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 11/05/2023 19:33 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 11/05/2023 00:00 (SGT) Exact Location of Accident Singapore Additional Location Information **OLD TAMPINES ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCZ823U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SYN CHEVOR CHEE MENG TROY ANTHONY NRIC No S1589370B Email Address TROY.SYN@GMAIL.COM Mobile Phone No (Phone) +65-96385919 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Peugeot Model 307 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1200

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220121559

DRIVER

Name of Driver SYN CHEVOR CHEE MENG TROY ANTHONY NRIC No S1589370B Date Of Birth 12/05/1963 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	01/04/1981 42 YEARS AND 1 MONTH Male (Phone) +65-96385919 - TROY.SYN@GMAIL.COM 28 PASIR RIS LINK #08-22 518146 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Cross Junction Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE BELOW ACCIDENT STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	UNKNOWN Taxi

Address		<u>-</u>
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's sgnature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

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open wo	not sure of the ounds nor tracture per get details of after administer	the taxi as the	polici took
Declaration			
We declare the foreg	joing particulars are true in every resp	ect.	STREET AND ADDRESS OF THE PARTY
Policyholder's Signatu Time	priver's Signature (# & Time	driver is not the policyholder) / Date	Witnessed by Reporting Centre- Personnel



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Syn Chevor Chee Meng Troy Anthony

Period of Insurance

: 24 Nov 2022 To 23 Nov 2023

Engine No.

: 10XTA40402142

Chassis No.

: VF3LRHNYWGS194603

Vehicle No.

· SCZ823U : 7220121559

Policy No.

Endorsement No.

Issued Date

: 22 Oct 2022 11:38

ABOUT THE COVER

Make/Model

: PEUGEOT 308 TURBO 1.2 [Sedan]

Engine Capacity/Tonnage: 1,199.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016 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 eny 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 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 him or revend, driving fution, 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 (Cep. 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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Syn Chevor Chee Meng Troy Anthony - \$600 (Own Damage), \$600 (Flood Cover), Helmia Russell Syn - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AliG 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 certied out at the Sole Agent's workshop For other Approved Reporting Centres/AliG Authorised Repairers, please contact our 24-hour accident emergency hotine at +85 8338 8200. Alternatively, You may refer to AliG website www.alg.sg or AliG SG Mobile App. Simply search and download "AliG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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 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, 1959 (Malaysia),

0502283000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Pusy Khee Goh

78 Shenton Way #09-16 AIG Building S079120 | T:+65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte Ltd.



Nonzagra)	
Ref: Report No: (2)00730516 0008	
1, es Toufig	
(Recipient's Name, Contac	t No. / NRIC or Passport No. / Rank and No.)
UI .	s Troffic folio
	ice Station / NPC / NPP)
hereby acknowledge receipt of the below mentioner	d items of:
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Traffic Police

SINGA	FORCE	10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 6246 www.police.gov.sg
Reference: TP/IP/1313	6/2023 (FOR TOWING)	
ANNEX A: LETTER	OF AUTHORISATION FOR VEHICLE	E COLLECTION
_{I,} 1		NRIC / FIN / Passport Number
7	hereby authorise	of NRIC / FIN / Passpor
Number:	to collect my vehicle beari	ng registration number: on m
behalf from Traffic Po	ice.	
	LOCATION MA	P FOR TRAFFIC VEHICLE POUND
		Carrier
~	TRAFFIC VE NO. 517 AIR	HICLE POUND THE PORT ROAD THE PORT ROAD
(Signature)		aun g
Name	:	8//
NRIC / FIN No.		OEFU UNITE V
Contact Number	:	COURNG AVE 3
Date		
		1000
NOTE: NRIC, FIN	CARD OR PASSPORT MUST I	BE PRODUCED FOR VERIFICATION
	THE NOTICE FOR VEHICLE COLLE	
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