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 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 11/01/2023 09:41 (SGT) Reported by Date of Accident 10/01/2023 20:00 (SGT) Exact Location of Accident Singapore Additional Location Information CARPARK LOT EXIT /ENTRANCE C SIGNATURE PARK CONDO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ6794H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LO GUO QIANG NRIC No S2765281F Email Address LOGQ@ADVMF.COM Mobile Phone No (Phone) +65-91004483 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 2100395976-08

DRIVER

Name of Driver SHI HUIJUN Passport No/FIN G0761225M Date Of Birth 04/11/1980 Occupation Indoor

Date Of Driving Pass 18/12/2014 Driving experience 8 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-92396185 Alt. Phone Number Email Address LOGQ@ADVMF.COM Address 50 TOH TUCK ROAD #07-01 Address complement Postcode 596741 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 - 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 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) 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 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 SHD378U

Renault

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN BIN HUAT
NRIC No	S1268202F
Contact Number	(Phone) +65-97958564
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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.

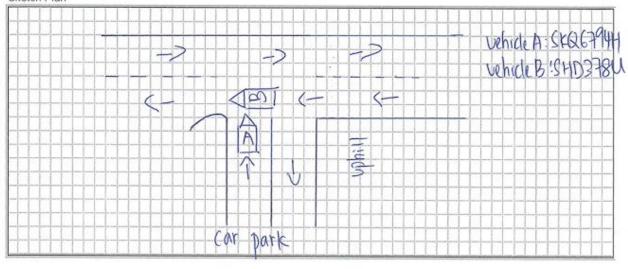
Policyhelder's Signature / Date & Time

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

& Tim

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

Sketch Plan



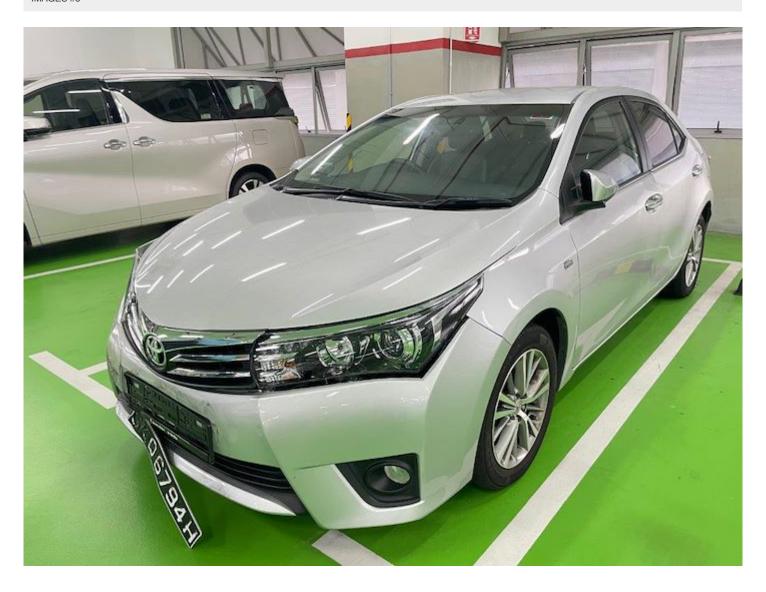
Police Report	police report	230111 /700	2.	(01) 341
eclaration Ve declare the foregoing partic	ulars are true in every record			
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20	1- 4	11/	70.	
1/1/1/	73. / >	11/01/2	Chara Ch.	of Time A.

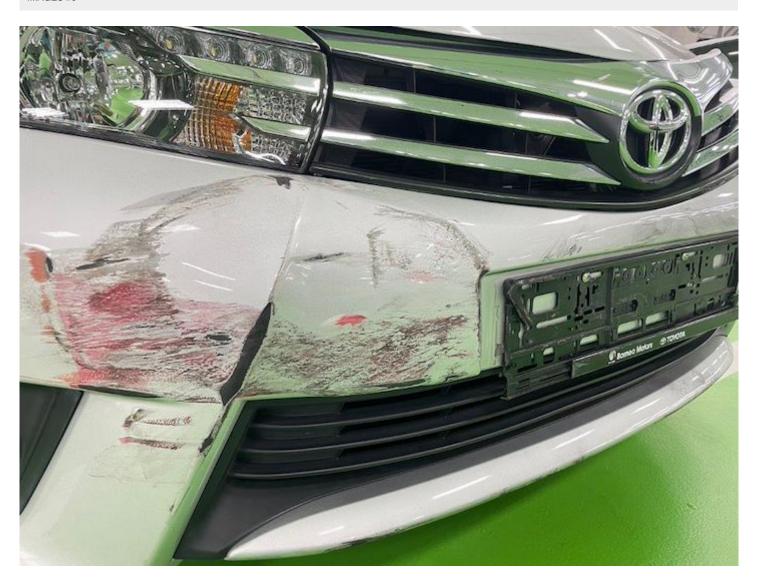














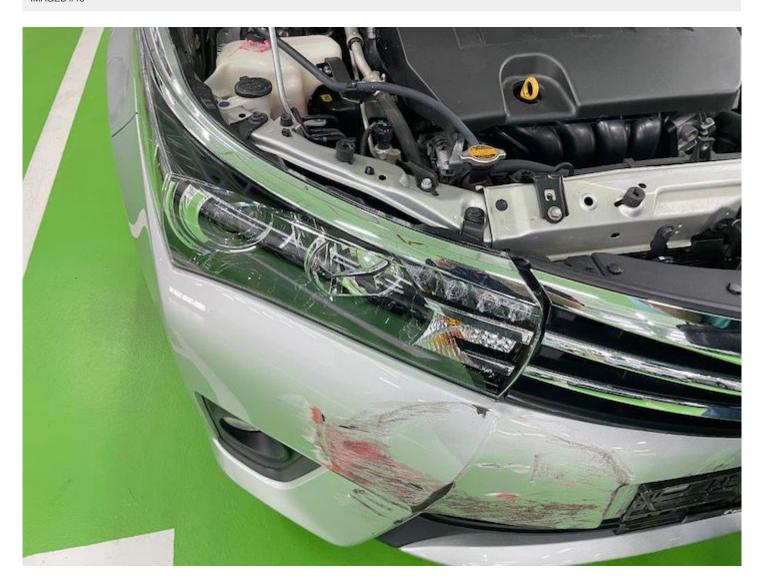




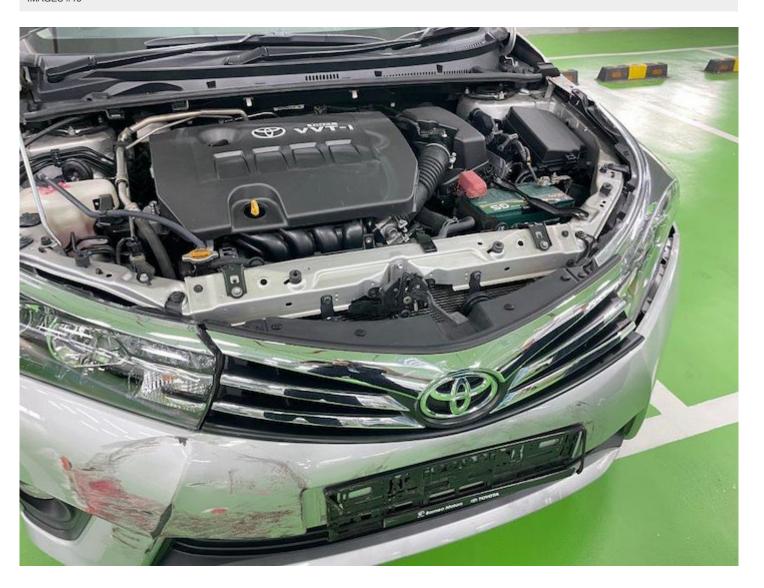




