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 04/07/2022 15:12 (SGT) Reported by Date of Accident 03/07/2022 16:19 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (CHANGI) NEAR ENG NEO EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLD48A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIA WEY CHING MABEL NRIC No SXXXX540G Email Address MAIL2MABEL@YAHOO.COM.SG Mobile Phone No (Phone) +65-98750153 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Yaris 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070173211

DRIVER

Name of Driver CHIA WEY CHING MABEL NRIC No SXXXX540G Date Of Birth 28/02/1977 Occupation Indoor

Date Of Driving Pass 05/07/2003 Driving experience 19 YEARS Gender Female Mobile Number (Phone) +65-98750153 Alt. Phone Number Email Address MAIL2MABEL@YAHOO.COM.SG Address BLK 138 BISHAN ST 12#08-444 Address complement Postcode 570138 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 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? Yes 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **RAYNE TANG** Gender Male PASSENGER 2 Name ABEL TANG YU JIE Gender Male PASSENGER 3 Name ANSON TANG YI JIE Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH8999A Vehicle Manufacturer Toyota Vehicle Model Dyna Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver JUS Contact Number (Phone) +65-87828999 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person - Gender - Phone No - Address - Address Complement - Post Code - Approximate Age Years Old - Injuries Sustained - Injured person in which vehicle? - Were seat belts worn? - Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes/

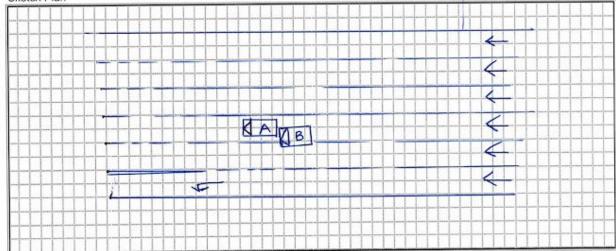
1 4/7/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

R	eter t	o Police	Report -	
aration				1
	going particular	s are true in every respe	ct.	1
				1 /
by 4/7	122			
holder's Signature		Driver's Signature (if de	river is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
		& Time		(Name as in NRICID card)



















1 of 4 Report No. T/20220704/7000

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 04/07/2022 00:02		lade:	Vide Report No.:	Station Diary No.:		
Informan	t's Particu	ulars				
Name of Informant: CHIA WEY CHING MABEL		MABEL	Address: 138 BISHAN STREET 12 #08-444 SINGAPORE 570138			
ID Type / ID No.: NRIC NO / S7706540G			Contact No.: Home/Office:	Mobile: 98750153		
Nationality: SINGAPORE CITIZEN		EN	Email: mail2mabel@yahoo.com.sg			
Sex: Female	Age: 45	Date of Birth: 28/02/1977	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2022 16:20	Type of Location PIE (Changi)
Location: PAN ISLAND Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:
Sunny		Dry	3	30 Km/h
		Dry Traffic Control: Not Controlled	1	30 Km/h Fraffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBH8999A	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
SGN73H	Car	HONDA	Odyssey	Black	No Damage	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4 Report No. T/20220704/7000

CONTINUATION OF REPORT

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLD48A	Car	TOYOTA	YARIS CROSS HYBRID ACTIVE (AT) (2WD)	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD48A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070173211	15/12/2020	14/12/2022

Details of Perso	n Involved				9-310		
Any Pedestrian Ir	nvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Pe	edestrian Crossing: NA			
Driver							
Name	CHIA WEY CHING	CHIA WEY CHING MABEL				S7706540G	
Related Vehicle	SLD48A (Car)			Contact No.		98750153	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL	Date		NIL			
No. of Days gran	Days granted Medical Leave NIL			f	NIL		
Passenger			وسائط المالية والمالة	واللجار			
Name	ANSON TANG			ID No.		T1109532H	
Related Vehicle	SLD48A (Car)			Conta	ct No.	98750153	
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		Slight	t	





3 of 4 Report No. T/20220704/7000

CONTINUATION OF REPORT

Passenger						
Name	ABEL TANG			ID No		T0823787A
Related Vehicle	SLD48A (Car)			Conta	ct No.	98750153
Hospital/Clinic	NIL			Class Drivin Licen Expire	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL Date				NIL	
No. of Days granted Medical Leave NIL			Degree o	of	Sligh	t
Passenger						
Name	RAYNE TANG			ID No		S7324062Z
Related Vehicle	SLD48A (Car)			Contact No.		97679707
Hospital/Clinic	NIL			Class Drivin Licen Expire	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	100.0000	Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	Sligh	t

Brief Details.

