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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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. repudiate policy ability.
- 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

foresaid.	ACCIDENT STATEMENT
Date Of Report Date Of Accident Exact Location Of Accident Country/State of Loss	05/04/2018 18:40 05/04/2018 08:40 PIE TOWARDS CHANGI (BEFORE CTE EXIT) SINGAPORE ETAILS OF OWN VEHICLE
RECEIPTED TO THE PERSON OF THE	
Vehicle Registration Number	SLK5454R
Insured/Policyholder Name Of Registered Owner NRIC No	JEFFERY ONG @ JEFFERY RAHARDJA S2202650Z
Email Address	JENNIFERONG@ESE.COM.SG
Mobile Phone No	(LOCAL) +65-90064088
Alternative Phone No	OTHERS-90064088
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE
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	The state of the s
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100494619-01
Cover Note Number	
Driver	AND A POW I PANNIEED
Name of Driver	ONG CHIN GEOK, JENNIFER

JENNIFERONG@ESE.COM.SG

Driver	
Name of Driver	ONG CHIN GEOK, JENNIFER
NRIC No	S1426180Z
Date Of Birth	06/11/1960
	INDOOR
Occupation	15/06/1995
Date Of Driving Pass	22 YEARS AND 9 MONTHS
Driving Experience	FEMALE
Gender	(LOCAL) +65-90064088
Mobile Number	(LOCAL) . or over
Fax Number	
Contact Number	OTHERS-90064088

Contact Number

EMail Address

Address

BLK 87 HILLVIEW AVENUE

#04-08

Postcode

669623

Was driver an employee of the Insured's Company NO FRIEND

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance? 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)

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 SKETCH PLAN AND ATTACHMENT

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

SLB7932L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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/mall 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:
 - 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: Oriver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signature

an 65/64/20K

Name:

NRIC/FIN No.:

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A = SLK5454R B= 5LB 7932L PIE towards Changi (Before CIE Exit)

CICIDE CITY	S OF THE ACCIDENT	100
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		117
	Refer to attach	
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Oriver's Signature (if driver is not the policyholder)

Date & Time:

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

On 05.04.18 at about 08:40 hours at along PIE towards Changi (Before CTE Exit). While I was travelling straight on the lane 2, traffic was heavy and slow moving.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A): SLK5454R

Vehicle (B): SLB7932L

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SINGAPORE ACCIDENT STATEMENT

orident Date: pf 164 hors / Time: 08.40 / (hh:mm) 24 hr format
ecident Date: 05 04 poro Time.
ocation PIE towards changi (Betore CTE Exit)
ehicle Number SLK 5454R
Chiefe Ivarieus
sured Name Jeffery Oncy
RIC/FIN 52202650Z/Contact Number -
Take Nisson Model Note
re you claiming under your own insurance policy for repair to your vehicle?
) Yes If No,Pls select: (/) Third Party () Reporting
nsurance Company A16 Third Party Fire & Theff () TP Only
ype of Policy (/) Comphensive () Initial and I all of the comphensive () I
Policy Number 210 0494619 - 0 (Same as Insured
Name of Driver Oney Chin Geok, Jenniter () Same as Insured
07/2
NRIC / FIN 514 261907 Contact Number 9006 4098
Date of Birth 06/11/1960
Driving Pass Date 15 06 1995
Occupation (/) Indoor () Outdoor
Gender () Male (V) Female
Email Address jennifevory @ ese um scj () NO EMAI
Address of Driver BLK 87 HILVIEW AVENUE
04-08 Singspore 669623
Was driver an employee of the Insured's Company? () Yes (√) No
If No. Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Storing
Does the Driver Own Any Other Vehicle ? () Yes () No
If Yes , Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others
Weather Conditions (V) Clear () Column
Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No
Was any toleigh vehicle in the accident? () Yes (✓) No
If yes, injured detail
Was there any video captured by Car Camera? () Yes (V) No
Was the Accident reported to the Police? () Yes () No 11 yes attach ponce?
DETAILS OF 3 rd party Name / Nric Contact
Veh B SLB 1932 L
Veh C
Veh D
Veh E
Veh F

