

## 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 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             | 05/03/2018 14:11               |
| Date Of Accident           | 03/03/2018 20:35               |
| Exact Location Of Accident | ECP TURNING INTO MARINE PARADE |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLQ1770Y             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ONG LYE SENG         |
| NRIC No                     | S0472144F            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97507610 |
| Alternative Phone No        | Others-97507610      |

### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | INFINITI            |
| Model  | Q50-2.0 T SPORT (A) |
| Exact Purpose for which vehicle was being used at time of accident           | SOCIAL              |
| 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             |                                      |
| Cover Note Number         | 170002251                            |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ONG LYE SENG          |
| NRIC No              | S0472144F             |
| Date Of Birth        | 21/11/1947            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 15/11/1967            |
| Driving Experience   | 50 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97507610  |
| Fax Number           |                       |
| Contact Number       | OTHERS-97507610       |
| EMail Address        | NOEMAIL               |

|   |                  |
|---|------------------|
| Address   | 162 HAIG ROAD    |
| Postcode  | #14-02<br>438773 |
| 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 - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  | 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 REPORT

#### 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

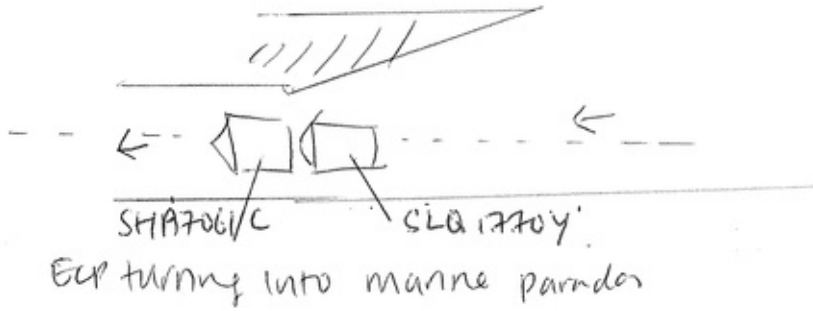
|                                     |          |
|-------------------------------------|----------|
| Vehicle Registration Number         | SHA7061C |
| Vehicle Make/Model/Colour           |          |
| Details Of Properties               |          |
| Vehicle Category                    | TAXI     |
| Name of Driver                      |          |
| NRIC/Passport Number                |          |
| Contact Number                      |          |
| Address                             |          |
| Postcode                            |          |
| Insurance Company Name              |          |
| Nature Of Damage                    |          |
| No. Of Passenger (Including Driver) |          |

# Accident Sketch Plan

|   |  |                   |
|---|--|-------------------|
| Address of Driver   | 18 162 HANG ROAD   |                   |
|   | # 14-02  | Postcode (438113) |
| Email Address   |  |                   |
| Was driver an employee of the Insured's Company?                                      | <input type="radio"/> Yes <input checked="" type="radio"/> No  |                   |
| If No, Relationship of the Driver with the Insured                                    |  |                   |
| Vehicle Registration Number of Driver's Own   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |                   |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable)                   |  |                   |
| Insurance Company of Driver's Own Vehicle (if applicable)                             |  |                   |
| <b>GENERAL INFORMATION OF THE ACCIDENT</b>  |  |                   |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) |  |                   |
| Weather Conditions  | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others          |                   |
| Road Surface  | <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others                |                   |
| <b>OTHER INFORMATION</b>  |  |                   |
| Was any foreign vehicle involved in this accident?                                    | <input type="radio"/> Yes <input checked="" type="radio"/> No  |                   |
| Was any body injured in the accident?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |                   |
| Was any other vehicle or property damaged?  | <input checked="" type="radio"/> Yes <input type="radio"/> No  |                   |
| Was there any video captured by Car Camera?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |                   |
| Number of Passengers (Including Driver)   |  |                   |
| <b>DETAILS OF POLICE ACTION</b>   |  |                   |
| Was the Accident reported to the Police?  | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.) |                   |
| Police Station Name   |  |                   |
| Police Station Address  |  |                   |
| Police Station Contact  | Tel No.  | Fax No.           |
| Was notice of intended Prosecution given?   | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)                      |                   |
| <b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>  |  |                   |
| Vehicle Registration Number   | SHA 7061C  |                   |
| Vehicle Make/ Model/ Colour   | TAXI N1AC  |                   |
| Details of Properties   |  |                   |
| Name of Driver  |  |                   |
| Personal Identification - NRIC (Singaporean/PR)                                       |  |                   |
| - FIN/Passport Number   |  |                   |
| Contact Number  |  |                   |
| Address   |  |                   |
| Name of Insurance Company   |  |                   |
| Nature of Damage  |  |                   |
| No. of Passenger (Including Driver)   |  |                   |

Page 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ECP turning into marine parade exit taxi makes sudden stop and I couldn't brake in time. Bang into con bit taxi back. No injuries to driver and passenger.

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## 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' 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:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Sketch Plan



Accident Sketch Plan

Barcode at the top of the card.

NRIC No: S0472144F

162 HAIG ROAD #14-02  
SINGAPORE 438773

NRIC No: S0472144F

11-12-1991

08/11/2017

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

|  | PASS DATE   |
|--|-------------|
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 15 Nov 1967 |

NP 428A

Barcode at the bottom of the card.

Licence No: S0472144F

Accident Sketch Plan



## COVER NOTE

### WEARNES AUTO PROTECTOR (INFINITI) PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : ONG LYE SENG 38  
Period of Insurance : 28 Jun 2017 to 27 Jun 2018  
Engine No. : 274AE055770A  
Chassis No. : JN1BCAV37Z0510148



Vehicle No. :  
Cover Note No. : 1700022551  
Endorsement No. :  
Issued Date : 28 Jun 2017

#### ABOUT THE COVER

Make/Model : INFINITI Q50 PREMIUM  
Engine Capacity/Tonnage : 1,991.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
Insuring with COE/PAF : 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" ("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

#### 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 hire 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 (15 days) 2000cc

\* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

##### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

##### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

ONG LYE SENG - \$800 (Own Damage)

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

1 Wearnes Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0503831317

WEARNES AUTOMOTIVE - TKG (I)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. P. N. K.*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

