SB0K23530001 / Borneo Motors Pte Ltd ENTRY DATE & TIME: 03/05/2023 08:49 (SGT) SUBMITTED BY: Angela Tan VERSION: 1 (03/05/2023 08:49 (SGT))

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 03/05/2023 08:49 (SGT) Reported by **Actual Driver** Date of Accident 01/05/2023 16:00 (SGT) Exact Location of Accident Jln Boon Lay, Singapore Additional Location Information ALONG JALAN BOON LAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLT876S**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ER BONG YEO** NRIC No S0166180L Email Address ANTONIOTAYKENGHUI@GMAIL.COM Mobile Phone No (Phone) +65-90126493 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish 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 7220074354

DRIVER

Name of Driver TAY KENG HUI NRIC No S8743534B Date Of Birth 28/12/1987 Occupation Indoor

Date Of Driving Pass 15/08/2007 Driving experience 15 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91784195 Alt. Phone Number Email Address ANTONIOTAYKENGHUI@GMAIL.COM Address 9G YUAN CHING ROAD Address complement #08-76 Postcode 618649 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 - Major/Minor Rd 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSMU4002DVehicle ManufacturerHyundaiVehicle Model-Vehicle Variant-Vehicle ColourBlackVehicle CategoryPrivate carName of DriverTAN TECK LEEContact Number(Phone) +65-81281513

Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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)

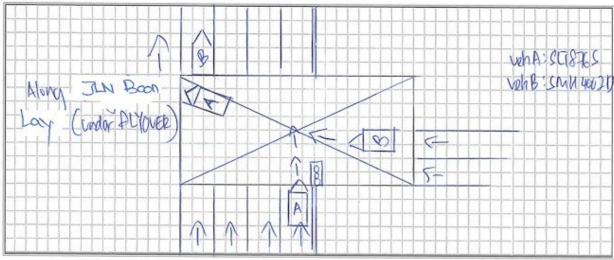
I understand, acknowledge, agree and consent that:

- (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.

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

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

Sketch Plan



1

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Declaration

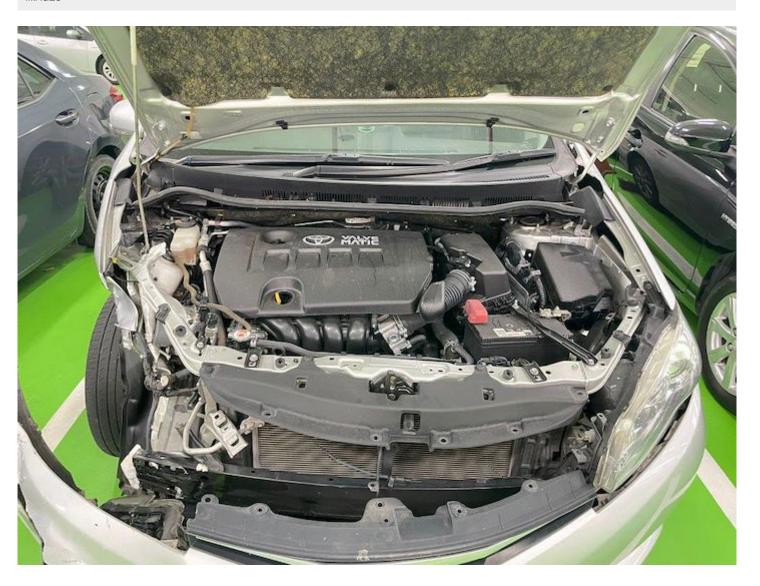
I/We declare the foregoing particulars are true in every respect.

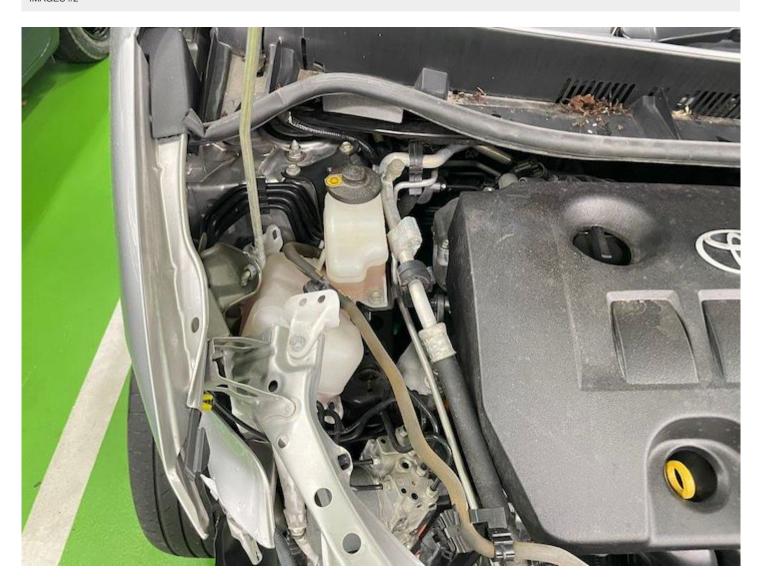
Policyholder's Signature / Date & Time

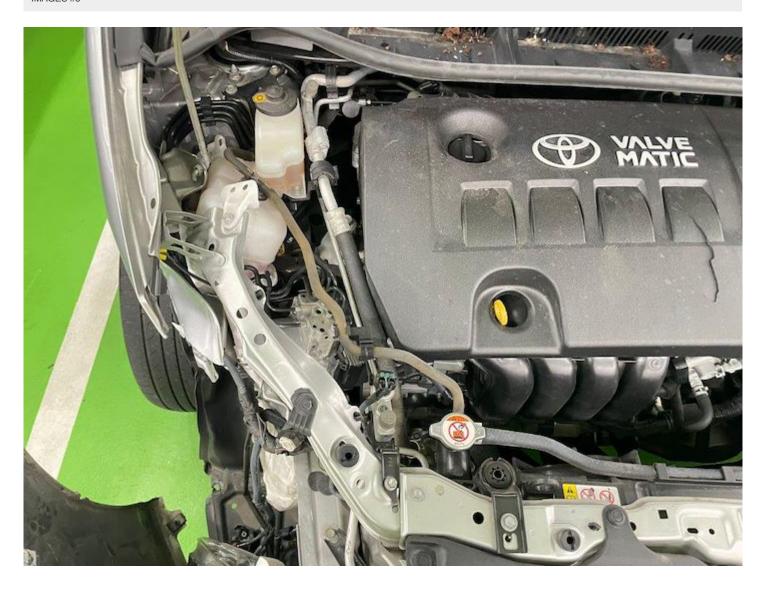
Driver's Signature (if driver is not the policyholder) / Date

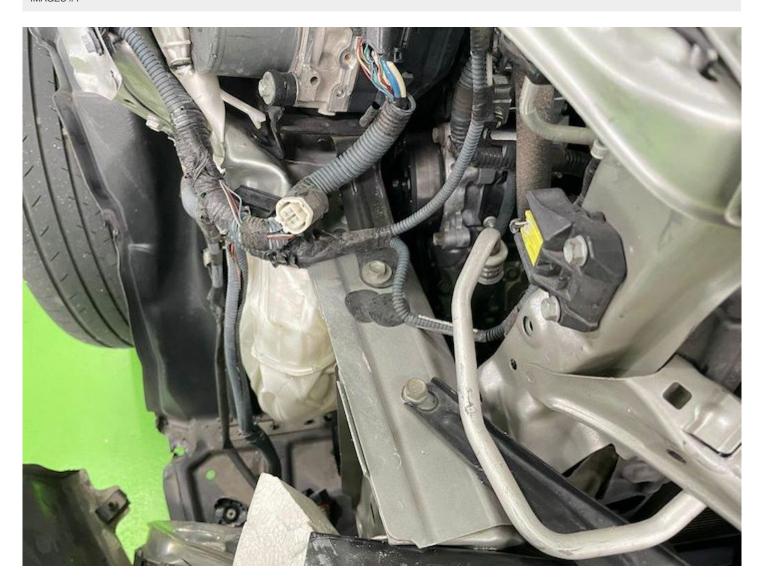
Witnessed by Reporting Centre Personn (Name as in NRIC/ID card)

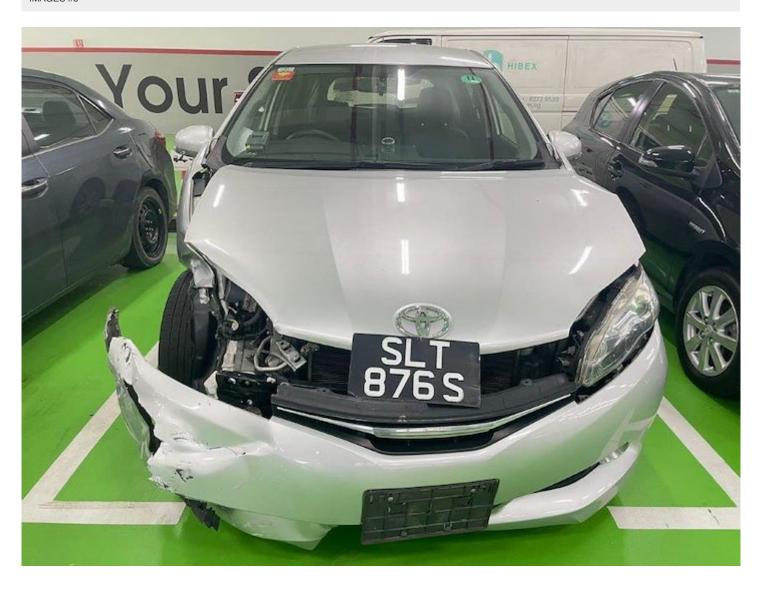
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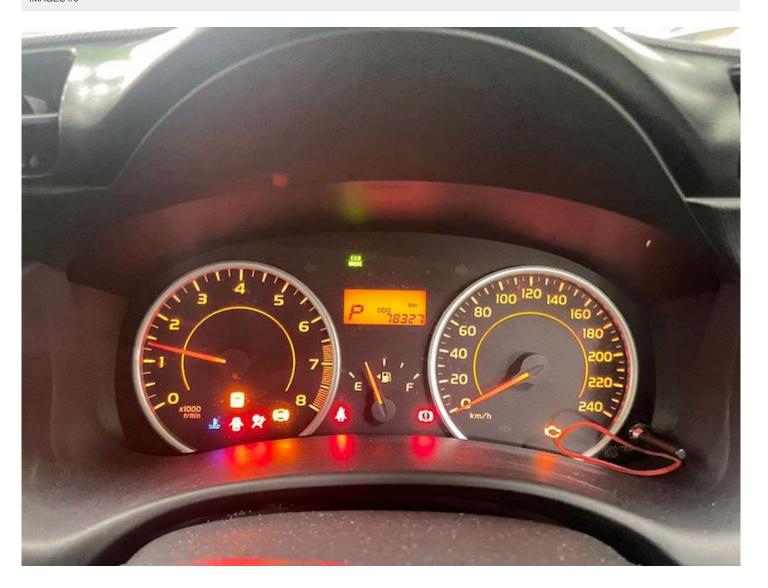


