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SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> 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

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 porm by insurance companies is not an admission of policy mability of 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

30/06/2023 10:39 (SGT) Actual Driver 28/06/2023 15:00 (SGT) Central Expw., Singapore TOWARDS SLE EXIT TO ANG MO KIO AVENUE 5 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMS5870T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No.

WENDY MYRA WEE LIOW LING

SXXXX262E

weehochye@yahoo.com.sg (Phone) +65-96397576

VEHICLE PARTICULARS

Manufacturer Model

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?

Vehicle Category Transmission

CC

Toyota

Prius

Private use

No - Reporting only

Private car

Auto

1798

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 2070032172-03

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

WEE HO CHYE SXXXX737G 15/01/1951 Indoor

Accident report SN08236U0002

Date Of Driving Pass 18/09/1970 Driving experience 52 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-96397576 Alt. Phone Number Email Address weehochye@yahoo.com.sg Address BLK 60 TEBAN GARDENS ROAD #23-452 Address complement Postcode 600060 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 1 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Number of Passengers (Including Driver) Yes Has the driver been approached by unknown person(s) 1 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. Alt. Police Station Phone No (Phone) +65-65470000 (Fax) +65-65474900 Police Station Address Was notice of intended Prosecution given? 10 Ubi Avenue 3 Singapore 408865 No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230628/7066 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	NA / Unknown
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	LAMP POST (107S24)
troi of rasseriger (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)

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 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
- (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 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 Signature / Date & Time

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

Sketch Plan

A 2 SMS 58 70 T

Land Pole

1075 74

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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 & Time

Witnessed by Reporting Centre
Personnel





1 of 3 Report No. T/20230628/7066

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2023 19:19		Made:	Vide Report No.:	Station Diary No.:
Informant	's Partic	ulars		
Name of Informant: WEE HO CHYE			Address: 60 TEBAN GARDENS ROAL	D #23-452 SINGAPORE 600060
ID Type / ID No.: NRIC NO / S0142737G			Contact No.: Home/Office:	Mobile: 96397576
Nationality: SINGAPORE CITIZEN		EN	Email: WEEHOCHYE@YAHOO.CO	
Sex: Male	Age: 72	Date of Birth: 15/01/1951	Type of Informant:	
Race: Chinese Occupation: Electrical Advisor			Language: English	
			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road
Location:		TINO	28/06/2023 15:00	
ANG MO KIO Weather: Clear	AVENUE 5	Road Surface: Dry		
		Traffic Control: Not Controlled		
Traffic Flow: One Way Type of Collisi				raffic Volume:

Vehicle No.	Type	Make	Model	Color	10	
SMS5870T	Car	AND COMPANY OF THE CO	IVIOGO	COIOI	Conditio	No of
-111000101	Odi				Slightly	0
					Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	T TOO OF FORCESTING THA





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20230628/7066

CONTINUATION OF REPORT

Name	WEE HO CHYE			ID No.	S0142737G
Related Vehicle	SMS5870T (Car)			Contact I	No. 96397576
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Date of Expiry: NIL
Date	NIL		Date	1	11
No. of Days granted Medical Leave NIL		Degree of	NI NI		

Brief Details.

I was traveling along CTE - SLE, I exited on AMK ave 5 exit, while I was changing from lane 2 towards lane 1, suddenly my front wheel felt a bump and it cause my vehicle to collide onto the lamp post number (107S24).

No other vehicle was involved in the accident and also there was no injury involved.





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

3 of 3 Report No. T/20230628/7066

CONTINUATION OF REPORT

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: 28/06/2023 19:19
Officer In Charge Of Case: TP / TPIB / JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	Classification Of Case:
NP168	



Date of Accident	:28/6/)02 3Accident Time: 150 (24-HR-Format)
Accident Place	: CTE-SLE, Etit to HMK AVES
Vehicle. No. (Car Plate No.)	:595 58707 Make/Model:
Insurace Company	: H16 Policy No: 2070032/172-03
Owner or Company Name /IC No	.: Wendy Myra WLE JiON LINE (SBOI4262E)
Owner or Company Contact No.	Owner's Hp Company Tel
DRIVER'S Name / IC No.	:Wee Ho Chie So142737 G
DRIVER'S Date Of Birth	:15/01/195 DRIVER'S License Pass Date 18/09/1970
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: Blk 60 Tehan Garden & Road #23-452
DRIVER'S Contact No./ Alt No.	:1) 9639 7576 2) S(600060)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Weehochye @ Yahoo. con. sg
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of the
Other F	Party Driver's Particular (if any)
Vehicle. No:	The state of the s
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	
* NEW - Passenger's name &	



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: WENDY MYRA WEE JIOW LING

Period of Insurance

: 03 Mar 2023 To 02 Mar 2024

Engine No. Chassis No.

: JTDZS3EU50J052619

: 2ZR2F86822

Vehicle No.

: SMS5870T

Policy No.

: 2070032172-03

Endorsement No.

Issued Date

: 16 Feb 2023 17:37

ABOUT THE COVER

Make/Model

: TOYOTA PRIUS+ 1.8 HYBRID

Engine Capacity/Tonnage: 1,798.00 CC Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2020

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 \$\$\$3,000 as "Young and/or Inexperienced Driver Excess" ("YEDR") 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 hite 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

* 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

WENDY MYRA WEE JIOW LING - \$1000 (Own Damage), \$1000 (Flood Cover)

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

1. Toyola Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188 2. Toyola Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine 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: HONG LEONG FINANCE LTD

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

0504867999

Asta

INCHCAPE AUTO TOYOTA - COA

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCZSS

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID: Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model: Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 30 Jun 2023

Singapore NRIC

262E

SMS5870T

No

05 Aug 2023

TOYOTA

PRIUS PLUS (AUTO)

Silver

2019

2ZR2F86822

JTDZS3EU50J052619

100.0 kW (134 bhp)

\$30,007.00

03 Mar 2020

03 Mar 2020

0

\$24,010.00

Yes

02 Mar 2030

\$18,007.00

02 Mar 2030

E - Open - all except motorcycle

\$34,900.00

\$20,306.00

\$38,313.00