

### 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             | 07/12/2017 14:21                    |
| Date Of Accident           | 05/12/2017 14:00                    |
| Exact Location Of Accident | CAR PARK FAR EAST SHOPPING ENTRANCE |
| Country/State of Loss      | SINGAPORE                           |

#### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SBU223P                    |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | ONG SIE HOU RAYMOND @ ZAIM |
| NRIC No                     | S7032657D                  |
| Email Address               | RAYMONDONG@CTLCLAW.COM.SG  |
| Mobile Phone No             | (LOCAL) +65-96640279       |
| Alternative Phone No        | OTHERS-96640279            |

#### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | JAGUAR      |
| Model  | XJ6-3.0 (A) |
| 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         |
| If No, Please state action to be taken                                       |             |
| 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             | 2100437031                           |
| Cover Note Number         |                                      |

#### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | ONG SIE HOU RAYMOND @ ZAIM |
| NRIC No              | S7032657D                  |
| Date Of Birth        | 25/09/1970                 |
| Occupation           | INDOOR                     |
| Date Of Driving Pass | 12/06/1992                 |
| Driving Experience   | 25 YEARS AND 5 MONTHS      |
| Gender               | MALE                       |
| Mobile Number        | (LOCAL) +65-96640279       |
| Fax Number           |                            |
| Contact Number       | OTHERS-96640279            |
| EEmail Address       | RAYMONDONG@CTLCLAW.COM.SG  |

|   |                                       |
|---|---------------------------------------|
| Address   | 20 EWE BOON ROAD # 01-05<br>SINGAPORE |
| Postcode  | 259344                                |
| Was driver an employee of the Insured's Company     | NO                                    |
| If No, Relationship of the Driver with the Insured  | OWNER                                 |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                           |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                           |

#### 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 this accident?  | NO  |
| Was any body injured in the Accident?   | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### 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

REFER TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SJV6921T    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Name of Driver                      | BOEY LI YIN |
| NRIC/Passport Number                |             |
| Contact Number                      | 96457949    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |

## Sketch Plan

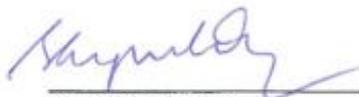
### SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

7/12/17  
12.52pm

Driver's Signature

(if driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

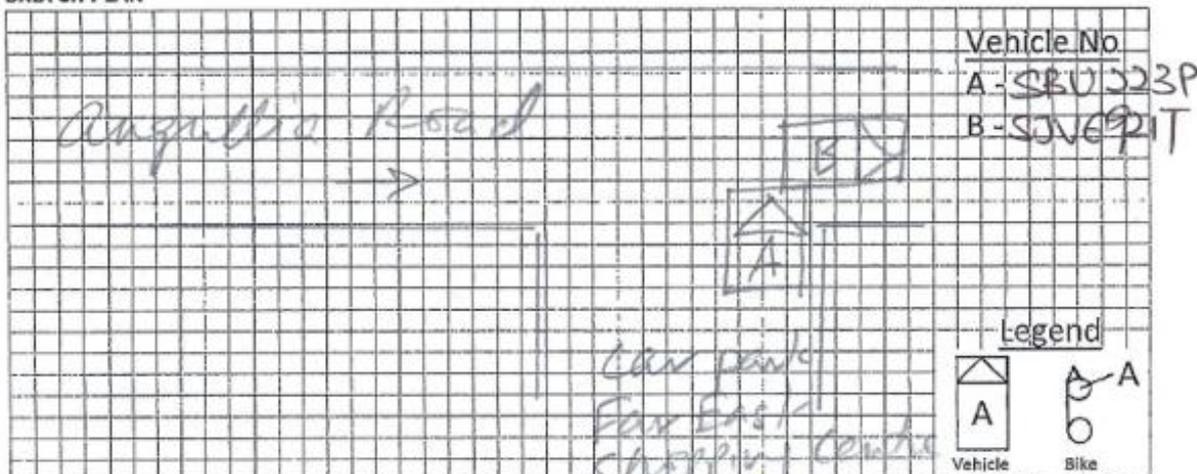
Name:

NRIC/FIN No.:

Jiamin

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 5/12/17

At about 2 pm, along Angullia Road, as I exited car park from Far East ~~from~~ Shopping centre, my car (A) (front left corner) contacted car no. SJV 69217 (B) on its right rear wheel ~~near~~ (rear door, near tyre).

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

*[Signature]*  
 Policyholder's Signature  
 Date & Time: 7/12/17  
 12.52pm

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]*  
 Reporting Centre Personnel's Signature  
 Name: Jamin  
 NRIC/FIN No.:

DRIVER NRIC & LICENCE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7032657D

Name: ONG SIE HOU RAYMOND @ZAIM

Birth Date: 25 Sep 1970

Issue Date: 02 May 2012

002060922K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7032657D



Name: ONG SIE HOU RAYMOND @ZAIM  
翁士豪

Race: CHINESE

Date of birth: 25-09-1970

Sex: M

Country/Place of birth: SINGAPORE

S7032657D



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

| Class   | Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | EFFECTIVE DATE |
|---------|---|----------------|
| Class 3 |   | 12 Jun 1992    |

NP 428A

Licence No. S7032657D

5404204

NRIC No. S7032657D



Date of Issue: 09-12-2014

Address: 20 EWE BOON ROAD #01-05 SINGAPORE 259344



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  | (The below excess is subject to GST)<br><b>OWN DAMAGE EXCESS S\$600.00 (1)</b><br><b>WINDSCREEN EXCESS S\$100.00</b><br><small>(for policies with effect from 1st November 2002)</small> |
| CERTIFICATE NO. 2100437031-01000  |  |
|   | SUM INSURED Market Value   |
|   | INSURING WITH COE/PARF Yes   |
| 1) VEHICLE REGISTRATION NO.   | SBU223P  |
| 2) NAME OF INSURED  | ONG SIE HOU RAYMOND @ ZAIM   |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT  | 1 Feb 2017   |
| 4) DATE OF EXPIRY OF INSURANCE  | 31 Jan 2018  |
| 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.  |  |
| A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' 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 cartage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.                                   |  |
| SOLE AGENTS 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. Eithoz - 30 Bukit Batok Cres(Tel:66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65884501)  |  |
| 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lal 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: 67415336)   |  |
| 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)   |  |
| LOSS OF USE   | Loss of Use 10 Days (1600cc) - Refer to policy wordings for details  |
| * NAMED DRIVER  | NA   |
| HIRE PURCHASE COMPANY   | NA   |
| 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 1 Feb 2017

AIG Asia Pacific Insurance Pte. Ltd.

501954-000  
SOE SEOW LENG SALLY  
3 TAMPINES GRANDE  
#05-33 AIA TAMPINES  
SINGAPORE 528799  
SP-JERRYOON-DLIM

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPEEL

Ca. Reg. No. 2010994044

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

