

## 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 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 ability.
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 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 Report	30/11/2015 17:50
Date Of Accident	28/11/2015 19:20
Exact Location Of Accident	MACPHERSON RD TOWARDS PIE(TUAS)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK9405R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG KOK HOOI
NRIC No	S7773791Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98323243
Alternative Phone No	Others-98323243

### Vehicle Particulars

Manufacturer	KIA
Model	PICANTO 1.1M
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100415198-00000
Cover Note Number	-

### Driver

Name of Driver	CHEIN KOK YOUN
Passport No/FIN	G6626610P
Date Of Birth	02/05/1987
Occupation	Outdoor
Date Of Driving Pass	11/05/2011
Driving Experience	4 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-83230793
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	6B HOUGANG ST 11 #05-18
Postcode	534083
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW1336T
Vehicle Make/Model/Colour	TOYOTA LEXUS ES300H LUXURY CVT
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	



## SKETCH PLAN

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#### 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' 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 w ith 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 w ith applicable law in administering, processing, handling and/or dealing w ith 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

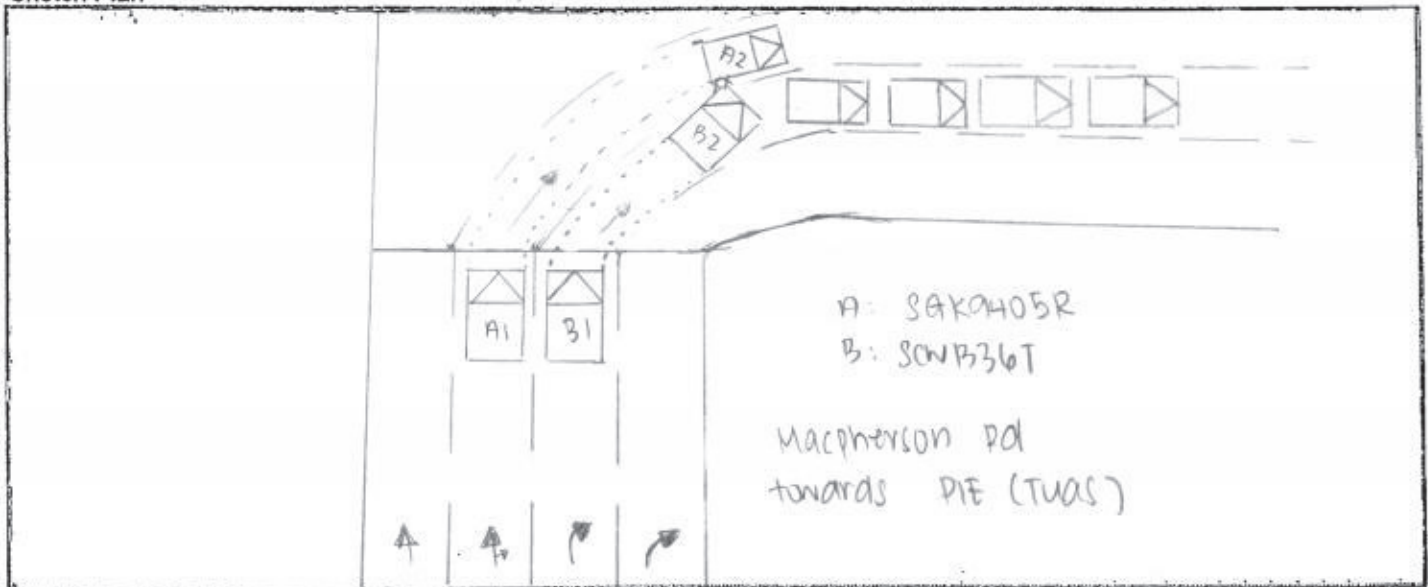
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

I was travelling straight along Macpherson Road on the third lane from the right, my right signal light was on before making my right turn towards PIE (Tuas)

As I was making my turn, I felt an impact from the right rear portion of my vehicle. I alighted from my vehicle and realised that vehicle "B", SGK9405R, encroached into my lane, then hit and caused damages.

Driver of vehicle "B" admitted it was his fault saying due to the heavy traffic ahead of his lane, and he thought that I'm heading straight instead of turning right thus he cut into my lane.