LYNN L. LEE

70 Stevens Way #27-11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100/101/102/103/104/105/106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125/126/127/128/129/130/131/132/133/134/135/136/137/138/139/140/141/142/143/144/145/146/147/148/149/150/151/152/153/154/155/156/157/158/159/160/161/162/163/164/165/166/167/168/169/170/171/172/173/174/175/176/177/178/179/180/181/182/183/184/185/186/187/188/189/190/191/192/193/194/195/196/197/198/199/200/201/202/203/204/205/206/207/208/209/210/211/212/213/214/215/216/217/218/219/220/221/222/223/224/225/226/227/228/229/230/231/232/233/234/235/236/237/238/239/240/241/242/243/244/245/246/247/248/249/250/251/252/253/254/255/256/257/258/259/260/261/262/263/264/265/266/267/268/269/270/271/272/273/274/275/276/277/278/279/280/281/282/283/284/285/286/287/288/289/290/291/292/293/294/295/296/297/298/299/300/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/316/317/318/319/320/321/322/323/324/325/326/327/328/329/330/331/332/333/334/335/336/337/338/339/340/341/342/343/344/345/346/347/348/349/350/351/352/353/354/355/356/357/358/359/360/361/362/363/364/365/366/367/368/369/370/371/372/373/374/375/376/377/378/379/380/381/382/383/384/385/386/387/388/389/390/391/392/393/394/395/396/397/398/399/400/401/402/403/404/405/406/407/408/409/410/411/412/413/414/415/416/417/418/419/420/421/422/423/424/425/426/427/428/429/430/431/432/433/434/435/436/437/438/439/440/441/442/443/444/445/446/447/448/449/450/451/452/453/454/455/456/457/458/459/460/461/462/463/464/465/466/467/468/469/470/471/472/473/474/475/476/477/478/479/480/481/482/483/484/485/486/487/488/489/490/491/492/493/494/495/496/497/498/499/500/501/502/503/504/505/506/507/508/509/510/511/512/513/514/515/516/517/518/519/520/521/522/523/524/525/526/527/528/529/530/531/532/533/534/535/536/537/538/539/540/541/542/543/544/545/546/547/548/549/550/551/552/553/554/555/556/557/558/559/560/561/562/563/564/565/566/567/568/569/570/571/572/573/574/575/576/577/578/579/580/581/582/583/584/585/586/587/588/589/590/591/592/593/594/595/596/597/598/599/600/601/602/603/604/605/606/607/608/609/610/611/612/613/614/615/616/617/618/619/620/621/622/623/624/625/626/627/628/629/630/631/632/633/634/635/636/637/638/639/640/641/642/643/644/645/646/647/648/649/650/651/652/653/654/655/656/657/658/659/660/661/662/663/664/665/666/667/668/669/670/671/672/673/674/675/676/677/678/679/680/681/682/683/684/685/686/687/688/689/690/691/692/693/694/695/696/697/698/699/700/701/702/703/704/705/706/707/708/709/710/711/712/713/714/715/716/717/718/719/720/721/722/723/724/725/726/727/728/729/730/731/732/733/734/735/736/737/738/739/740/741/742/743/744/745/746/747/748/749/750/751/752/753/754/755/756/757/758/759/760/761/762/763/764/765/766/767/768/769/770/771/772/773/774/775/776/777/778/779/780/781/782/783/784/785/786/787/788/789/790/791/792/793/794/795/796/797/798/799/800/801/802/803/804/805/806/807/808/809/810/811/812/813/814/815/816/817/818/819/820/821/822/823/824/825/826/827/828/829/830/831/832/833/834/835/836/837/838/839/840/841/842/843/844/845/846/847/848/849/850/851/852/853/854/855/856/857/858/859/860/861/862/863/864/865/866/867/868/869/870/871/872/873/874/875/876/877/878/879/880/881/882/883/884/885/886/887/888/889/890/891/892/893/894/895/896/897/898/899/900/901/902/903/904/905/906/907/908/909/910/911/912/913/914/915/916/917/918/919/920/921/922/923/924/925/926/927/928/929/930/931/932/933/934/935/936/937/938/939/940/941/942/943/944/945/946/947/948/949/950/951/952/953/954/955/956/957/958/959/960/961/962/963/964/965/966/967/968/969/970/971/972/973/974/975/976/977/978/979/980/981/982/983/984/985/986/987/988/989/990/991/992/993/994/995/996/997/998/999/1000/1001/1002/1003/1004/1005/1006/1007/1008/1009/1010/1011/1012/1013/1014/1015/1016/1017/1018/1019/1020/1021/1022/1023/1024/1025/1026/1027/1028/1029/1030/1031/1032/1033/1034/1035/1036/1037/1038/1039/1040/1041/1042/1043/1044/1045/1046/1047/1048/1049/1050/1051/1052/1053/1054/1055/1056/1057/1058/1059/1060/1061/1062/1063/1064/1065/1066/1067/1068/1069/1070/1071/1072/1073/1074/1075/1076/1077/1078/1079/1080/1081/1082/1083/1084/1085/1086/1087/1088/1089/1090/1091/1092/1093/1094/1095/1096/1097/1098/1099/1100/1101/1102/1103/1104/1105/1106/1107/1108/1109/1110/1111/1112/1113/1114/1115/1116/1117/1118/1119/1120/1121/1122/1123/1124/1125/1126/1127/1128/1129/1130/1131/1132/1133/1134/1135/1136/1137/1138/1139/1140/1141/1142/1143/1144/1145/1146/1147/1148/1149/1150/1151/1152/1153/1154/1155/1156/1157/1158/1159/1160/1161/1162/1163/1164/1165/1166/1167/1168/1169/1170/1171/1172/1173/1174/1175/1176/1177/1178/1179/1180/1181/1182/1183/1184/1185/1186/1187/1188/1189/1190/1191/1192/1193/1194/1195/1196/1197/1198/1199/1200/1201/1202/1203/1204/1205/1206/1207/1208/1209/1210/1211/1212/1213/1214/1215/1216/1217/1218/1219/1220/1221/1222/1223/1224/1225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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident Date: 03.03.18 Time: 20.35 PM  
Exact Location of Accident ECP turning into marine parade.

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ 1770 Y

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Ong Lye seng  
Personal Identification - NRIC (Singaporean/PR) S0472144F  
- FIN/Passport Number  
- Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Infiniti Model Q50  
Type of Vehicle\* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others, \_\_\_\_\_  
Exact Purpose for which vehicle was being used at time of accident Social  
Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Pts select: ☐ Third Party ☐ Reporting)  
Vehicle Category\* ☐ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \* AIG  
Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only  
Fleet Policy ☐ Yes ☐ No  
Policy Number  
Motor CI

## DRIVER

☐ Same as Insured above  
Name of Driver Ong Lye seng  
Personal Identification - NRIC (Singaporean/PR) S0472144F  
- FIN/Passport Number  
Date of Birth 21 dd/ 11 mm/ 1947 yy  
Driving Date Pass 15 dd/ 11 mm/ 1967 yy  
Year of Driving Experience Year(s) Month(s)  
Occupation ☐ Indoor ☐ Outdoor  
Gender ☒ Male ☐ Female  
Contact Number / Mobile Phone / Fax No 9750 7610

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

