Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/04/2018 17:12

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. | nt to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 11/04/2018 16:53 |
| Date Of Accident | 09/04/2018 16:00 |
| Exact Location Of Accident | TAMPINES AVE 2 ST 23 JUNCTION |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJT9226H |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG CHOON WAI VENTURI |
| NRIC No | S6924690G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91781238 |
| Alternative Phone No | Office-91781238 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | WISH |
| 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? | 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 | 2100365559 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NG SWEE PENG THERESA |
| NRIC No | S7425382B |
| | |

INDOOR

30/08/2004

13 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90187232

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 489A TAMPINES STREET 45 #08-159

Postcode 520489

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

insurance Company of Driver's Own Venicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : PRISCILLA WONG SI YING

Gender: : Female

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name CHANGI N.P.C

Police Station Address ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT: T/20180410/2018.

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

SKP4577L

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category VEHICLE B PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA7588A

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C
Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLX1393R

Vehicle Make/Model/Colour

Details Of Properties VEHICLE D

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG SWEE PENG THERESA

Approximate Age Injuries Sustain

Injured person in which vehicle? SJT9226H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name

PRISCILLA WONG SI YING

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SJT9226H

Sketch Plan



SKETCH PLAN

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.
- 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 '
 - (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")
- 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

Driver Signature

(If driver a not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

| | | The state of the state of | 1-1-1 | | 2 |
|---|---|--|--------|---|---|
| | | | | | 1 |
| | | | | | |
| | - I-I - market and | | | | |
| | | | | 1;111+++ | |
| | | | | | |
| | 111-11-1-1- | CAKE | KICT | | 1 |
| | | <1 D | | +++++ | |
| | | 111111 | ++++++ | | ++++ . |
| | | | | | |
| | | | | | |
| | | | | WATER A H | To Tax |
| | | \rightarrow | 1 6 | 34A 1588A H 179226H H KP 4577L H X 1393R / | Junaa 1 |
| | | | D 3 | 0 0 0 0 2 2 2 4 | eyeta wish |
| | | | \$ S | KP 431 M | anda odyss |
| , at an instante of molecular day, day, do | | and the second s | 9 30 | -X 1273K 7 | 744, |
| DESCRIBE CIRCUMSTANCE | L3 OF THE ACCIDENT | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | alars are true in every re | spect. | | | |
| | alars are true in every re | spect. 7. 2 5 9 s | n | | |
| | alars are true in every re | spect. 2.35 Pr | n | | |
| e declare the foregoing particu | _ Juen | spect. 2.35 Pr 10.4.2018 | | | |
| CLARATION Ve declare the foregoing particular cyholder's Signature e & Time: | Driver's signature (If driver's not the | 2.35 pr 10-4-2018 | | e Personnel's Signature | |





Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 4

Report No. T/20180410/2018

REPORT OF A TRAFFIC ACCIDENT Vide Report No.: Station Diary No.: Date/Time Report Made: 10/04/2018 08:59 G/20180409/0137 15 Informant's Particulars Name of Informant: Address: APT BLK 489A TAMPINES STREET 45 #08-159 SINGAPORE NG SWEE PENG THERESA 520489 ID Type / ID No.: NRIC NO / S7425382B Contact No.: Home/Office: Mobile: 90187232 Email: Nationality: SINGAPORE CITIZEN Age: Sex: Date of Birth: Type of Informant: 43 02/08/1974 Driver Female Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Housewife Class: 3 Date of Expiry:

| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 09/04/2018 16:0 | Type of Location X-Junction | |
|--------------------------------|------------------------------|--|--|--|--|
| TAMPINES A TAMPINES S | | nines Ave 9 | | | |
| Weather: Clear | CO / NO E NOWARD TOTAL | Road Surface: Dry | | Road Speed Limit: | |
| | | Traffic Control: Traffic Light - Wo | orking | Traffic Volume: Heavy | |
| Type of Collis Moving Vehic | ion: le Against - Others | | | Anyone conveyed by ambulance: No | |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|---------|-------------------|--------|----------------------|-----------------|
| SHA7588A | Car | Hyundai | | Blue | Seriously Damaged | 1 |
| SJT9226H | Car | TOYOTA | Wish | Silver | Seriously Damaged | 1 |
| SKP4577L | Car | HYUNDAT | HONDO 6 dyssey | Black | Seriously Damaged | 0 |
| SLX1393R | Car . | AUDI | 3 | Black | Slightly Damaged | 0 |





