

SW08-235 (000)

Preferred Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars: (Veh No: FBI 2866B		INC () / Non-INC ()	
Owner / Driver: (Tel: ()	
Policy No: ()		Period: ()		Cover Type: ()	
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (95) (Note-Inst Status (WO): 10-0-30%, F: 21-72%, F: 90-140%)			
Year of Registration: (Warranty: YES () / NO ()			
Excess: (\$		Loading: \$1,000 () / \$2,000 ()			

() Walk-In Customer / Customer's information strictly Confidential & Strictly NO info of repair.

() Total Loss Cost: to e-mail Insurer URGENTLY.

Drive-In () / Towel-In () ; Invoice: YES () / NO () ; Towing Co: ()

NAME: [REDACTED] (UNG Lock: 6788-6615) Done by: [REDACTED]

1) Apply for Transport Allowance () / Courtesy Car ()

5) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost = \$3000) ()

[Handwritten signature]

[The following page contains extremely faint, illegible text.]

[illegible]

1. The first part of the document is a list of names and their corresponding addresses. The names are listed in the first column, and the addresses are listed in the second column. The names are: John Doe, Jane Smith, and Bob Johnson. The addresses are: 123 Main St, 456 Elm St, and 789 Oak St.

1

[illegible]

10/22/1993

1) At the Accident Scene (300)

Instant's Burial Home	2) DA: Damage Assessment (\$1600)	INC (500)
	3) CP: Coving Fee	\$200.00

1) PE Follow-Up, 65 S. 1417 1120

2) PE Follow-Up, 65 S. 1417 (Kearney) 1130

Subject No: 375

Unrecovered Permits: 100%

CONFIDENTIAL

Checked by (Engr-In-Charge)	1. [Signature]	2. [Signature]
	1. [Signature]	2. [Signature]

<ul style="list-style-type: none"> • NY: Port Royal Inspection • NY: NY / Collect Expend Coordination 	<ul style="list-style-type: none"> 51 220
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AP (H) : TP (H) (C) (C)	TP (H) (C) (C)
TP (H) (C) (C)	

10/10/1960

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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	04/05/2023 11:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/05/2023 08:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(LAMP POST NUMBER 937)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1830M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LO SOON HEE
NRIC No	SXXXX827B
Email Address	sh_lo@live.com
Mobile Phone No	(Phone) +65-97421493
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210044926-01

DRIVER

Name of Driver	LO SOON HEE
NRIC No	SXXXX827B
Date Of Birth	22/05/1965
Occupation	Indoor

Date Of Driving Pass	12/06/1984
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97421493
Alt. Phone Number	-
Email Address	sh_lo@live.com
Address	17 PUNGGOL FIELD WALK #05-05
Address complement	-
Postcode	828747
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 - 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	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230503/2031

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBT1866B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TAN CHIN LEE
Contact Number	(Phone) +65-93210964
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 Authorised 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. The 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.
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

- Handwritten note: Pan - Island Expressway
- Handwritten note: CLAMP Post Number 937
- Handwritten note: A - SLP 1830M
- Handwritten note: B - FBT 2866B

Describe Circumstances of the Accident

Please refer the police report =

T/20230503/2031.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 03 May 2023 1501 hrs

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

 04/05/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230503/2031

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4
Report No. T/20230503/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2023 10:24	Vide Report No.: E/20230503/0032	Station Diary No.: 44
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Informant's Particulars			
Name of Informant: LO SOON HEE		Address: 17 PUNGGOL FIELD WALK #05-05 SINGAPORE 828747	
ID Type / ID No.: NRIC NO / S1701827B		Contact No.: Home/Office:	Mobile: 97421493
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 22/05/1965	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Chief operating officer/General Manager		Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/05/2023 08:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 937				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT2866B	Motorcycle	YAMAHA	AEROX	Red	Slightly Damaged	0
SLP1830M	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	Grey	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20230503/2031

2 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20230503/2031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP1830M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210044926-01	29/11/2022	28/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	TAN CHIN LEE	ID No.	S2586036E	
Related Vehicle	FBT2866B (Motorcycle)	Contact No.	93210965	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver				
Name	LO SOON HEE	ID No.	S1701827B	
Related Vehicle	SLP1830M (Car)	Contact No.	97421493	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 3/5/2023 at about 0800hrs, I was driving my car bearing plate number SLP1830M along PIE, at the first lane, about 19km towards Tuas. At that point of time, I saw that the vehicle in front of me had slowed down, thus I had slowly applied my brake. Suddenly, I heard a loud bang coming from the rear of my car and when I made a check, a motorcycle FBT2866B (01 Male Chinese subject) had hit my car from the back.

I then stopped my car and went down to make a check. I then saw that he was already lying on the floor and that his motorcycle was on top of him. There were two passersby who had come and helped him, and I too went over to assist him. I then called for ambulance. I also managed to exchanged particulars with the rider. He was alone at that point of time.

Shortly after, Traffic Police, ambulance, EMAS and LTA came to scene. After he was being treated, the rider was conveyed to the hospital, condition conscious.



**SINGAPORE
POLICE FORCE**



T/20230503/2031

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230503/2031

CONTINUATION OF REPORT

I was alone, and I was not injured. My car sustained damages on the rear left bumper area, whereby it was dented and had some scratches. There were also some red-colored pain transfers. I am unsure of the total cost of damages.

I do have an in-car camera inside my car, and I had handed over the SD Card to the Traffic Police who had attended to me. I am unsure if there was any CCTVs located around the vicinity. First time such incident had happened.



**SINGAPORE
POLICE FORCE**



T/20230503/2031

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230503/2031

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/
STAFF SGT NUR SYAFIQAH
BINTE ABDUL LATIFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476187

Signature Of Informant:

Date/Time:

03/05/2023 10:24

Classification Of Case:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20230503/0032

I, Alvin Sia
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1 X Wow 64GB SD Card
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Lo Soon Hee
(Name, NRIC or Passport No. / Rank and No.)

of SLP 1830M, 17 Punggol Field Walk
(Address / Police Station / NPC / NPP)

on 03/05/2023 at 0908
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Lo Soon Hee
S1701827B
(Signature)

(Name, NRIC or Passport No. / Rank and No.)

Received by:

Alvin
(Signature)

T220121
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: SLP 1830M

5

Date of Accident : 03.05.23 Accident Time : 08:00am (24-HR-Format)
Who reported the accident? : Owner / Driver / Both
Accident Place : Pan-Island Expressway (Lamp Post Number. 937)
Vehicle No (Car Plate No) : SLP1830M Make/Model: Toyota Corolla Altis
Insurance Company : ASG Policy No: 7210044926-01
Fleet Policy : YES NO
Type of Coverage : Comprehensive / Third Party Third Party Fire & Theft
Name of Owner / IC No : Lo Soon Hee (S1701827B)
Owner Contact No : 97421493 Owner's Hp Company Tel
Driver Name / IC No : As Above
Driver's Date of Birth : 22.05.1965 Driver's License Pass Date: 12.06.1984
Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: owner
Driver's Address : 17 Punggol Field Walk # 05-05 S (828747)
Driver's Contact No : 1) 97421493 2)
Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : Sh-lo@live.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver) : 1 person (driver)
Was there any video footage? : YES / NO
Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose
Any injury (If Yes, Pls State) : No injury

Other Party Driver's Particular (if any)

VEH B : FB72866B	Name & Contact No: Tan Chin Lee (9321 0964)
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

*NEW - Passenger's Name & Gender:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : SOON HEE LO
Period of Insurance : 29 Nov 2022 To 28 Nov 2023
Engine No. : 1ZRY343342
Chassis No. : MR053REH104561535

Vehicle No. : SLP1830M
Policy No. : 7210044926-01
Endorsement No. :
Issued Date : 04 Nov 2022 14:55

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 : 2017
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 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 Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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)

LO SOON HEE - \$600 (Own Damage), \$600 (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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0000064000

DIRECT CLIENTS 01.4.95

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Not Anisha Amran