On 3 July 2022 at 4.17 pm, the weather was sunny and dry. I was cruising along PIE (Changi) near Eng Neo Exit at a safe average speed of 80 km/h on the second lane from the left. Suddenly, at 4.18 pm, a black Honda Odyssey, SGN73H, which was travelling on the third lane, cut into my lane abruptly but did not pick up speed after that. In fact, it was almost stationary in front of me as it was waiting for a chance to filter to the left most lane. I horned continuously but SGN73H still did not speed up and I had to do an emergency brake where my speed decreased from 80 km/h to 27 km/h to avoid hitting SGN73H. I managed to slow down in time to avoid hitting SGN73H. But the lorry behind me, which is a silver Toyota Dyna, GBH 8999A, could not slow down in time and unfortunately hit my rear at 4.19 pm. SGN73H drove dangerously and escaped unscathed at the expense of the vehicles behind him. SGN73H then realized that my car SLD48A, had been hit by GBH 8999A and quickly picked up speed and left the scene. I was travelling with my husband and two young children at the time of the accident. My husband and I both suffered neck pain and the children suffered some trauma due to the accident. The rear of my car is badly damaged, the rear window shattered and the rear view camera was flunged out of the car and nowhere to be found.

I have videos of the accidents to submit but am unable to attach into this report.





4 of 4 Report No. T/20220704/7000

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 04/07/2022 00:02
Classification Of Case:



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHIA WEY CHING MABEL Vehicle No. : SLD48A : 15 Dec 2020 To 14 Dec 2022 Policy No. : 2070173211 Period of Insurance

Engine No. : M15AY085298 Endorsement No.

Chassis No. : JTDKBAB340L002770 **Issued Date** : 24 Dec 2020

ABOUT THE COVER

Make/Model : TOYOTA Yaris Cross Hybrid Active

Engine Capacity/Tonnage : 1,490.00 CC Sum Insured : Market Value First Year of Registration : 2020 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 hire or reward, driving tuition, 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

* 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

EXCESS

Section 1 Fire - 50 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHIA WEY CHING MABEL - \$600 (Own Damage). \$600 (Flood Cover)

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

1 Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188 2 Toyota Bodycare Centre (For accident repair & accident reporting) Add. 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

For other 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 iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Toyota Financial Services Singapore Pte Ltd

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).

0504667242

INCHCAPE AUTO TOYOTA - BSTU004

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.

Per Li Christina Ho



AIG Asia Pacific Insurance Pte. Ltd 78 Shenton Way

MOTOR ACCIDENT INTERVIEW FORM

NAME	:	Chia Wey Ching Mabel				
VEHICLE NUMBER	:	SLD 48 A				
DATE/ TIME OF ACCIDENT	:	3 July 2022 4.19 pm				
PLACE OF ACCIDENT	:	3 July 2022 4.19 pm PIE (changi) near Eng New Exit				
THIRD PARTY VEHICLE (IF ANY)	:	63H 8999 A				
		e was the intended destination before the accident? my house at Choa Chu Kang and was				
DID YOU DRINK ANY ALCOHOLIC DRIN POLICE CONDUCT ANY BREATHE-ANAL	IKS BEFORE YSER TEST OF	YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC N YOU? IF YES, WHAT WAS THE RESULTS?				
No.						
Hend rear collision. window was shatte	My car red an	veness of the DAMAGES TO ALL VEHICLES INVOLVED? vear was badly damaged. The rear d rear view camera flunged out of the				
FOR INVESTIGATION?	JURED? IF IN	NJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE				
Ves, my husband and	7					
Mabel Chra						
NAME:						

AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE