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#### 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 wilholding 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

<b>学出了中国工作工会心理是是主义社会</b>	ACCIDENT STATEMENT				
Date Of Report	23/04/2018 16:24				
Date Of Accident	22/04/2018 19:20				
Exact Location Of Accident	ALONG SENTOSA GATEWAY				
Country/State of Loss	SINGAPORE				
A STATE OF THE PARTY OF THE PAR	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLB23G				
Insured/Policyholder					
Name Of Registered Owner	MONA OEI @ MONA HWANG				
NRIC No	S2502816C				
Email Address	JK@MONALAW.COM.SG				
Mobile Phone No	(LOCAL) +65-91078629				
Alternative Phone No	OTHERS-91078629				
Vehicle Particulars					
Manufacturer	MERCEDES-BENZ				
Model	C180 AVANTGARDE (R17 LED)				
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	2100469572-01000				
Cover Note Number					
Driver					
Name of Driver	KOH HWA WENG				

Name of Driver KOH HWA WENG S2608018E NRIC No. 10/04/1963 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 25/01/1992 26 YEARS AND 2 MONTHS Driving Experience MALE Gender

(LOCAL) +65-91078629 Mobile Number

Fax Number Contact Number

MONA@MONALAW.COM.SG EMail Address

Address

186 OCEAN DRIVE

Postcode

098614

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

A GUILLIE

Ť

Insurance Company of Driver's Own Vehicle

.

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

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)

2

Passenger 1

NAME:

: MONA OEI @ MONA HWANG

GENDER:

: FEMALE

#### **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

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

PC5087L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

LIM SWEE CHONG

NRIC/Passport Number

S1435935D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

10

#### 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.
- 5. 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 malling 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:
  - 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 Signiture

Date & Time: \_\_

Driver's Signature

(If driver is not the policyholder)

Date & Time: -

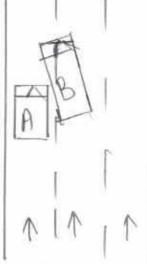
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Alouth SunnofA GATHWAY

A) SLB 28G B) PC5078L



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	around 7	20 pm , g	drove	Frem	Ocean	drive	towards
-	Ulvo city,	at the l	ed mast	lane			
	After the	bridge,	reaching	alm	ier rec	alkey	vivo city
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	has	- Maria	A 000	my	Right	rana	Stall MITTE
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#### DECLARATION

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

Policyholder's Signature
Date & Time: 23 4 18

Oriver's Signature

(If driver is not the policyholder)
Date & Time: 2 3 4 18

Reporting Centre Personnel Signature

Name:

NRIC/FIN NO

toll worther?