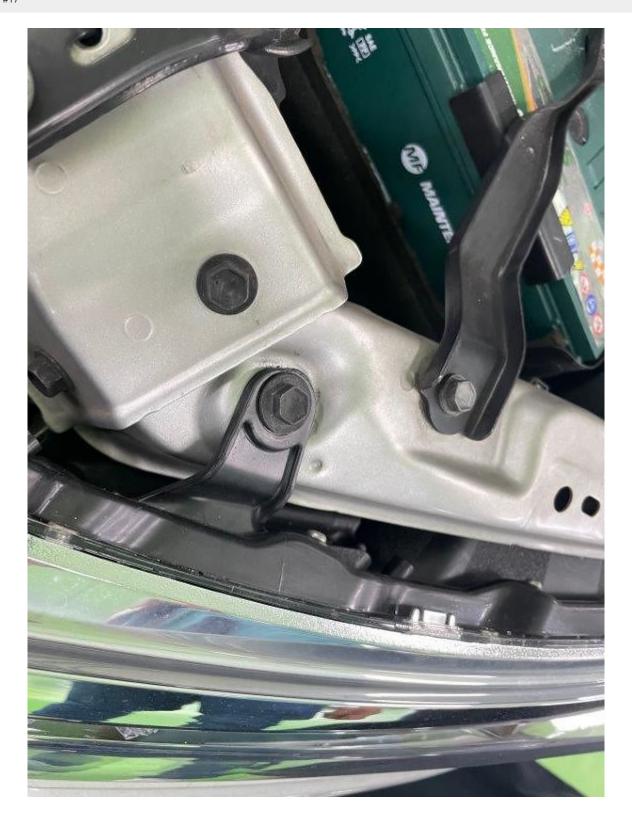




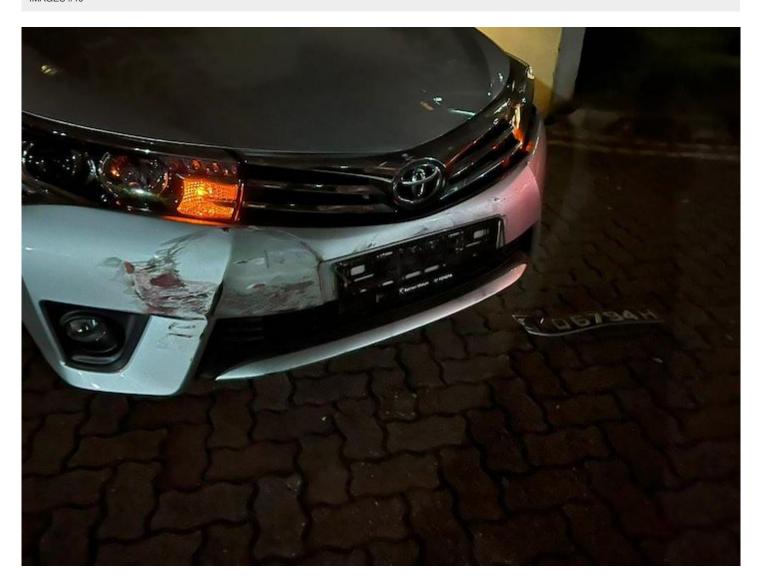


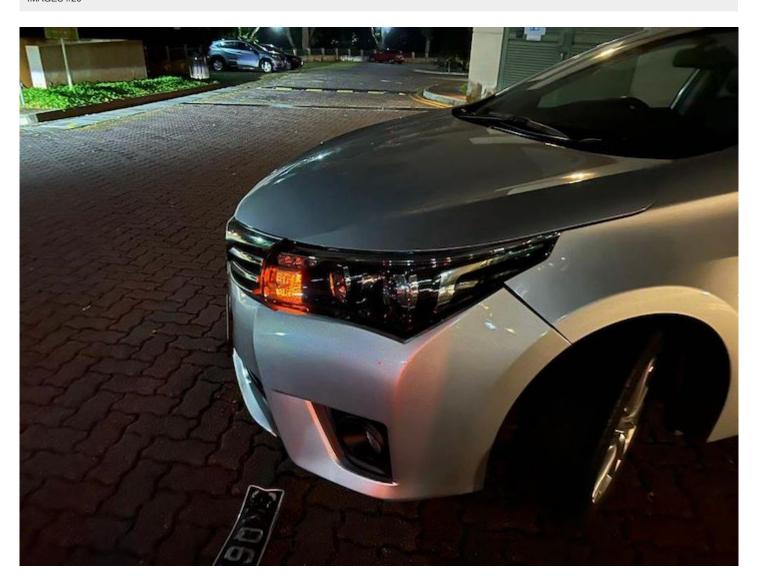


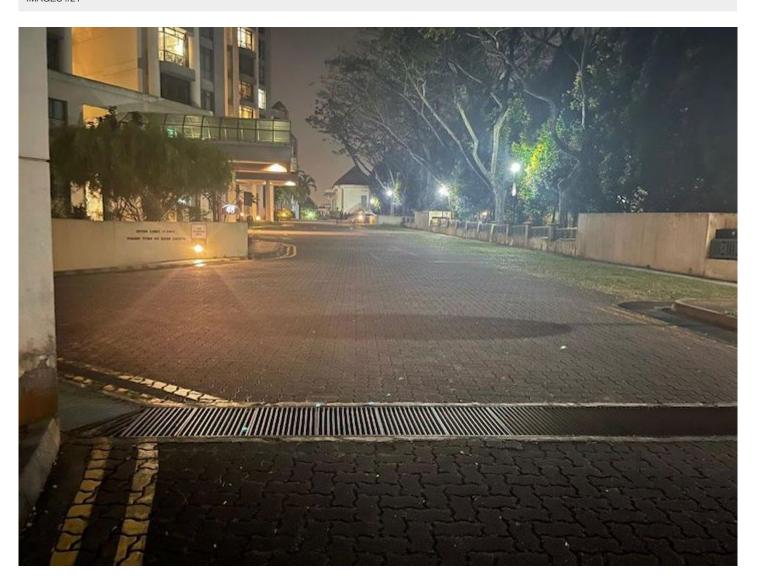


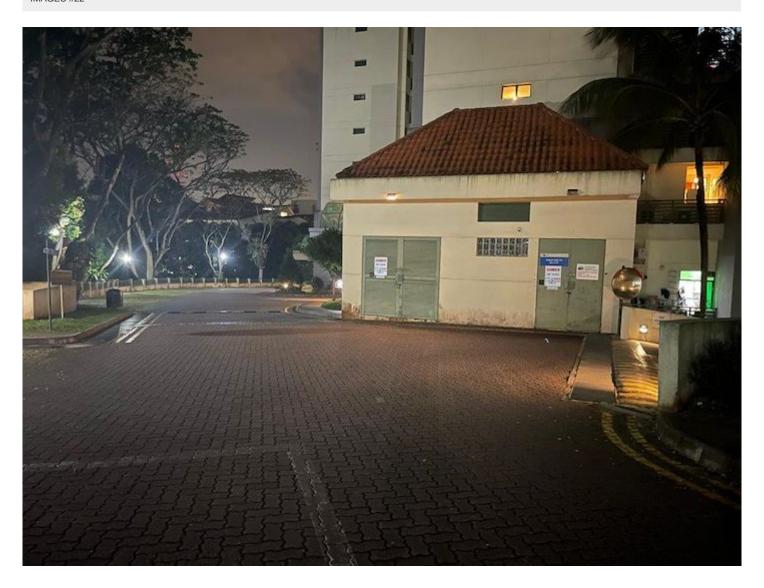








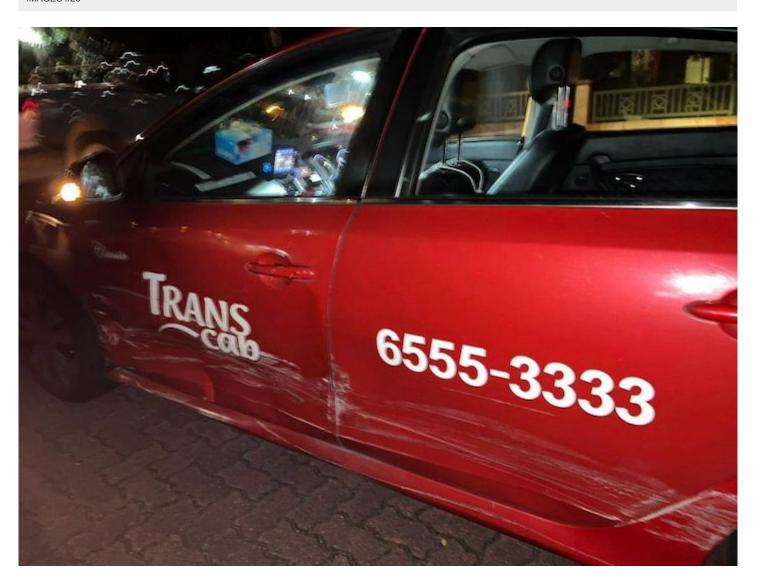




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 1 of 4 Report No. T/20230111/7002

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 023 01:55	fade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: QIANG		Address: 50 TOH TUCK ROAD	#07-01 SINGAPORE 596741
	/ ID No.: D / S27652	81F	Contact No.: Home/Office:	Mobile: 91004483
Nationality: AMERICAN		Email: LOGQ@ADVMF.COM		
Sex: Male	Age: 58	Date of Birth: 01/03/1964	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation:		Driving Licence Inform Class: 3	ation: Date of Expiry:	

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2023 20:15	Type of Location: Car Park Exit/Entrance Area	
Location: TOH TUCK F	ROAD				
Weather: Late night (~8	3 pm)	Road Surface: Dry		Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Head (static Car in waiting to move) hit b		ve) hit by moving vehicle	(Side	Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD378U	Car	RENAULT	N/A	Red	Slightly Damaged	1
SKQ6794H	Car	TOYOTA	Corola Altis	Silver	Seriously Damaged	1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230111/7002

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ6794H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100395976-08	19/12/2022	18/12/2023

Details of Perso						
Any Pedestrian I						
No. of Pedestrians Injured: NIL			Use of Pe	edestria	n Cross	sing: NA
Driver				0000000		
Name	TAN BIN HUAT			ID No	ο.	S1268202F
Related Vehicle	SHD378U (Car)			Cont	act No.	97958564
Hospital/Clinic	NIL			Class Drivir Licer Expir	ng ice &	Class: 2B,3,4,5 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	
Vehicle Owner			Waster March			
Name	LO GUO QIANG		ID No).	S2765281F	
Related Vehicle	SKQ6794H (Car)		Conta	act No.	91004483	
Hospital/Clinic	NIL		Class Drivir Licen Expir	ng ice &	Class: 3 Date of Expiry: NIL	
Date	NIL		Date		NIL	
	ted Medical Leave	NIL	Degree o			
Driver			T Bogiso C		Ungin	
Name	SHI HUIJUN			ID No	Э,	G0761225M
Related Vehicle	SKQ6794H (Car)			Contact No.		6591004483
Hospital/Clinic	NIL		Class Drivir Licen Expir	ng ice &	Class: 3 Date of Expiry: 17/12/2024	
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	·f	NIL	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20230111/7002

CONTINUATION OF REPORT

Brief Details.

The accident took place in Signature Park (Toh Tuck Road) Condo premise, at the Car-Park Exit/Entrance location (between Block 48 and 48A), around 8:15pm. The accident involved Car-A (my car) and Car-B (Taxi);

- 1. My wife was driving (Car-A) just came out Park-Lot, after climbing up from Base-level to ground level.
- 2. There was another car (Car-C), being also was making turn going down to the Park-lot, from the ground level;
- Because of the Exit/Entrance area being very narrow incoming traffic, my wife put stop and was waiting for Car-C to complete the turn going down;
- 4. Right after Car-C completed the turn and went down, all of sudden, Car-B (Taxi), which was driving at ground-level, Collided with Car-A from right (head) side of Car-A;
- Unfortunately, Car-B was driving too fast and was too close to the head of Car-A (which was in static, non-moving state), such led to the collision for Car-A and Car-B (Taxi).
- The driver of Car-B, was in rush to go somewhere else to pick up another passenger so that he was in hurry, and also was possibly blind-sighted by Car-C and didn't notice Car-A (which was in static mode) was on the other side of Car-C.



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



4 of 4 Report No. T/20230111/7002

CONTINUATION OF REPORT

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Informant is not able to provide sketch

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: 11/01/2023 01:55
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

AIG

CERTIFICATE OF INSURANCE

: 21 Oct 2022 10:58

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder ; Lo Guo Qiang

Period of Insurance : 19 Dec 2022 To 18 Dec 2023 Vehicle No. : SKQ6794H : 1ZRX469295 Policy No. Chassis No. : 2100395976-08

: MR053REH104521148 Endorsement No. ABOUT THE COVER Issued Date

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction : NA Sum Insured : Market Value First Year of Registration : 2014 Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

at 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 ago condition.

You have to pay an additional sum of \$553,000 as "Young and/or Inexperienced Oriver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less Age Condition Limitation as to use*

Mileage Condition

LITHIBUOTI alls to Use .

Use only for scold, domestic and pleasure purposes and for the Pelicyholder's business.

This Policy does not cover use for hire or revised, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples 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)

Lo Guo Qiang - \$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) according 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 Sele Agent's workshop. For other Approved Repositing Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine 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 Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

MWe 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, 1997 (Malaysia), Road Transport (Assendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1899 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AGSGUODREAPP



MOTOR ACCOUNT INTERVIEW FORM

NAME (DRIVER)	SHI HUZ JUN
VEHICLE NUMBER	SEQ 6794H
DATE/TIME OF ACCIDENT	: 10/01/2023 @ 8PM
PLACE OF ACCIDENT	: Car Parting Cot /Exis / Entrance
THIRD PARTY VEHICLE (IF ANY)	2403784
治疗性治疗病治疗治疗病疗疗治疗治疗治疗治疗治疗治疗治疗治疗治疗治疗治疗治疗治疗治	្ត នេះពុល្យស្នងស្នងស្នងស្នាស់ ស្ត្រីក្នុងស្នងសង្គាន់សង្គាន់សង្គាន់សង្គាន់សង្គងសង្គងសង្គងសង្គងសង្គងសង្គងសង្គងសង្គ
where DID YOU START YOUR DESTINATION BEFORE THE ACCI	our Condo, to pick up my
ANALYSER TEST ON YOU? IF YES, DID TO ANALYSER TEST ON YOU? IF YES	IC DRINKS BEFORE YOU DRIVE ON THE DAY OF HE TRAFFIC POLICE CONDUCT ANY BREATHES, WHAT IS THE RESULT?
TO ALL VEHICLES INVOLVED?	Source to head
	-De DOON @ 15/1 S-DE
WERE YOU OR YOUR PASSENG WERE YOU TAKEN TO THE TRA	GER/S INJURED? IF INJURED, WHICH HOSPITAL? FFIC POLICE FOR INVESTIGATION?
	1
Name:	

LAffic and The Above Information is Given To My Best Knowledge

. Shi Hi	UNDERTAKING UNDERTAKING (NRIC No. $\frac{69761225M}{}$), hereby confirm that the nt lodged by me on $\frac{10}{3}$ at $\frac{8}{7}$ PM hours pertaining to
Singapore Assident Stateme	, (NRIC No), nereby confirm that the
Singapore Accident Stateme	or car Reg. No: $SKQ 6794$ in which I was the driver are true and
accurate to the best of my k	nowledge, information and belief.
1, Lo, Gui Reg. No: SKQ 67941	5-Qiang (NRIC No.) S276528/F H and the policyholder of policy no. 100395976-08
We acknowledge that the in	surer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of
insurance if there is (a) a b	reach of policy terms and conditions and/or (b) cover under the policy is
excluded due to the operation	on of an exclusion(s) under the policy terms and conditions.
In the event that an unrelate	d/unreported third party property or injury claim arises or evidence emerges
that:	
 a) there is a breach of 	policy terms and conditions; and/or
 b) Cover under the pol 	cy is excluded due to the operation of an exclusion(s) under the policy terms
and conditions,	
we irrevocably jointly and so	everally undertake to absolve my insurer from all liability under the contract
of insurance and we further	ointly and severally undertake to re-pay any and all sums paid by my insurers
pursuant to the contract of i	nsurance upon my our receipt of a written demand from the insurers.
Signature	910
Name of Policyholder	Lo, Guo-Qiarg
NRIC No.	5>765281F
Date	11/ Tan/ 2023
Signature	:
Name of Driver	SHI, HUITUN
NDIC No.	60761725N

Date