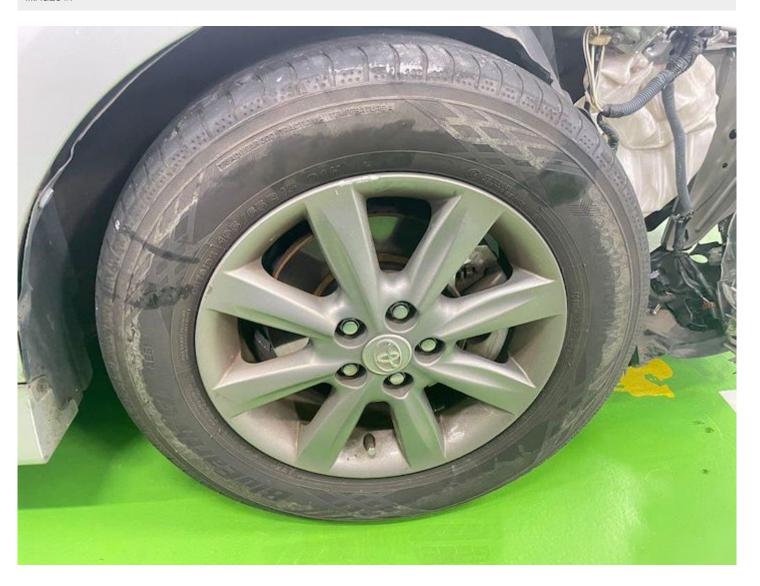




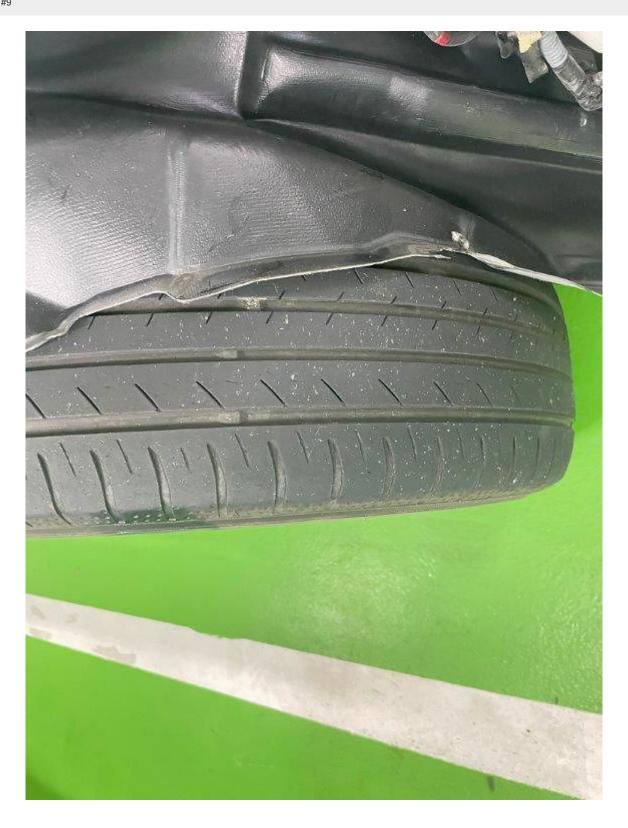




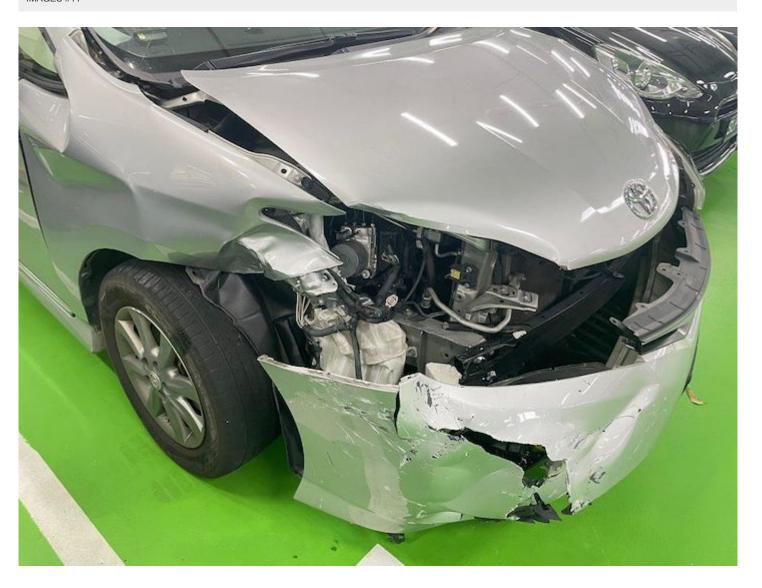


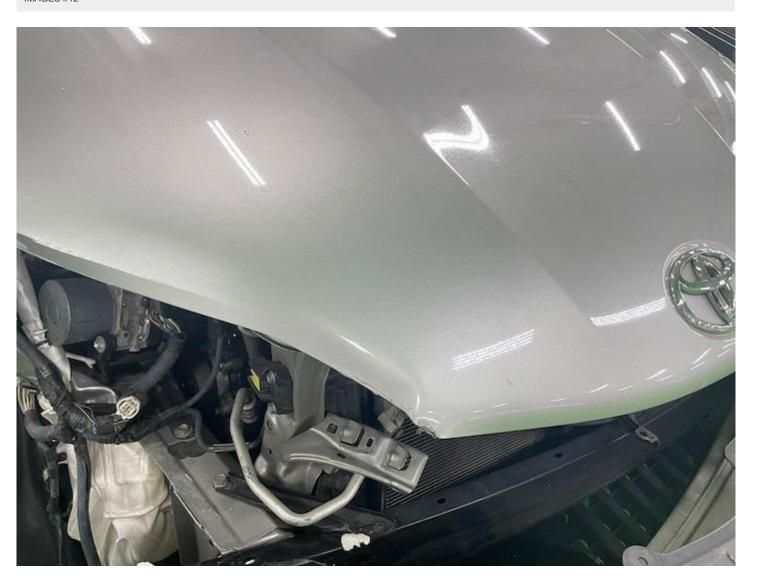






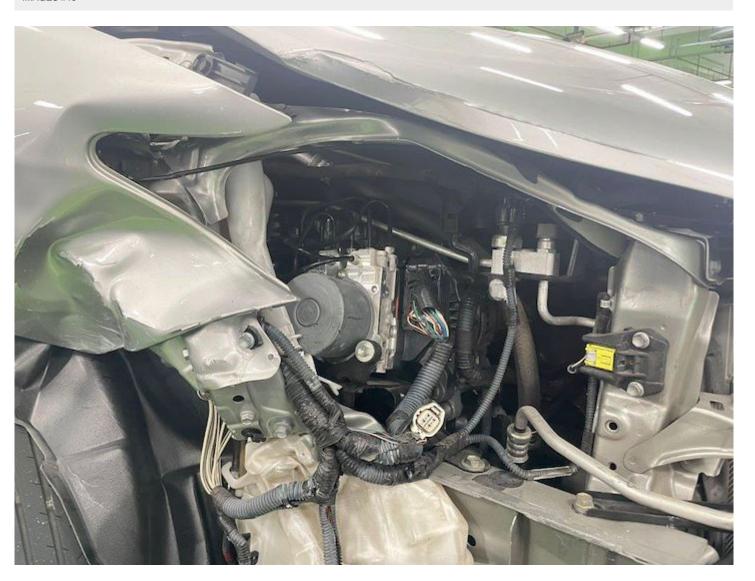


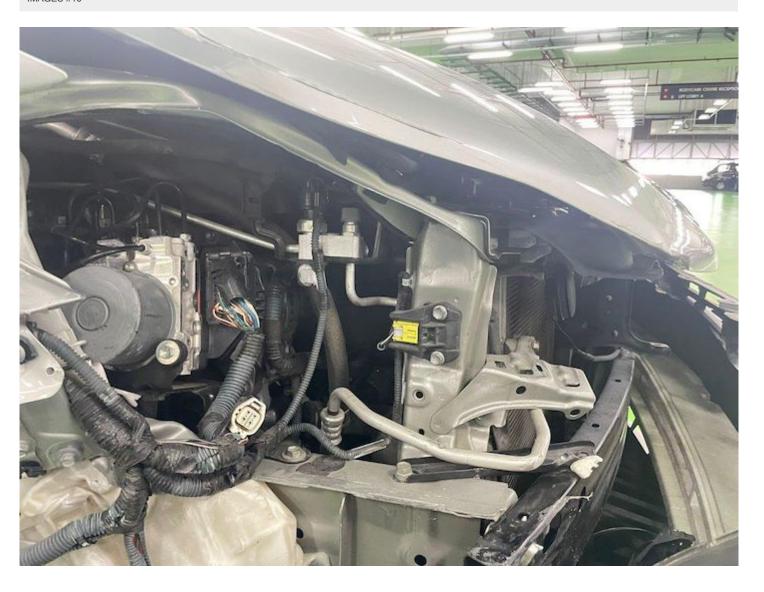


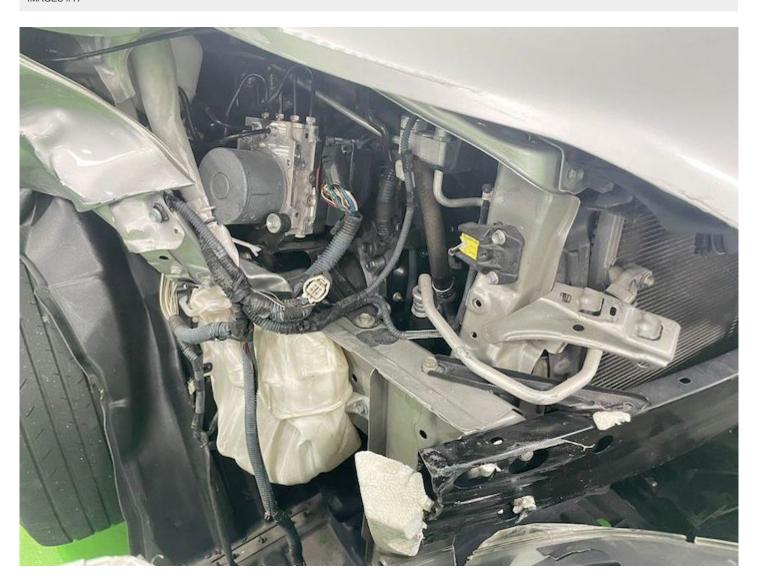


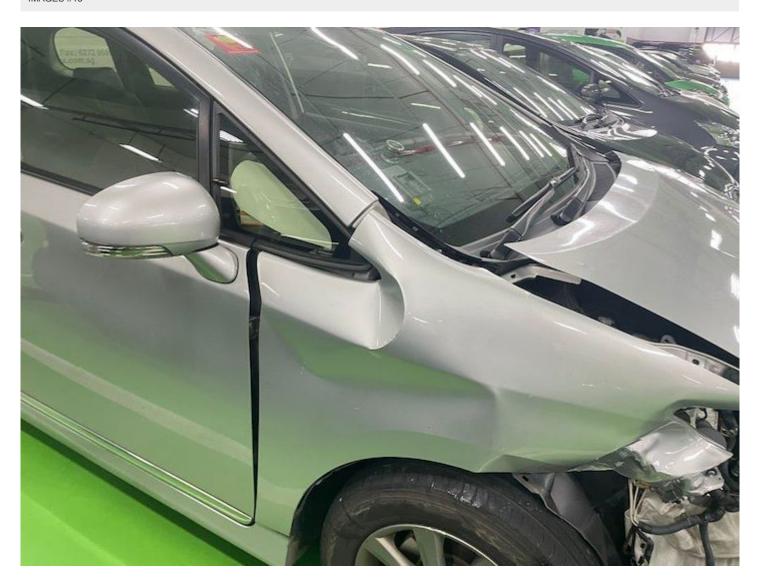


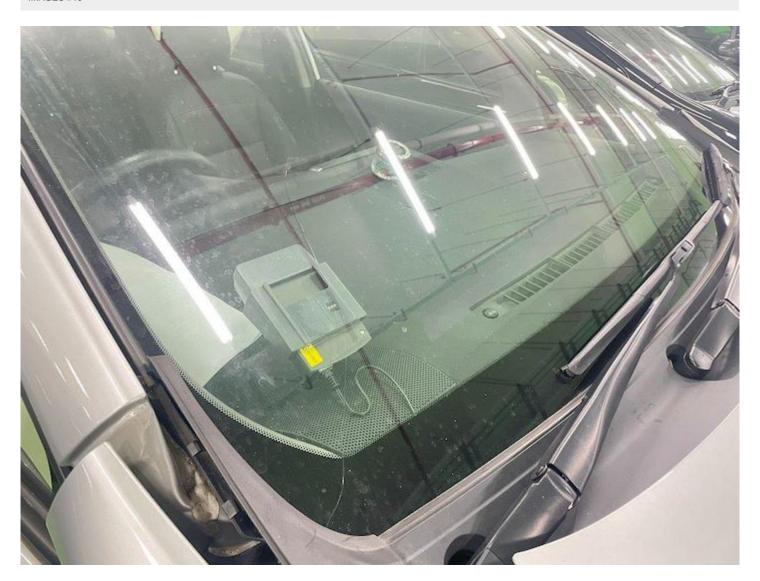


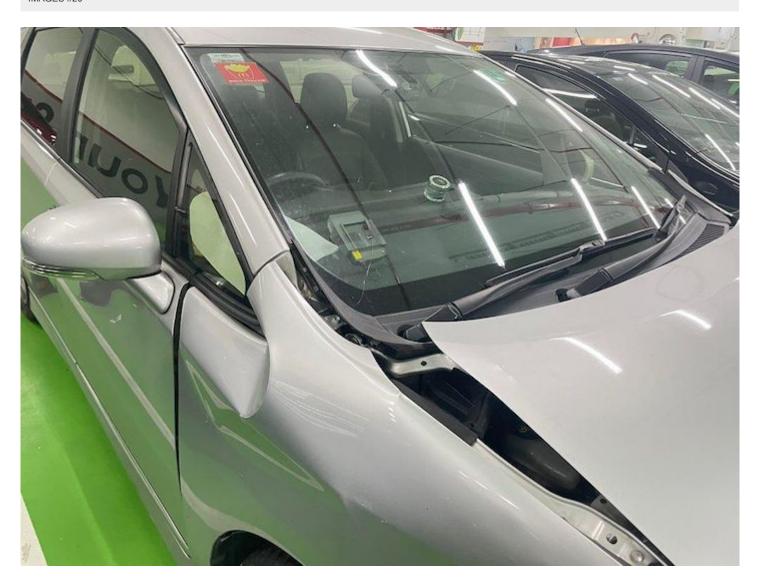








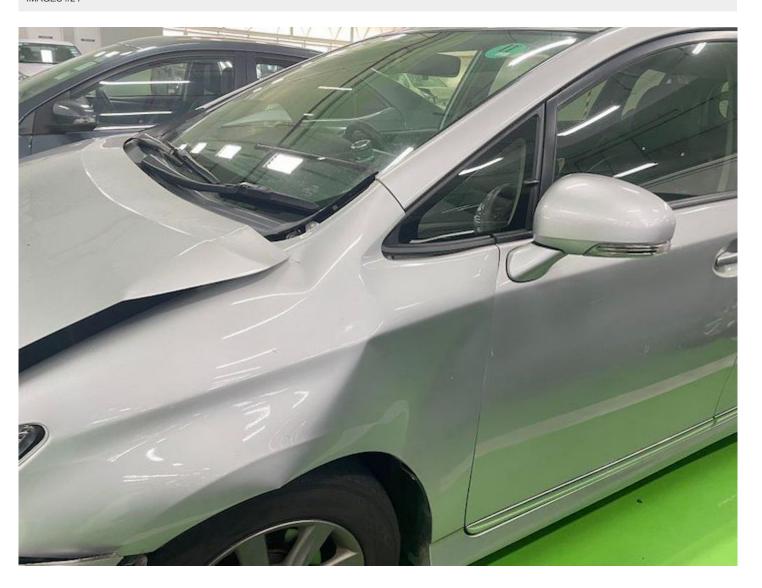






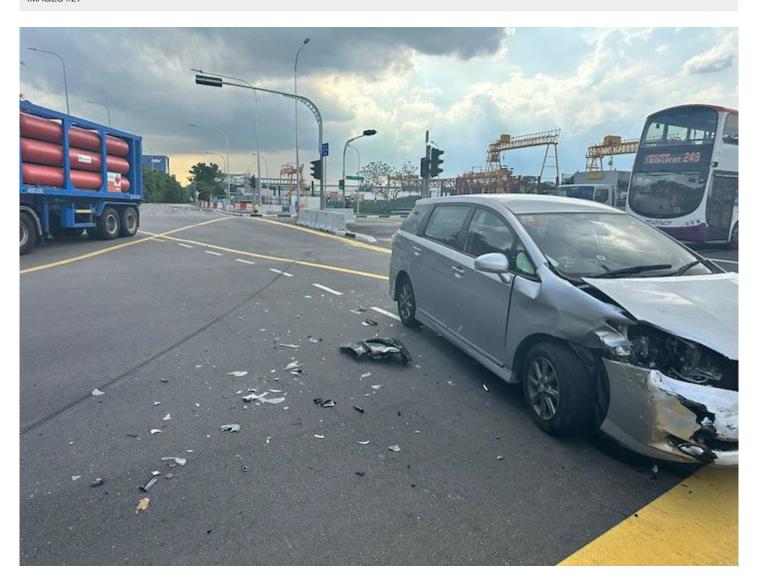


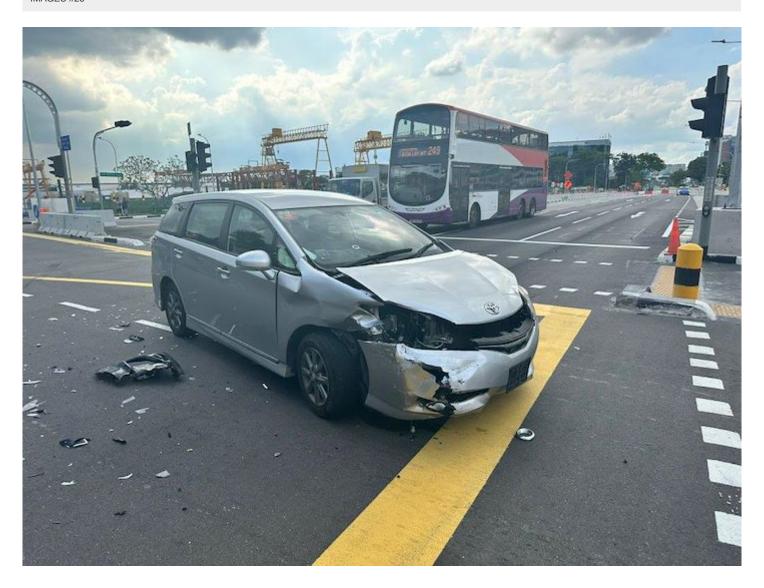


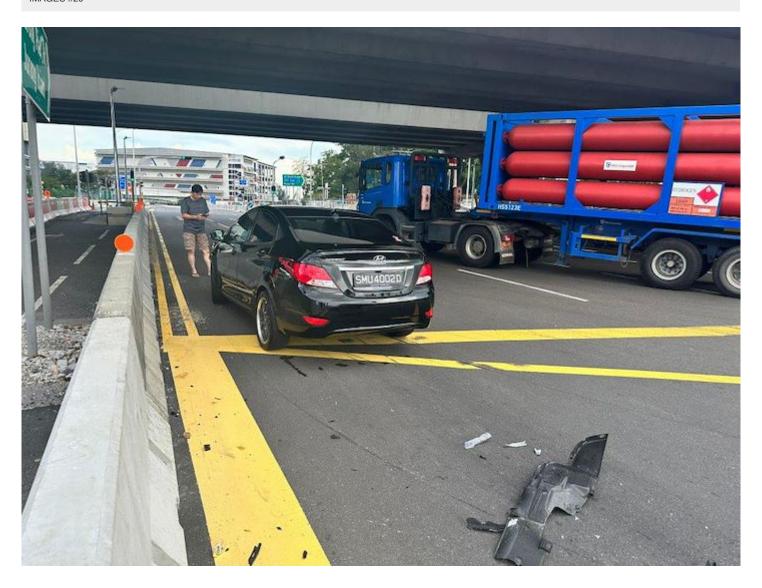




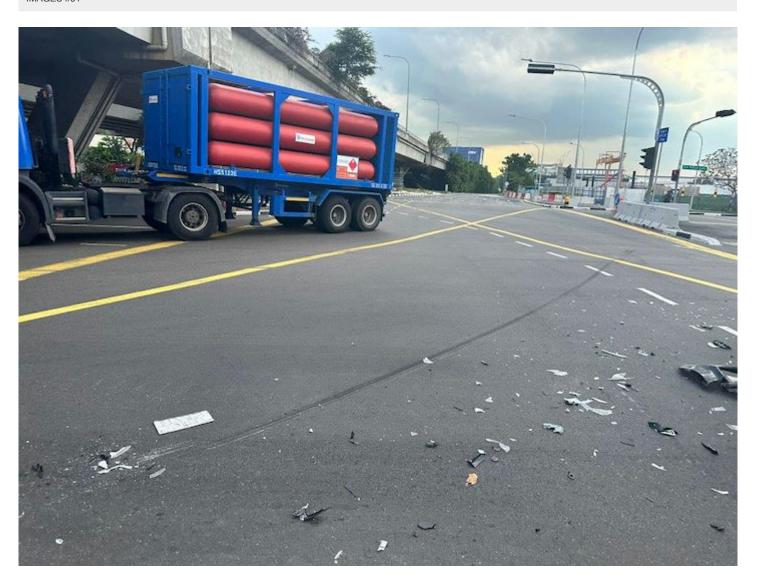


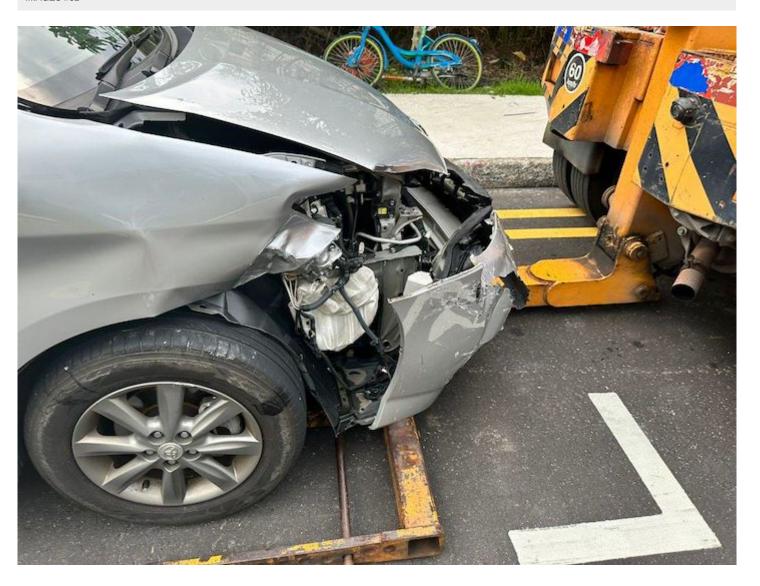


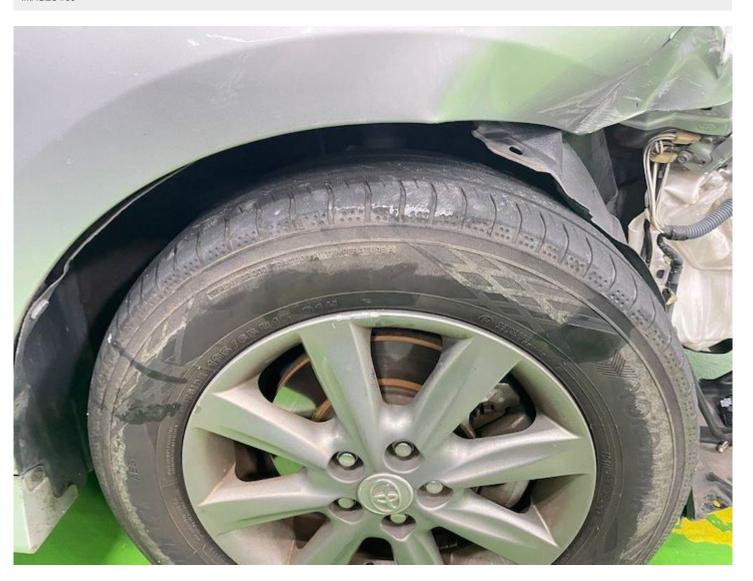




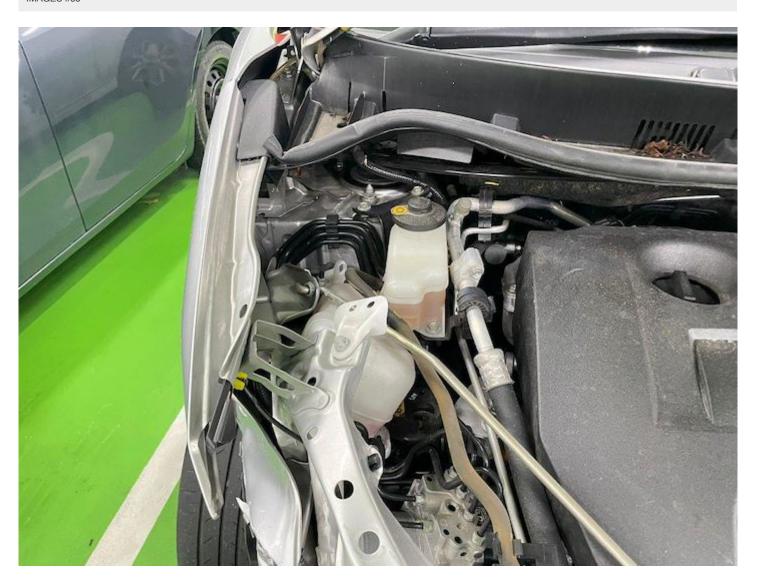














MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: TAM KENIN HUZ						
VEHICLE NUMBER	: SLT 876 S						
DATE/TIME OF ACCIDENT	: 01/05/2023 1600						
PLACE OF ACCIDENT	: MONG JAM GOVLAY UNDER FRYOVER						
THIRD PARTY VEHICLE (IF ANY)) : SMU 4002 D						
*********	胸部有种的的性性性性性性性性性性性性性性性性性性性性性性性性性性性性性性性性性性性						
DESTINATION BEFORE THE ACCI	JOURNEY AND WHERE WAS THE INTENDED DENT?						
DID YOU DRINK ANY ALCOHOLIC THE ACCIDENT? IF YES, DID TH ANALYSER TEST ON YOU? IF YES	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE-, WHAT IS THE RESULT?						
WHAT IS THE TYPE OF COLLISIO TO ALL VEHICLES INVOLVED? Slow Gownsion (undor	ON AND THE EXTENSIVENESS OF THE DAMAGES						
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAFF	CR/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?						
Name: Tor Kenya Huz							

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

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : ER BONG YEO

: 19 Sep 2022 To 18 Sep 2023 Period of Insurance

: 2ZR0A09258 Engine No.

: JTDGG20W90J007842 Chassis No.

Vehicle No. Policy No.

: SLT876S : 7220074354

Endorsement No. Issued Date

: 24 Aug 2022 17:45

ABOUT THE COVER

: TOYOTA WISH 1.8 Make/Model

Engine Capacity/Tonnage : 1,798.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 Insuring with COE/PARF : Yes

: NA Person or Classes of Persons Entitled to Drive*:

all sum of SSS3,000 as "Young analier beexperienced Dover Excess" ("VIDR") if You are or Your Authorised Dover (named or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use*

Use early for social demostly and pleasure purposes and for the Policyholder's business.
This policy does not cover use for him or reward, driving fution, driving fest, racing, pace-making, reliability final or speed-desting, 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Americance) Act 2019, are not to be instuded under these headings.

EXCESS)

Section 1 Fire - 50 Own Damage - \$800 Theft - 50 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

ER BONG YEO - \$600 (Own Damage), \$800 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

ed Reporting Centres! ALG 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 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! All Authorised it, please contact our 24-hour applicant emergency hotine at +65 6038 6200. Alternatively, You may refer to ALG website www.alg sg or AlG SG Mobile App. Simply search and download "AUG." Repairers, please contact our 24-hour socident emergency hotine SSI from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I'We hereby certify that the pulsoy 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 (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504576010

ARK - PT(A)

3 HOY FATT ROAD SINGAPORE 159504

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AUTHORIZATION LETTER
Date: 09 102 1003 3
To: Cc: Borneo Motors (S) Pte Ltd Atin: To Whom If May Concern
Dear Sir / Madam,
RE: Authorization to Act on Behalf for Insurance Claims Documentation
I/we. (full name) IF Bong Yes NRIC No. S
hereby authorized my/cur (relationship) Son (full name) Tay Keng Hui NRIC No. S8743524B to drive my
vehicle at time of accident.
He / She is also authorize to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number $SL7.87 \in S$ as 1 am
currently having tight official business schedules / away from Singapore on duty oversea travel. Please do not hesitate to contact me should you require any further clarification on the above.
Thank You
Yours fruly.
Signature :
Name : Er Barg Yeo Contact No : 90126493
CORRECTIVO