Initially, we agreed to settle privately. However, due to realizing that he has NCD protector, he told me to claim against his insurance.

### 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 & Time

\_\_\_\_\_  
Witnessed by Reporting  
Centre Personnel

Insurance Co. : \_\_\_\_\_  
Vehicle NO. : \_\_\_\_\_ Date of Accident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- ☐ Reporting Only  
☐ Own Damage  
☐ Third Party Claim



<b>VEHICLE NO:</b>	SGK9405R		<b>MAKE &amp; MODEL:</b>	kia Picanto	
DATE OF ACCIDENT	28 / 11 / 2015				
TIME OF ACCIDENT	1920 AM/PM				
LOCATION OF ACCIDENT	Macpherson Rd towards PIE (Tuas)				
EXACT PURPOSE USE DURING ACCIDENT					
<b>NAME OF OWNER</b>	Ong Kok Hooi				
TEL NO	98329243				
NRIC	S7773791Z				
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY				
INSURANCE CO	AIG				
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft				
POLICY NO.	2100415190-00000				
<b>NAME OF DRIVER</b>	As Above / If No: chein kok youn				
NRIC	G6626610P Any Passengers: 1				
DATE OF BIRTH	02 / 05 / 1987				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	11 / 05 / 2011				
GENDER	Male / Female				
CONTACT NO.	83230793 Office: Home:				
ADDRESS	68 Hougang St 11 #05-18 (87934083)				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	Clear / Raining / Other:				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIES	No / If yes: Who?				
CONTACT NO.					
POLICE REPORT	No / If yes: Where?				
VEHICLE B NO.	SCW1336T Any Passenger:				
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR WORKSHOP 1 Kaki Bukit Ave 6, Blk C #01-43 Autobay@Kaki Bukit Singapore 417883				
TEL NO	6747 9241				
CONTACT PERSON	Chloe / Lily				
FAX NO.	6741 7276				
EMAIL	chloechev_nht@hotmail.com				
	lily_nht@hotmail.com				



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**R & T RECRUITMENT MANAGEMENT**

Sector: **SERVICE**



Name  
**CHEIN KOK YOUN**  
Occupation  
**SALES REPRESENTATIVE**

Work Permit No.  
**4 03255238**

Date of Application  
**21-06-2014**

Date of Issue  
**01-07-2014**

Date of Expiry  
**30-06-2016**



**L4625107**

**VISIT PASS**  
Immigration Regulations

Name  
**CHEIN KOK YOUN**



Date of Birth	Sex	Nationality
<b>02-05-1987</b>	<b>M</b>	<b>MALAYSIAN</b>
FIN	Date of Issue	Date of Expiry
<b>G6626610P</b>	<b>01-07-2014</b>	<b>30-06-2016</b>

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**





# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G 6 6 2 6 6 1 0 P**

Name:

**CHEIN KOK YOUN**

Birth Date: **02 May 1987**

Issue Date: **11 May 2011**

Valid Till **10 May 2016**



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles  $\leq 200$  cc

11 May 2011

Class 3 Motor Cars  $\leq 3000$ kg with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500$ kg

11 May 2011

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7773791Z



Name

ONG KOK HOOI

王国辉

Race

CHINESE

Date of birth

03-02-1977

Sex

M

Country/Place of birth

MALAYSIA



5357479



NRIC No. S7773791Z



Date of issue

26-09-2014

Address

APT BLK 16 UPPER BOON KENG ROAD  
#05-1107  
SINGAPORE 380016





HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

AUTOPLUS

CERTIFICATE NO. 2100415198-00000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SGK9405R

Ong Kok Hooi

19 May 2015

18 May 2016

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

An "Elderly, Young and/or Inexperienced Driver Excess" ("EYIDR") of an additional sum of S\$3,000.00 in addition to the

Policy Excess applies to You and an Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is above the age of 65, below the age of 23 and/or has less than 2 year's driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE\*

Use only for social, domestic and pleasure purposes and for the insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684601)

5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415338)

9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY MayBank  
EMPLOYER'S LOAN

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 28 May 2015

AIG Asia Pacific Insurance Pte. Ltd.

500659-000

INSMART (INSURANCE) AGENCY PTE

NO 1 KAKI BUKIT ROAD 1

#02-27 ENTERPRISE ONE

SINGAPORE 415934

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPSAA