

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	08/06/2018 11:54
Date Of Accident	07/06/2018 18:10
Exact Location Of Accident	JCT OF KAMPONG BAHRU RD & MOUNT FABER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5212E
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Insured/Policyholder

Name Of Registered Owner	ONG SIOK PO (WANG SHUBAO)
NRIC No	S7113971I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98189698
Alternative Phone No	Office-98189698

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180

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
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700052024
Cover Note Number	

Driver

Name of Driver	ONG SIOK PO (WANG SHUBAO)
NRIC No	S7113971I
Date Of Birth	20/04/1971
Occupation	INDOOR
Date Of Driving Pass	24/04/1991
Driving Experience	27 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-98189698
Fax Number	
Contact Number	OFFICE-98189698
EMail Address	NOEMAIL
Address	BLK 111 BUKIT PURMEI RD #12-192
Postcode	090111
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	-
	-
	-
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : TAN PEI LIP Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180607/2194.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER CSE KO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL7050D
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE 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	ONG SIOK PO
Approximate Age	
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	SLS5212E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 08/06/2018 1037

Driver's Signature

(If driver is not the policyholder)

Date & Time

Kerlyn Ong Kai Li

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

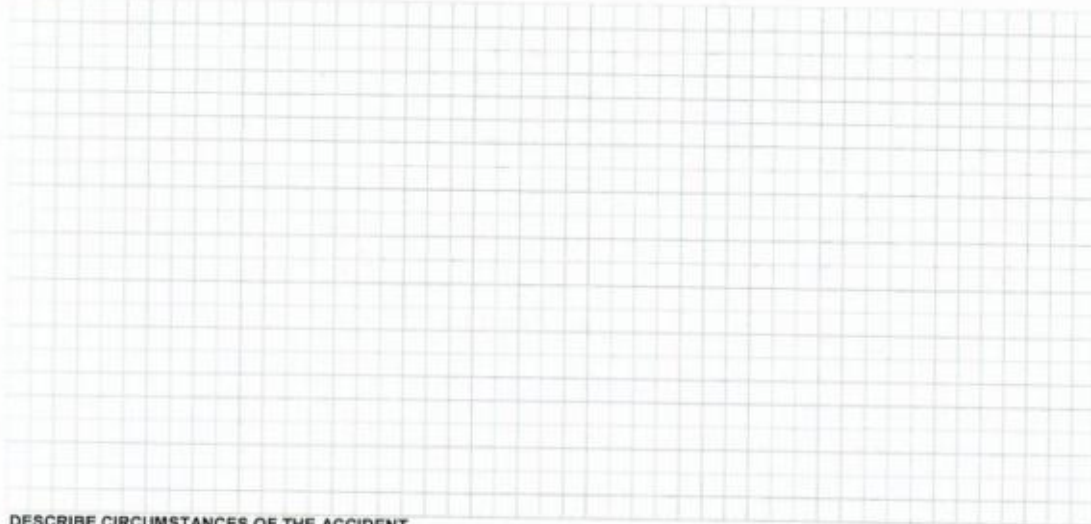
Cycle & Carriage Industries Pte Ltd

Customer Reporting Centre Perimeter Loop

Name: KERLYN

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO.T/20180607/2194

Empty box for describing the circumstances of the accident.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

A handwritten signature in blue ink, appearing to read 'Kerlyn Ong Kai Li'.

Policyholder's Signature

Date & Time 08/06/2018 1037

Driver's Signature

(If driver is not the policyholder)

Date & Time

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Personnel Pte Ltd
Reporting Centre - Pandan Loop
Customer Service Centre - Pandan Loop
Name: KERLYN
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180607/2194

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

1 of 4

Report No. T/20180607/2194

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2018 23:01	Vide Report No.: D/20180607/0113	Station Diary No.: 191
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Informant's Particulars

Name of Informant: TAN PEI LIP		Address: APT BLK 111 BUKIT PURMEI ROAD #12-192 SINGAPORE 090111	
ID Type / ID No.: NRIC NO / S70370401		Contact No.: Home/Office: Mobile: 81135550	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 19/10/1970	Type of Informant: Passenger
Race: Chinese		Language:	Institution / School Name:
Occupation: SENIOR MANAGER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/06/2018 18:10	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 KAMPONG BAHRU ROAD MOUNT FABER ROAD Travelling along Kampong Bahru Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger.
SLL7050D	Car					2
SLS5212E	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan



POLICE FORCE

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999



T/20180607/2194

2 of 4

Report No. T/20180607/2194

CONTINUATION OF REPORT

Driver				
Name	S8501292D		ID No.	NGJINWEIFAVIAN
Related Vehicle	SLL7050D (Car)		Contact No.	87181895
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	TAN PEI LIP		ID No.	S7037040I
Related Vehicle	SLS5212E (Car)		Contact No.	81135550
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ONG SIOK PO		ID No.	S7113971I
Related Vehicle	SLS5212E (Car)		Contact No.	98189698
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious

Brief Details.

On the 07/06/2018 at about 1810hrs, my wife was driving our vehicle bearing registration plate SLS5212E number along Kg Bahru towards lower delta road. At that point of time, it was a green light and our vehicle was just passing through. Suddenly, one dark grey vehicle bearing registration plate number SLL7050D had turned right towards, resulting in a collision. Our vehicle had hit the left side of the vehicle. After the accident, we had came out of our vehicle and exchange particulars. I had subsequently called for police assistance. I had already provided my dashboard camera to the traffic police during the incident. I wish to state that my wife was conveyed to Singapore General Hospital and she sustained chest pain and shock as informed by the doctor. I wish to state that there were 2 passengers in the other vehicle however they left prior to police arrival.

I was instructed by the traffic police officer to lodge this report VIDE D/20180607/0113.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180607/2194

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 4

Report No. T/20180607/2194

CONTINUATION OF REPORT

Accident Sketch Plan



POLICE FORCE



T/20180607/2194

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

4 of 4

Report No. T/20180607/2194

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:
A /
Sgt 2 LIAN HUI MUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/06/2018 23:01

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168

Accident Sketch Plan



COVER NOTE

MERCEDES-BENZ MOTOR INSURANCE 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 SIOK PO (WANG SHUBAO)
Period of Insurance : 13 Sep 2017 to 12 Sep 2018
Engine No. : 27091031319305
Chassis No. : WDD1760422J619112

Vehicle No. : SLS 5212E
Cover Note No. : 1700052024
Endorsement No. :
Issued Date : 13 Sep 2017



ABOUT THE COVER

Make/Model : MERCEDES BENZ A180 BE STYLE
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

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 condition.

You have to pay an additional sum of \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIGR") if You are or Your Authorised Driver (named or unnamed) is under the age of 25 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 Trials.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 183) and Section 96 of the Road Transport Act, 1997 (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 SIOK PO (WANG SHUBAO) - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS/PORTALS/RELATED REPAIRS

1. Eunos Service Centre (For accident reporting only): Add: 330 Ubi Road 3 Singapore 409650 674 12338

2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting): Add: 128 Pandan Loop Singapore 128379 6778399

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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. 183), Part IV of the Road Transport Act, 1997 (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.

0504360231
CYCLE & CARRIAGE - JQUEK
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile
AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

JENNIFER LUN

Accident Sketch Plan

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S71139711**

Name: **ONG SIOK PO
(WANG SHUBAO)**

Birth Date: **20 Apr 1971**
Issue Date: **08 Apr 2003**

FOR CAC USE ONLY

000360977K



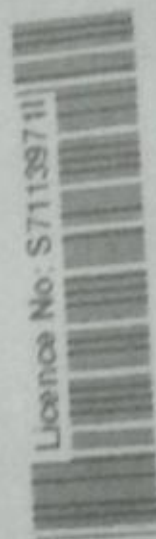
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

24 Apr 1991

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

FOR C&C USE ONLY



Licence No: S71139711

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