Effective

Police Station Of Origin: Changi N.P.C

Details of Vehicle Insurance

9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

Vehicle No. Insurance Company

2 of 4 Report No. T/20180410/2018

Expiry Date

CONTINUATION OF REPORT

Insurance No

| | AIG ASIA PACIFIC INSURANCE F LTD. | PTE. | | 1 | |
|-----------------|--------------------------------------|------------|---|-----------------------------------|--|
| Details of Per | son Involved | | | | |
| Any Pedestria | | | | TO SAME MANAGEMENT OF THE PARTY | |
| | ians Injured: NIL | Use of Peo | destrian Cross | sing: NA | |
| Drives | Marca: The | | Sec. 100 F 1990 11 17 | | |
| Name | Adnan Bin Huris | | ID No. | S0651088D | |
| Related Vehicl | e SHA7588A (Car) | | Contact No. | NIL | |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL | |
| Date Treatmer | | Date Disc | | | |
| No. of Days gr | anted Medical Leave NIL | Degree of | Injury NIL | | |
| Driver | | | The second second | | |
| Name | NG SWEE PENG THERESA | | ID No. | S7425382B | |
| Related Vehicl | e SJT9226H (Car) | | Contact No. | 90187232 | |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL | |
| Date Treatmen | nt 09/04/2018 | Date Disc | narge 09/0 | | |
| | anted Medical Leave 03 | | Injury Sligh | | |
| | With the second second | | | ' ' | |
| Name | Priscilla Wong Si Ying | | ID No. | T0218992A | |
| Related Vehicle | SJT9226H (Car) | | Contact No. | NIL | |
| Hospital/Clinic | KANDANG KERBAU HOSPITA | AL. | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL | |
| Date Treatmen | nt 09/04/2018 | Date Disci | CONTRACTOR OF THE PARTY OF THE | 4/2018 | |
| No. of Dave an | anted Medical Leave 03 | Degree of | | | |





3 of 4 Report No. T/20180410/2018

Police Station Of Origin; Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

CONTINUATION OF REPORT

| Driver | Karmin Bin Abbas | | | ID No. | - | S1615689B |
|------------------|-------------------|------------------|-----------|---------------------------------|-------|-----------------------------------|
| Name | Karmin Bin Abbas | | | ID NO. | | 310100000 |
| Related Vehicle | SKP4577L (Car) | | | Contac | t No. | NIL |
| Hospital/Clinic | NIL | | | Class of Driving Licence Expiry | e & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | eddonadarina and | Date Disc | harge | NIL | 1 |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |

Brief Details.

On 9/4/18 at about 1600hrs, I was traveling in my car, SJT9226H along Tampines Ave 2 on lane 3. The traffic light of the junction was red and there was a vehicle, SHA7588A, in front of me. The vehicle had come to a stop and I followed suit.

Suddenly, I felt a hit from the rear, and due to the impact, my vehicle hit the vehicle that was in front of me. I alighted to make a check and discovered that the vehicle, SKP4577L, that was behind me had hit the rear of my vehicle. The driver that was behind me was seen unconscious. I then called for police and the ambulance

The Traffic Police IO Bei Feng then provided a report number to me, vide G/20180409/0137. I was also advised to go for a medical check up and to lodge a traffic accident report.

After the accident, I sent my daughter, whom was passenger in my vehicle, to KKH and she was given 3 days MC. I also went to Tan Tock Seng Hospital and was given 3 days MC.





T/20180410/2018

Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No. T/20180410/2018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

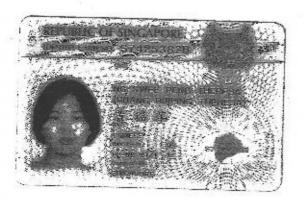
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

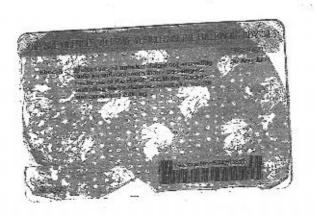
| Signature Of Officer Recording The Report G / Sr Staff Sgt SITI NORZEHAN BINTE JASM | |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 10/04/2018 08:59 |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202 | Classification Of Case: |
| Authentication Stamp NP168 SINGAPORE POLICE FORCE | |