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1426180Z





ONG CHIN GEOK, JENNIFER

CHINESE
Date of these
08-11-1960 F
SINGAPORE



SIK SYSY R driver





SLKS 454R driver

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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 Milograms

NP 428A

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2202650Z





JEFFERY ONG

@JEFFERY RAHARDJA

CHINESE Date of birth 23-10-1956 M

52202650Z

Country of Birth INDONESIA

4509612



NRIC No. S2202650Z



Date of issue 12-01-2010

21 NATHAN ROAD #17-02 SINGAPORE 248743 NRIC No: \$2202650Z

Date: 22/12/2015



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Jeffery Ong @Jeffery Rahardja : 19 Dec 2017 To 18 Dec 2018

Period of Insurance Engine No.

: HR12213727B

Chassis No.

: JN1TBAE12Z0982847

Vehicle No.

: SLK5454R

Policy No.

: 2100494619-01

Endorsement No.

Issued Date

: 07 Dec 2017

ABOUT THE COVER

Make/Model

NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)

Engine Capacity/Tonnage: 1,198.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

- NA

Off Peak Car : No

Insuring with COE/PARF

Yes

Person or Classes of Persons Entitled to Drive*:

as the interpretation. b) Any other person who is through on the Policyholder's order or with his/her permission. This Pelicy will indemnify the Policyholder or any authorised driver solly if halbholmeds the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexpenses all Driver Excess" ("YIDR") # You are of Your Authorised Criver (named or unitamed) is under the age of 73 and/or has test than 2 years driving experience

Age Condition

: All Age Condition

Limitation as to use*

Use only for social domestic and plassure purposes and for the Policynoster's business. This Policy does not cover use for him or neward, driving taken, driving test, Learny patie-making including shall be seriage of goods other than samples in connection with any trade or business of use for any purpose in connection with faster Trade.

Loss of Line 1500cc - 1600cc

* Limitations rendered imperialise by Section 6 of the Mater Vuhicles (Third-Party Risks and Companisation) Act (Cap. 189) and Section 95 of the Risks Transport Act. 1987 (Molaysia), are not to be included under these headings.

EXCESS

se - \$0. Own Damage - \$600. Thett - \$0. Flood Cover - \$0.

Section 2

eny Damaga - 50

Windscreen : \$100

Named Driver and Excess (where applicable)

Jeffery Ong @Jeffery Rehardys - \$600 (Own Damage)

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

1.1C AutoClinic Add. No. 1, Sixth Lok Yang Road Singapore 020099 63602012
2. AutoLinic Industrial Add. 19 Uci Road 4 Singapore 408623 64006665
3.TC AutoClinic Add. 25 Leng Kee Road Singapore 408623 6400665
3.TC AutoClinic Add. 25 Leng Kee Road Singapore 408627 67038311 67038612 67038913
4. Tan Chong Molor Sales Add. 915 Exikal Tendar Road Singapore 500623 64094091 64094092 64094093
5.Tan Chong Molor Sales. Add. 17 Lorpng 8 3 cs. Payon Singapore 319254 63570753 63570754

For other Approved Reporting ContrastAKS Authorised Reported plicase contact but 24-hour accident emergency holling at +65-6338 6300. Alternatively, you may refer to AIG wabsite www.arg.com.sig or AIG SG Mobile App. Simply element and developed TAIG SG* New IT under or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

In the hereby serify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Tried Party Risks and Compensation) Act (Cap. 18th, Part IV of the Road Transport Act. 1967 (Malaysia) and Motor Vehicles (Tried Party Risks) Rules. 1959 (Malaysia).

0500610367

TAN CHONG CREDIT PTE LTD-NLL 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 569622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE