

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 Actual 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. 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 | 08/11/2022 10:02 (SGT) |
| Reported by | Both |
| Date of Accident | 07/11/2022 16:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BEFORE INTERSECTION OF JURONG TOWN HALL ROAD AND JURONG EAST ST 11 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMS3887J |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------------|
| Is company? | No |
| Name Of Registered Owner | LOH CHONG MENG (LUO ZHONGMING) |
| NRIC No | S7424425D |
| Email Address | LOHCM@YAHOO.COM |
| Mobile Phone No | (Phone) +65-98784816 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Toyota |
| Model | Corolla |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1600 |

INSURANCE COMPANY

| | |
|---|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 2070029547-01 |

DRIVER

| | |
|----------------------|--------------------------------|
| Name of Driver | LOH CHONG MENG (LUO ZHONGMING) |
| NRIC No | S7424425D |
| Date Of Birth | 24/07/1974 |

| | |
|--|-------------------------------------|
| Occupation | Indoor |
| Date Of Driving Pass | 28/02/1995 |
| Driving experience | 27 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98784816 |
| Alt. Phone Number | - |
| Email Address | LOHCM@YAHOO.COM |
| Address | BLK 458 CHOA CHU KANG AVE 4 #04-207 |
| Address complement | - |
| Postcode | 680458 |
| 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 | Collision - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| 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 | Choa Chu Kang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007659999 |
| Alt. Police Station Phone No | (Fax) +65-67644104 |
| Police Station Address | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| 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? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBG5157M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | TEE SOON WEE |
| NRIC No | T0408207E |
| Contact Number | (Phone) +65-87205733 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

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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.

Cheng 8 Nov 22 8.30am

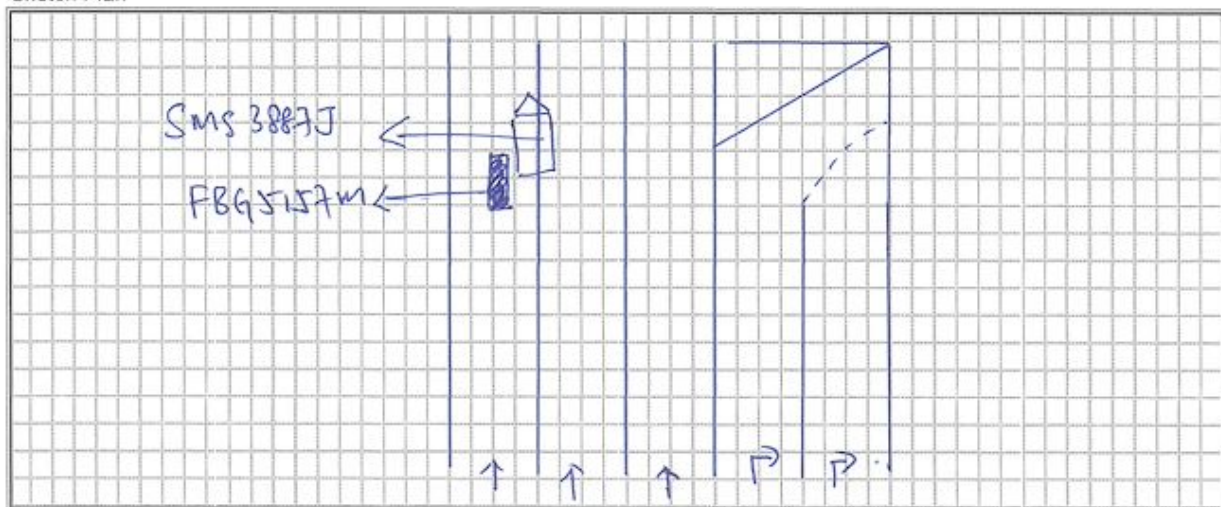
Policyholder's Signature / Date & Time

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

Peng Wai Zhi

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

Sketch Plan



Jong Tuen Hill Road.

1

Describe Circumstance of the Accident

Date to Police Report

Declaration

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

Policyholder's Signature / Date & Time
8-30 am

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

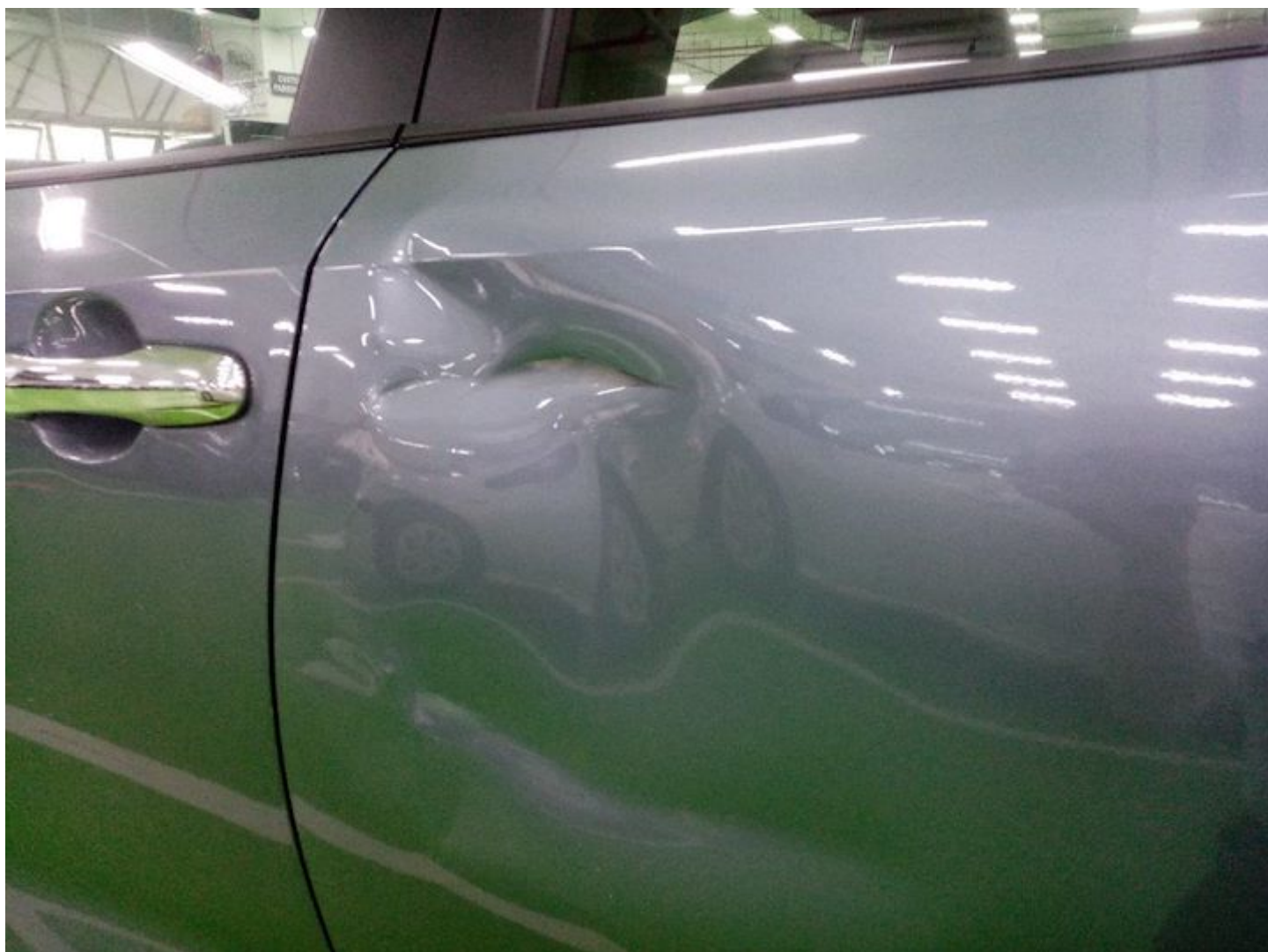
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)











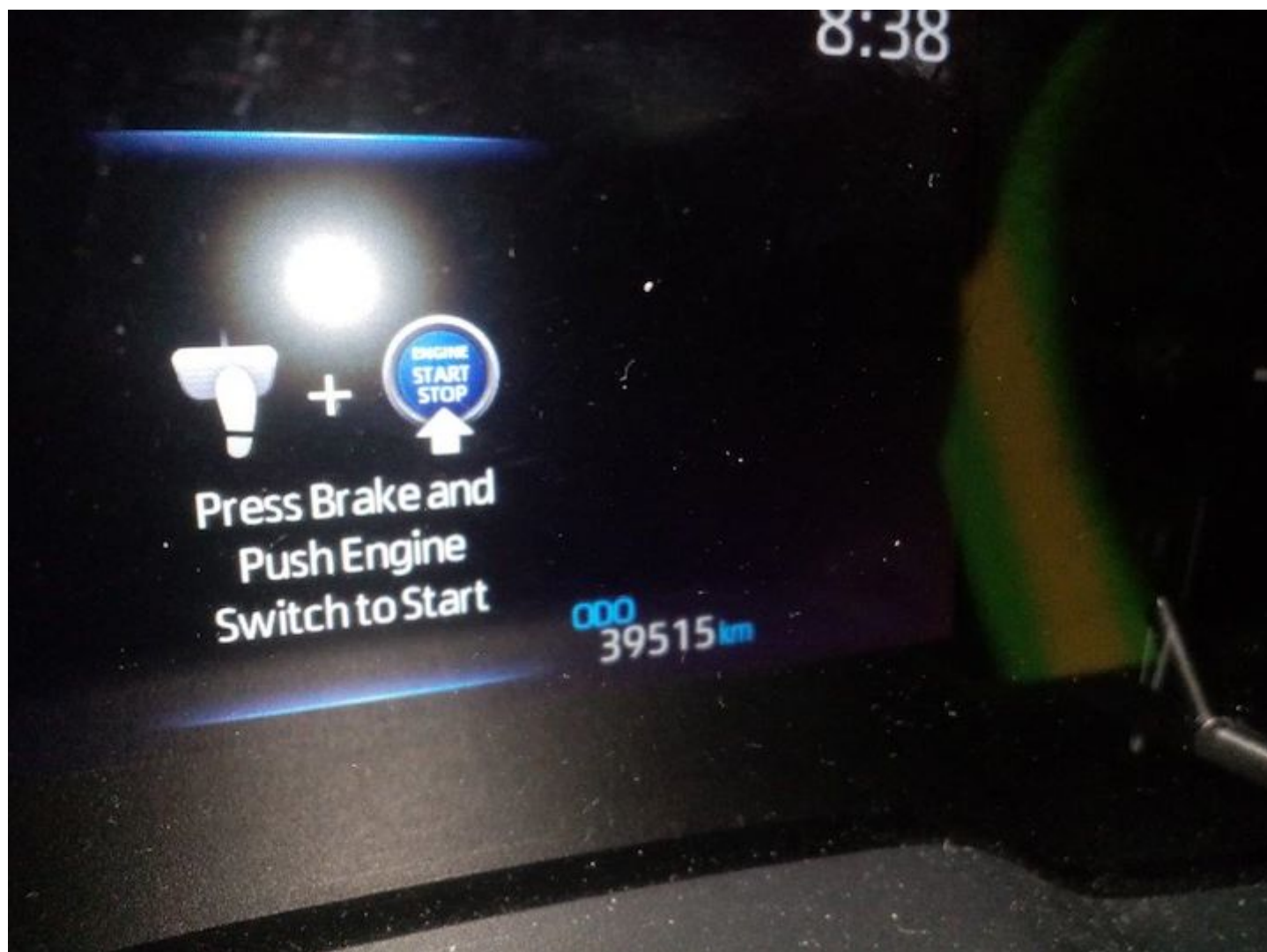






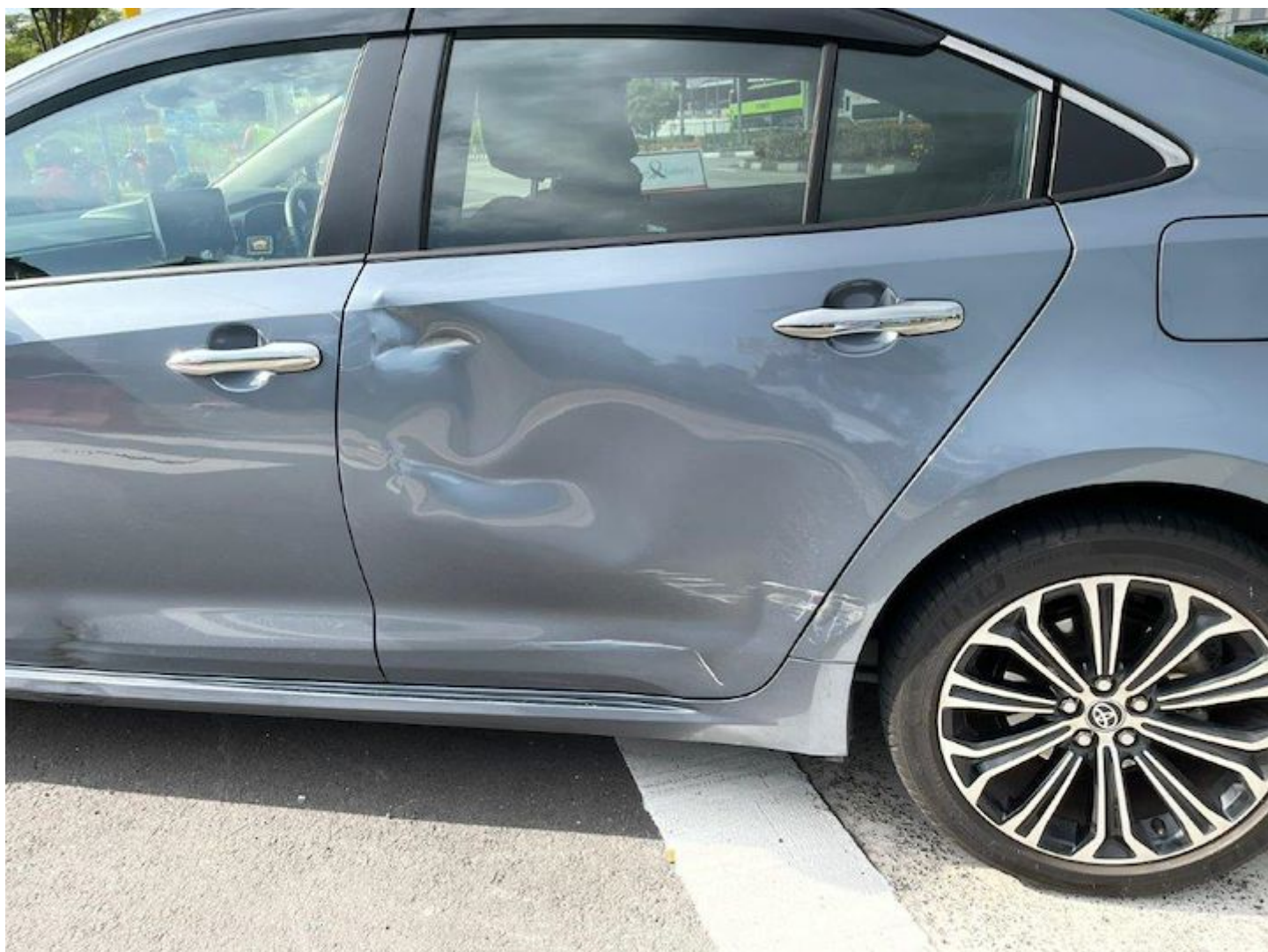












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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Loh Chong Meng(Luo Zhongming)

NRIC/FIN S7424425D, has reported to the Police a non-injury accident which occurred at Before intersection of Jurong town hall road and Jurong East Street 11 in front of the traffic light.

on 7/11/2022 at about 4.30 am/pm involving the following vehicles:

1. SMS3887J
2. FBG5157M

While driving along Jurong town hall road while I was making a lane change to the left a motorcycle(FBG5157M) came up from the back and bang onto the left side of my car. The damages done to my car is a large dent and scratches on both the door . The rider(Name: Tee Soon Wee HP:87205733) suffered some scratches on his knees and toes. The damages on the motorcycle is some slight scratches on the frame. We both agreed to make a police report.

2. If this accident was reported to the Police within 24 hrs of its Occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act Cap 276

Choa Chu Kang NPC
20 Choa Chu Kang St 52 #01-02
Singapore 689286
Tel: 1800-765 9999
Fax : 6767 3651



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Rank/Name of Issuing Officer: SGT Patrick Ang

Date: 7/11/2022

Time: 1748

Original - To be issued to informant
Duplicate - To be submitted to Traffic Police

Version as 15 Sep 2000

Choa Chu Kang NPC
20 Choa Chu Kang St 52 #01-02
Singapore 689236
Tel: 1800-765 9999
Fax : 6767 3651



CONFIDENTIAL

2022-11-07 17:48



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LOH CHONG MENG (LUO ZHONGMING)
Period of Insurance : 25 Feb 2022 To 24 Feb 2023
Engine No. : 1ZR0F22688
Chassis No. : MR2BE3BE300008266

Vehicle No. : SMS3887J
Policy No. : 2070029547-01
Endorsement No. :
Issued Date : 06 Jan 2022

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PAF : 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 S\$53,000 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 - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LOH CHONG MENG (LUO ZHONGMING) - \$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 129462 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 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 iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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, 1999 (Malaysia).

0504667228

INCHCAPE AUTO TOYOTA - BSTL062

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPGMM



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)

: Loh Chey Meng (Luo Zhong Ming).

VEHICLE NUMBER

: SMC 3887J

DATE/TIME OF ACCIDENT

: 7/1/2022 @ 4:30pm.

PLACE OF ACCIDENT

: Before Intersection of Jang Tans Road & Jang East 1st

THIRD PARTY VEHICLE (IF ANY)

: FBH 5572M

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Singapore Poly → Home

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

LH Side Collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG - 2021 Driver Interview Form - 08-12-21