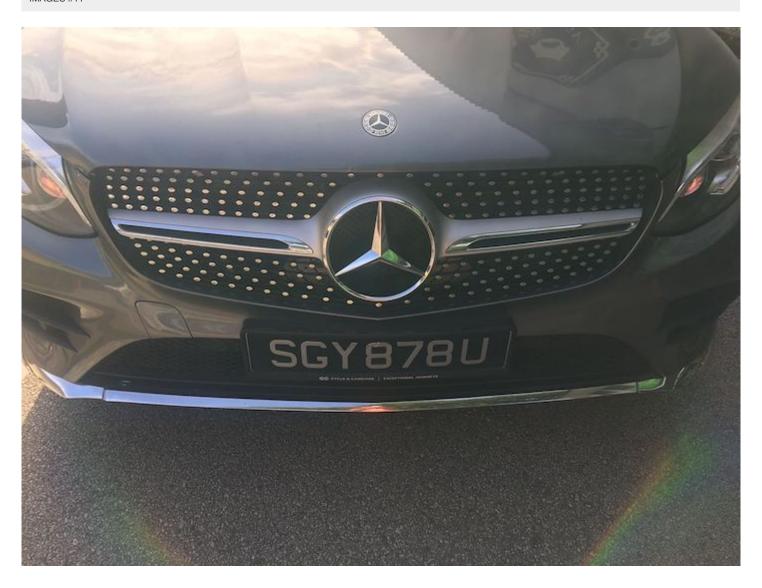








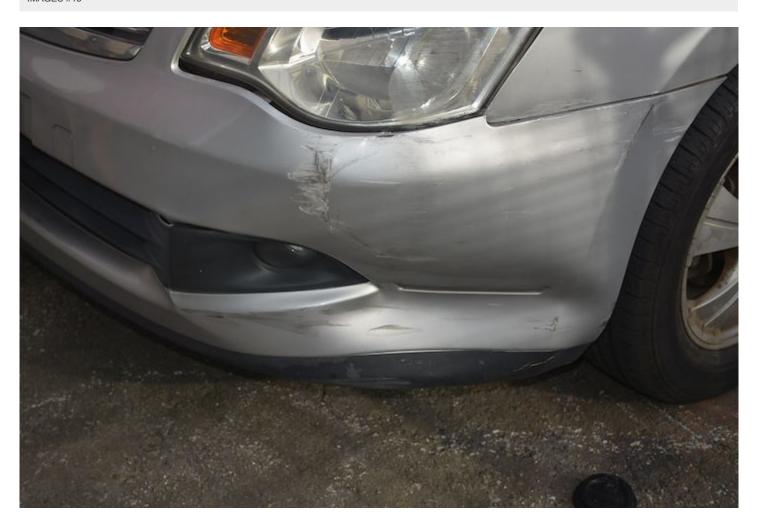


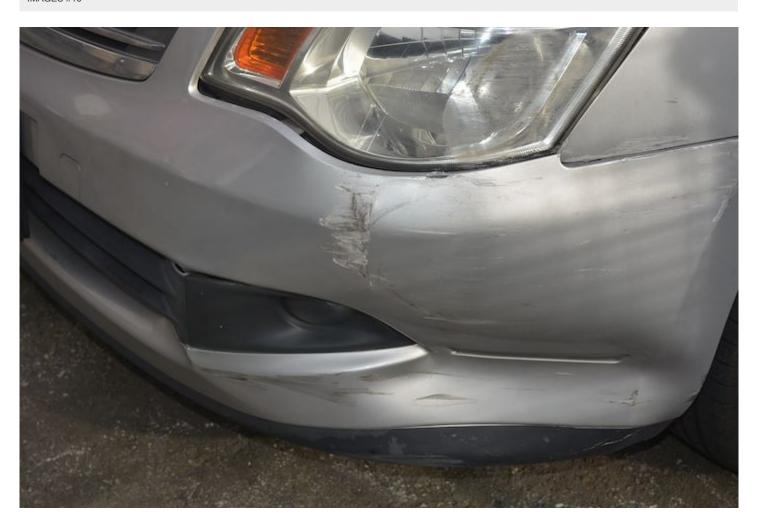


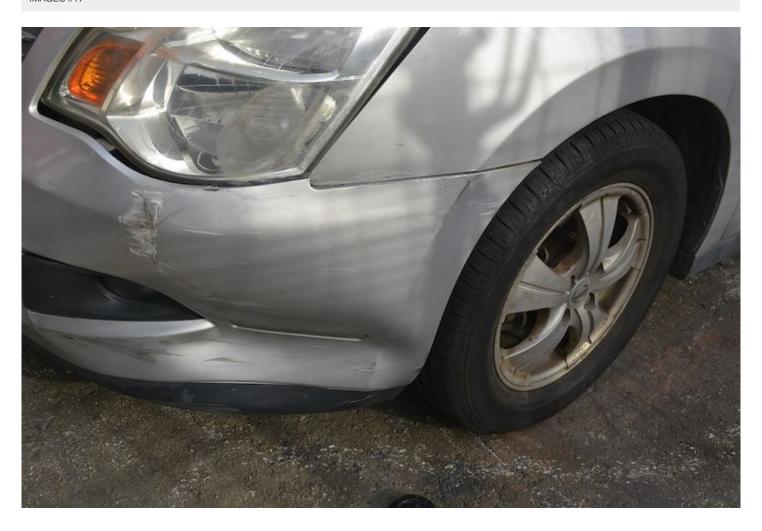


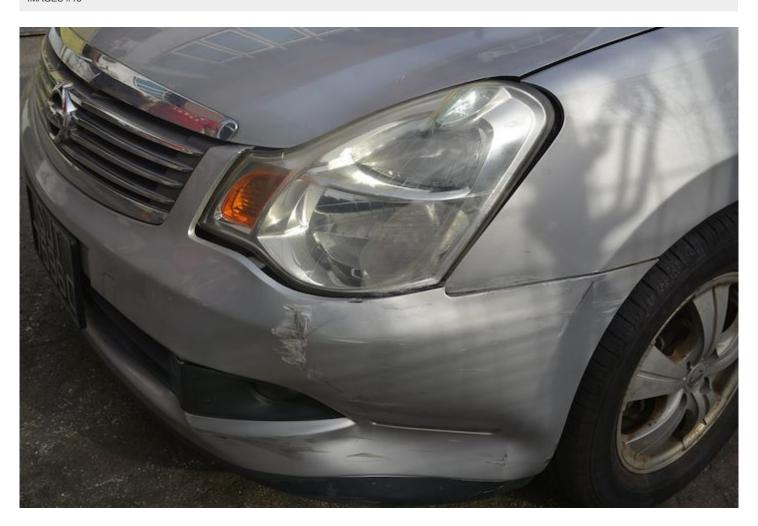




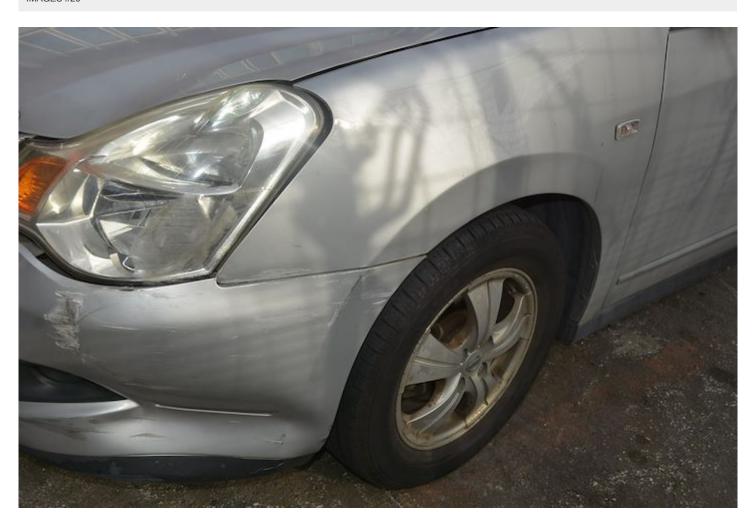


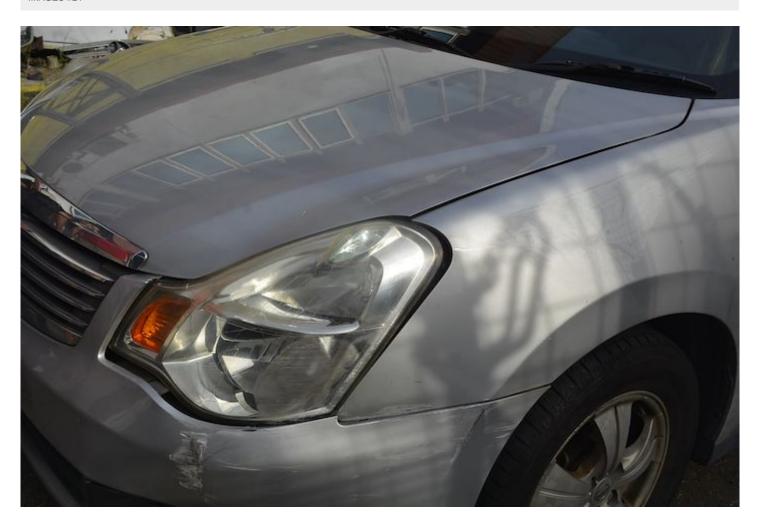




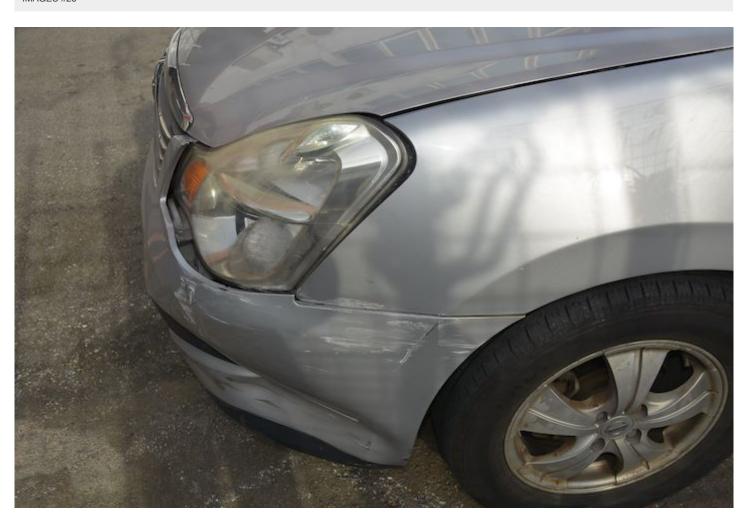


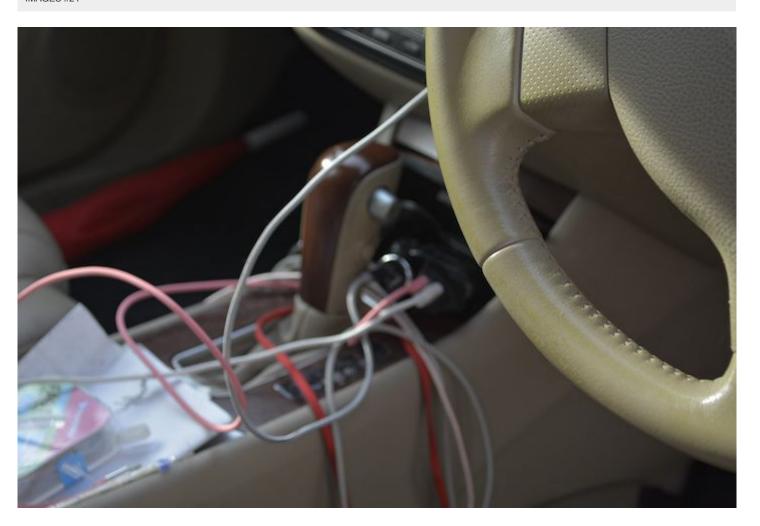
















AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way

MOTOR ACCIDENT INTERVIEW FORM

NAME	sin HAT
VEHICLE NUMBER	SJT7596C
DATE/ TIME OF ACCIDENT	7/5/202 @ 0825 an
PLACE OF ACCIDENT	Jehn chempales knin
THIRD PARTY VEHICLE (IF ANY)	Shu 8730.
**************************************	EY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
from Islan Someth	chempaker 1 to SUTD
	NKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC LYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
	o the extensiveness of the Damages to all Vehicles involved? With each other
WERE YOU OR YOUR PASSENGER/S IN FOR INVESTIGATION?	NJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
DISALA	

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : POH SIM HUAT Vehicle No. : SJT7596C Period of Insurance : 14 Dec 2021 To 13 Dec 2022 Policy No. : 2070152761-01

Engine No. : HR15234391B Endorsement No.

Chassis No. : JN1BAAG11Z0110353 Issued Date : 26 Oct 2021

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.5

Engine Capacity/Tonnage : 1,498.00 CC Sum Insured : Market Value First Year of Registration : 2009 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
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 him or reward, driving futilion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations 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 (Amendment) Act 2019, are not to be included under these headings.

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)

POH SIM HUAT - \$600 (Own Damage), \$600 (Flood Cover), LIM LU CHOON - \$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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6336 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: NA

I/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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504650000

ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY

SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

All Ins Agency Pte Ltd