ACCIDENT STATEMENT

The state of the s	10 . 2.h (/HH-MM)
ACCIDENT DATE: 22/ 04/ 2018 (DD/MM/YYYY), TIME:	19: 20/10/00/07
contess actoway	FR-900 - 5.8120
LOCATION: SENTOSA gateway	
1. DETAILS OF VEHICLE	St. 5
1. DETAILS OF VEHICLE	#E 3:3
a VEHICLE NUMBER: SLB 23 G	
DINSURANCE COMPANY: ALG	220
7/nn4/9/-7/~	OLDOV EIRE & THEFT
dIPOLICY TYPE: [COMPREHENSIVE / THIKD PARTY / TO	IRD PARTI FIRE WITE I
e)MAKE & MODEL!	TORCYCLE / OTHERS)
6) MAKE & MODEL: 1) TYPE: (SALOGN / COUPE / MPV / VAN / LORRY / MO 9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / M.	OTORCYCLE! IN FERNAER
B) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MI	we - went to arrive
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE	E (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTIN	NG ONLY)
Z. INSURED / POLICY HOLDER	5 224
0.000 0.000	(MALE / FEMALE)
FINDIO ISINIPACCOPORTO SESSE CO	NTACT:
mound off GIADDRESS: 186 Ocean drive	
CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER	
SUS OF DESCRIPCION DRIVER LE LA LINIO MICHO	MALE / FEMALE)
(Including driver) SINAME: RON HOUR TOUGHT	INTACT: 91078629
(Including driver) BINRIC/FIN/PASSPORT: 52608018E CC	5098614
(2) GIADDRESS: 186 OCEAN DIVE	The second secon
*d) DATE OF BIRTH: (10) 04 1963) (DD/MM/Y	YYY) : .
e)OCCUPATION: (INDOOR / OUTDOOR)	and the second
DATE OF DRIVING PASS	
A THE INSURE OF THE INSURED OF THE INSURE OF	COMPANY? (YES / NO)
E DIWEATHER CONDITION: (QUEOR) ROTTING	.5
BIROAD SURFACE: NORY/ WEI / QTHERS_	*
6. WAS ANYBODY INJURED (YES / NO)	90
7. O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	
THE PART OF THE PA	
WELL A VEHICLE NUMBER: 103001 M	ODEL:
LI DOMER'S NAME: CITY SINCE CHURCH	ONTACT:
(Including duter) of NRIC/FIN/PASSPORT: S 1435 935 D C	ONIACI:
( ) 9. THIRD PARTY VEHICLE	ODEL:
d) VEHICLE NOMBER	ODEL.
K No of passenger a) DRIVER'S NAME:	ONTACT:
(Industry delete)   NRIC/FIN/PASSPORT:	
( )	VI *
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### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2608018E





KOH HWA WENG

\*

CHINESE Date of Britis 10-04-1963 M

MALAYSIA

2760 - 157

BRUMAR

8472846

S2608018E

MALAYSIAN

10-09-2002

186 OCEAL RIVE SINGAPOR 98614 NRIC No: \$2608018E

Date: 28/09/2017

# REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 2 6 0 8 0 1 8 E

KOH HWA WENG

Birth Date: 10 Apr 1963

Issue Date: 21 Apr 2016



## -DIART LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Class 3 Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 25 Jan 1992 25 Jan 1992

NP 428A



## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2502816C





MONA OEI
@MONA HWANG
黄 慕 娜
CHINESE
Denot Den
23-03-1961 F
Cheety JI Ben
MALAYSIA

OWNER

A2006963

S2502816C

O+

15-01-2002

188 OCEAN DRIVE SINGAPORE 098614 NRIC No. \$2502818C

Date: 28/09/2017





#### 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

MERCEDES-BENZ MOTOR INSURANCE (Insured Not Driving Policy OWN DAMAGE EXCESS

WINDSCREEN EXCESS

\$\$800.00(1) \$\$100.00

CERTIFICATE NO. 2100469572-01000

(for policies with effect from 1st November 2002)

SUM INSURED

Market Value

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO.

SLB23G

2) NAME OF INSURED

Mona Oei @Mona Hwang

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 8 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

7 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \* SUBJECT TO AGE CONDITION :All Age Condition

Any person other than the Insured 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 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.

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, tuntion, 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.

APPROVED REPORTING CENTRES / MERCEDES-BENZ AUTHORISED REPAIRERS APPROVED REPORTING CENTRES / MERCEDES-BENZ AUTHORISED REPAIRERS

1. Cycle & Carriage Pandan Loop Service Center - 188 Pandan Loop (Tel: 6777 8388)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ettoz - 30 Bukit Batok Cres(Tel: 66547777)

4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 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: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE 15 Days Replacement Car only for repairs at C &C - Refer to policy wordings for details

NAMED DRIVER

Koh Hwa Weng

HIRE PURCHASE COMPANY DBS BANK LTD / 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 (Maleysia), 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 At Singapore 5 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

504380-222 CYCLE & CARRIAGE - EUGENE 239 ALEXANDRA ROAD SINGAPORE 159930

**AUTHORISED REPRESENTATIVE** 

05713