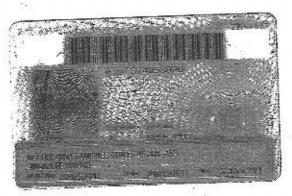
SIGNATURE

Identification Card











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

: 2100385559

\$858.20

\$60.07

\$918.27

RENEWAL SCHEDULE

AUTOPLUS

THIS SCHEDULE IS NOT MEANT FOR ROAD TAX RENEWAL PURPOSES PLEASE PRODUCE YOUR ORIGINAL CERTIFICATE OF INSURANCE

ENDORSEMENT NO. , : 03000

PREMIUM CALCULATION:

POLICY NO.

PREMIUM

Total Due

GST @ 7.00%

PERIOD OF INSURANCE

(both dates inclusive)

From : 9 May 2017 To : 8 May 2018

INSURED

; Wong Choon Wai Venturi

ADDRESS

: 489A Tampines Street 45 #08-159

Singapore 520489

BUSINESS/PROFESSION REGISTRATION NO.

: Management : SJT9226H

MAKE AND TYPE OF BODY : TOYOTA Wish 2.0

YEAR OF REGISTRATION

: 2009 CC/TONNAGE: 1.987.00

SEATING CAPACITY

: 5

CHASSIS NO.

: JTDGJ20W105001091

ENGINE NO.

: 3ZRA388462

SUM INSURED

: Market Value

INSURING WITH COE/PARF

: Yes

EXCESS

\$\$600.00

(1)

Insurance coverage includes the following benefit(s): Key Replacement Cover_Loss Of Use 10 Days (1680ca),NOD Protector

After 5% Safe Driving Discount & 50% No Claim Discount

NAMED DRIVERS 1) The Policyholder

SUBJECT TO AGE CONDITION : All Age Condition HIRE PURCHASE OWNERS/EMPLOYER'S LOAN :

THIS FUNCHABLE OWNERS CHAPTER O LOAM:
Standard Chartered Bank (Singapore) Limited
NON-CANCELLATION CLAUSE: The Insurance Corporation undertakes to Inform STANDARD CHARTERED
BANK of any cancellation of the Policy of Instructions have been received for the cancellation of the Policy and
also to advise STANDARD CHARTERED BANK immediately

SUBJECT TO ENDORSEMENT(\$): 2(k), 2(O), 7(a), 15, 25, 57, 72(k), 82(d), 89, 94, 130, 140(c), 200, 200

Issued in SINGAPORE on 3 May 2017

Person(s) Entitled To Drive a) The Insured.

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/sha meets the age conditions.

A Young and/or inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional 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.

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

The Polloy does not cover use for hire or rewards, tution, driving test, racing, pace-making, reliability frist 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 hittel registration, you have the option for claims-related

SOLE AGENT'S WORKSHOP: For new Vertices less than a year's from this registration, you have styling the styling repairs to be done at Sole Agent's workshop.

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

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

3. Ethoz - 30 Buikti Befox Cres(Tel: 65547777) 4. DPS Body 8. Paint (Subsidiary of C&C) - 209 Pandan Osrdans (Tel: 65684501)

5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67475560) 6. Lei Hust (Meng Kee) Motor - 21 Sin Ming and (Tel: 64838110)

7. Move Automotive - 1008 Buikti Mersh Lane 3 (Tel: 62725892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67416338)

9. SME Motor - 1 Kaki Buikti Ave 8 Bik D (Tel: 67476106)

610004-000 YIP LIONG PANG 121 TOA PAYOH LOR 2 -#15-24 SINGAPORE 310121 ANSP-JOHNLIM

AIG Asia Pacific Insurance Pts. Ltd.

AUTHORISED REPRESENTATIVE

SSPSYM

FINANCE COPY

Letter of Authorization

To whom it may concern,

I, Venturi Wong Choon Wai of NRIC: S6924690G, am writing to authorize my wife Theresa Ng Swee Peng of NRIC: S7425382B to represent me on my behalf to handle all my personal matter during my time oversea, and also authorize Liang Hee Motor Workshop to repair my car SIT 9226H.

I appreciate your kind assistance in this matter. If you should need any further clarification please contact me via my mobile +65-91781238.

Sincerely

Venturi Wong Choon Wai

Accident Photo











Accident Photo







Accident Photo

