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 20/02/2023 15:27 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/02/2023 22:45 (SGT) Exact Location of Accident Singapore Additional Location Information KIM SENG ROAD & HAVELOCK ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX1572D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner OH HUI HONG JENNY NRIC No S1796171C Email Address JENOH08@SINGNET.COM.SG Mobile Phone No (Phone) +65-98241015 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius 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 1800

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070177229

DRIVER

Name of Driver OH HUI HONG JENNY NRIC No S1796171C Date Of Birth 06/12/1967 Occupation Indoor

Date Of Driving Pass 24/05/1988 Driving experience 34 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-98241015 Alt. Phone Number Email Address JENOH08@SINGNET.COM.SG Address BLK 653A JURONG WEST ST 61 #09-436 Address complement Postcode 641653 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 Side Swipe 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name OH HWEE BEE KAREN Gender **Female** PASSENGER 2 Name ONG JIA XUAN SERENE Gender Female PASSENGER 3 Name ONG QIN XUAN SHERYL Gender Female PASSENGER 4 Name ONG YIONG CHIN 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?

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

CIRCUMSTANCES OF ACCIDENT

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6269L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver **LEONG CHONG WAI** NRIC No S1662133A Contact Number 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

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- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
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- 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.

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

Francis Cher
Motor Claims Assessor
Borneo Motors (5) Pte Ltd

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

Policyholder's Signature / Day & Time 3.05



1

Describe Circumstance of the Accident
T 1015
The acident happen on 18/2/803 around 10.42 pm
The accident happen on 18/2/802) around 10.45 pm hear kim Leng Road of Havelock Rd involving the following vehicle SMX 1272D and SHD 62692 at the straylic junction At junction two smrt days of turn on and lane and both ar lift each other. In the smrt car no pursurger and
VOL 14 CHA 1720 1 000 1 11 4-112
Vehicle SMX 1-17) and SMI 6) byte at the trayfic junction
At junction two surt days turn on 2nd lane and both
An literal and laman and an account and
ar in each store . In the short car no progerite and
no de mage.
3

Declaration

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

Policyholder's Signature / Dates Time Driver's Signature (if driver is not the policyholder) / Date Z o S P time

Francis Cher
Motor Claims Assessor
Borneo Motors (5) Pte Ltd
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

2



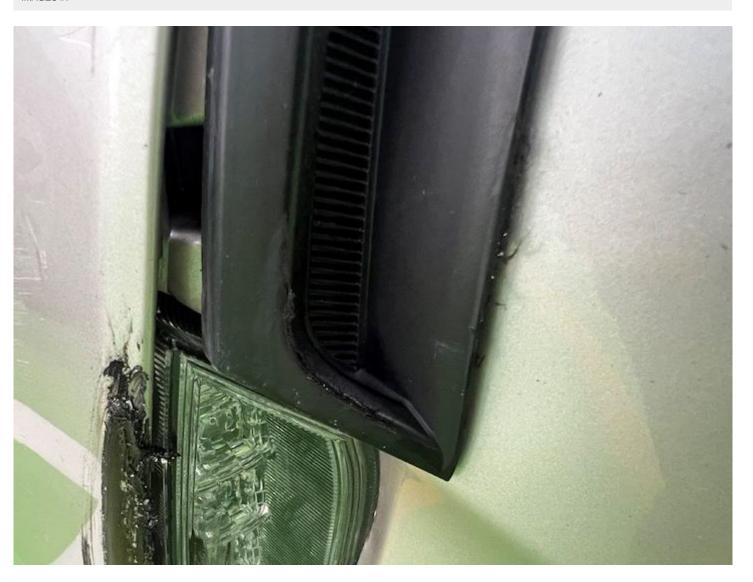










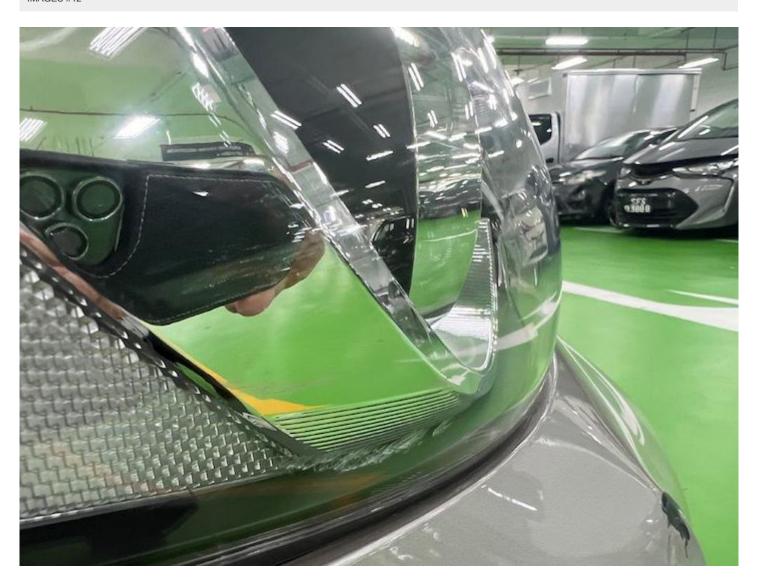








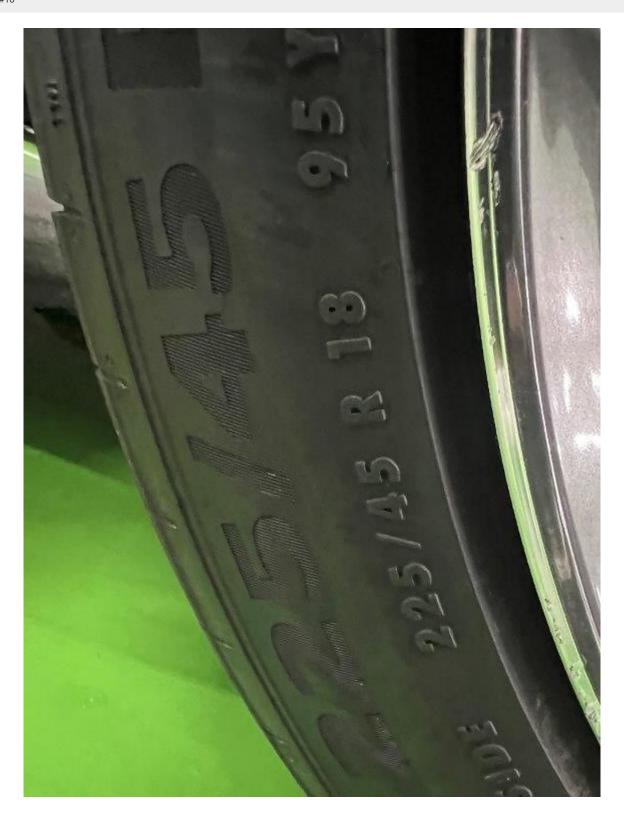


















CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : OH HUI HONG JENNY

Period of Insurance : 29 Dec 2022 To 28 Dec 2023 Engine No.

: 2ZR2H79823

Chassis No.

: JTDZS3EU30J062727

Vehicle No.

: SMX1572D

Policy No.

: 2070177229-02

Endorsement No.

Issued Date

: 04 Nov 2022 0:00

ABOUT THE COVER

Make/Model

: TOYOTA PRIUS+ 1.8 HYBRID

Engine Capacity/Tonnage : 1,798.00 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 Policyholase.
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

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

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 tution, 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 1960, Section 95 of the Road Transport Act, 1967 (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)

OH HUI HONG JENNY - \$1000 (Own Damage), \$1000 (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: 6531 1188 2.Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 498611 Tel: 6631 1888

For other: Approved Reporting Centres/AiG Authorised Repairers, please contact our 24-hour accident emergency hotine 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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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-Parry Risks and Compensation) Act 1960, Part I/V of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

INCHCAPE AUTO TOYOTA - BSTU022

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.

AIGSGNOBILEAP

78 Shenton Way #09-16 AIG Building \$079120 | T.+65 6419 3000 | www.aig.sg



MOTOR ACCOUNT INTERVIEW FORM

NAME (DREVER) : Oh Hui Hory Jenny	
VEHICLE NUMBER : SMX 1572D .	12
DATE/TEME OF ACCIDENT : 80 8 2 2023 1045pm	1
PLACE OF ACCIDENT: of Danction between Kern feng Road of third PARTY VEHICLE (IF ANY): Havelock Road on 18/2/223.	
THIRD PARTY VEHICLE (IF ANY): Havelock food on 181 > 1723.	
公司专业部内内有价值的企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业	
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT? JOUVNEY START FROM JON AND MARKET WAS THE INTENDED	
4	
DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATURE. ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT? WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES	
RY front size colifian.	
0.0. 2. DE (O(16)16) (
WERE YOU OR YOUR PASSENGER'S INJURED? IT ENTURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAPPIC POLICE FOR INVESTIGATION? NO injury on both Side its plate. The smit driver was not hospitally inside his car. My lassenger wash of injury.	T irijun
Harries Oh Olilly	3
Listlamed The Abere information is Given To My Best Lucy ledge	