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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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
- 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.

ACCIDEN	NT STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	11/08/2022 17:43 (SGT) Both 26/07/2022 16:00 (SGT) Queensway, Singapore BESIDE HOLLAND HEIGHTS Singapore
DETAILS C	OF OWN VEHICLE
Vehicle Registration Number	SMN1288C
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TAY JUNHAO, ROY SXXXX279C roytayjh88@gmail.com (Phone) +65-96696055
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of	Volkswagen Golf
accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Private use No - Claiming third party Private car Auto 1390
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. 7210134479
DRIVER	

TAY JUNHAO, ROY

SXXXX279C

04/07/1983

Indoor

Name of Driver

Date Of Birth

Occupation

NRIC No

Date Of Driving Pass 31/05/2002 Driving experience 20 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96696055 Alt. Phone Number Email Address roytayjh88@gmail.com Address 11 LEEDON HEIGHTS #06-30 Address complement Postcode 267955 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20220727/7010 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLT8181K Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SMP5183J
	=
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	£.
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	.3
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY JUNHAO, ROY
Gender	Male
Phone No	(Phone) +65-96696055
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	\$ 2
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMN1288C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Actual 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 Traffic Police Department for investigation.
- 6. 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

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

Smr 5183

(A) Smy 1288C

Describe Circumstance of the Accident	
ON THE STATED DATE AND TIME, I CAME	TO A STUP
WITHOUT ANY GONTACT TO VEH CAR WE WERE	OT BUTIAL
FILTER OUT -	
OUT OF NOWHERE, VEH B HIT ONTO MY	VEH
AT A HIGH SPECD AND THE IMPACT CAUSED MY	VFTC TO
TIT ONTO VEH C'S REAR PORTION.	
POLICE RAPPORT 7/20220727/7010	

Declaration

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





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220727/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time 27/07/2022		ade:	Vide Report No.:	Station Diary No.:
Informant'	s Particul	ars		
Name of In TAY JUNH			Address: 11 LEEDON HEIGHTS #06-30	O SINGAPORE 267955
ID Type / II NRIC NO /		9C	Contact No.: Home/Office:	Mobile: 96696055
Nationality: SINGAPOR		N	Email: ROYTAYJH88@GMAIL.COM	
Sex: Male	Age: 39	Date of Birth: 04/07/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Informati	ion of the Accid	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2022 16:0	Type of Location: Straight Road
Location:				
FARRER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	D	Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving		To Rear		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT8181K	Car					0
SMN1288C	Car	VOLKSWAGO N	GOLF 1.4 TSI HL RL	White		0
SMP5183J	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20220727/7010

CONTINUATION OF REPORT

Details of V	ehicle Insurance			1864 S A 18 19
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN1288C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210134479	01/11/2021	31/10/2022

Details of Perso	n Invo	lved					
Any Pedestrian I	nvolved	l: No					
No. of Pedestriar	ns Injure	ed: NIL		Use of Ped	destriar	Cross	sing: NA
Driver					To all the		
Name	TAY	JUNHAO, ROY	/		ID No	•	S8320279C
Related Vehicle	SMN	MN1288C (Car)			Contact No. 9669605		96696055
Hospital/Clinic	NIL				Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL			Date		NIL	
No. of Days gran	ted Me	dical Leave	05	Degree of		Serio	us

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG QUEENSWAY. I CAME TO A STOP BEFORE HOLLAND HEIGHTS BEHIND SMP5183J WITHOUT ANY CONTACT TO SMP5183J.

OUT OF NOWHERE, SLT8181K HIT ONTO THE REAR PORTION OF MY VEHICLE AT A GREAT SPEED AND THE IMPACT CAUSED MY VEHICLE TO BE PUSHED FORWARD AND HIT ONTO SMP5183J.

AFTER THE ACCIDENT, I FELT PAIN AND WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP AND WAS GIVEN 5 DAYS OF MEDICAL LEAVE.





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

3 of 3 Report No. T/20220727/7010

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketcl

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/07/2022 10:39
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

VEHICLE NO: SMN \$ 1288C. MAKE & MODEL: VW GOLF TS 1. AUTO/MANUAL DATE OF ACCIDENT 26 / 07 / 22. C.C. 1.4. TIME OF ACCIDENT 1600. AM KPM, LOCATION OF ACCIDENT QUEENSWAY BESIDE HOLLAND HEIGHTS. EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE NAME OF OWNER TAY JUNHAU POY. EMAIL ROYMY THEE CAMPIL Com MOBILE: 9669 6055. OFFICE: NRIC 593202790. CLAIM TYPE OD / THIRTY PARTY / REPORTING ONLY FLEET POLICY YES /NO? INCURENCE CO. TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. 72101344701 NAME OF DRIVER AS ABOVE / IF NO: 4 NRIC DATE OF BIRTH 04/07/83. ANY PASSENGER YES /NO: DRIVER ONLY NAME OF PASSENGER GENDER OF PASSENGER MALE / FEMALE OCCUPATION Outdoor /Indoor DATE OF DRIVING PASS 31 /05 /02. GENDER MALE / FEMALE CONTACT NO. Mobile: 966960550ffice: Home: EMAIL ROYTAY JH83C GMAIL . Com. ADDRESS LEEDON HEIGHTS #06-70 5(267955). DOES DRIVER OWN OTHER VEHICLES? NO / If yes, Reg No: INSURE: -Employee / If No: SELF. RELATIONSHIP WEATHER CONDITION Clear / Raining / Other: ROAD SURFACE Dry / Wet / Other: No / If yes, Who? 1) DRJUER CM) ANY INIURIES CONTACT NO. ROLICE REPORT NO! (f yes,) Where? NOTICE OF INTENDED PROSECUTION? No./ If yes, Who? VEHICLE B NO. SCT 8181 K. Any Passenger: DRIVER GIVLY NAME CONTACT NO. VEHICLE C NO. Any Passenger: DRIVER ONLY. SMP 5183) VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. Any Passenger: ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YES /NO WAS THERE ANY AUDIO RECORDED? YES / NO SCENE ACCIDENT PHOTOS TAKEN? YES INO DRIVER/ OWNER/ BOTH WHO IS REPORTING Original Language Used English/ Mandarin/ Others: Have you been approach by unknown person YES MO soliciting (s) / offering accident claims assistance?



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TAY JUNHAO, ROY

Period of Insurance : 01 Nov 2021 To 31 Oct 2022

Engine No. : CZC886497

Chassis No. : WVWZZZAUZLW129298 Vehicle No.

: SMN1288C

Policy No.

: 7210134479

Endorsement No.

Issued Date

: 01 Nov 2021

ABOUT THE COVER

Make/Model : VOLKSWAGEN GOLF 1.4 TSI

Engine Capacity/Tonnage: 1,390.00 CC

Sum Insured : Market Value

First Year of Registration : 2020

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

) the reacylloger A Any other person who is driving on the Policyholder's order or with his/her permission. his 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 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.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

TAY JUNHAO, ROY - \$1000 (Own Damage), \$1000 (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 first registration 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 hotline 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 Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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)

0504463003

IWIN - LAI YOKE YIP

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

37 KALLANG PUDDING ROAD #08-06 (03) TONG LEE BUILDING SINGAPORE 349315

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

0504463003