

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	20/07/2018 11:49
Date Of Accident	19/07/2018 22:05
Exact Location Of Accident	SLIP RD ENTERING TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA207Z
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Insured/Policyholder

Name Of Registered Owner	GOH WEI HIONG PATRICK
NRIC No	S7535918G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93866616
Alternative Phone No	Office-93866616

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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	REPORTING ONLY
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	2100452204-02
Cover Note Number	

Driver

Name of Driver	ONG EVELYN (WANG EVELYN)
NRIC No	S7538736I
Date Of Birth	29/12/1975
Occupation	INDOOR
Date Of Driving Pass	18/12/1998
Driving Experience	19 YEARS AND 7 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-83280673
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	24 FLORA DR #05-42
Postcode	506949
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	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180719/2192.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB3392P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

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
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBB3392P
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan


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

20/7/18
1112H



Driver's Signature

(If driver is not the policyholder)

Date & Time 20/7/18
1113H

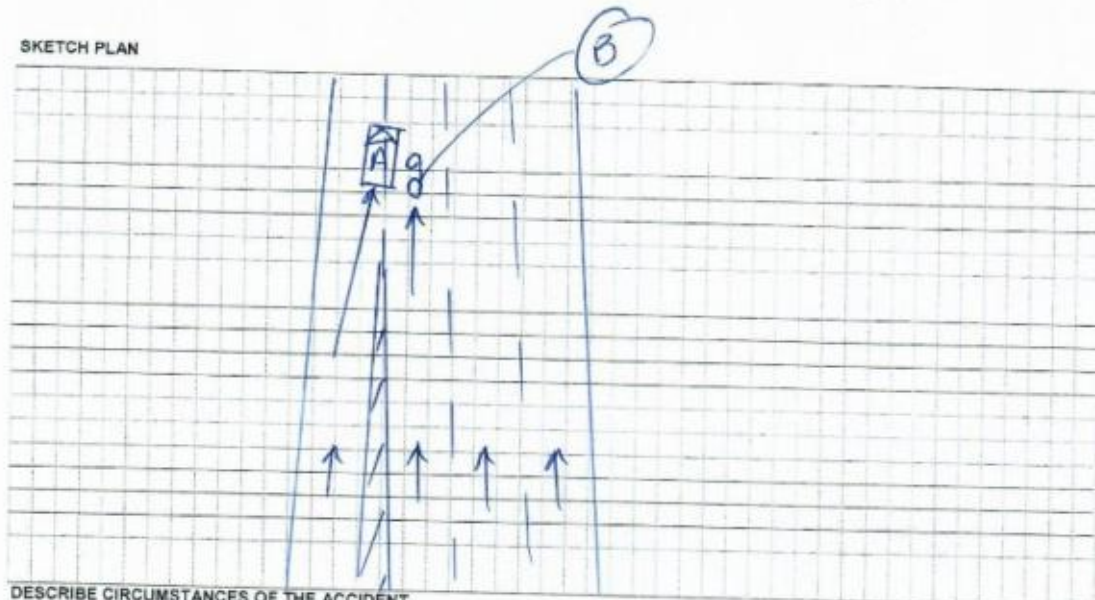
Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
Email: chanhoe.yik@cyclocarriage.com.sg

Reporting Centre Personnel's

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no.
 T/20180719/2192


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)


 Policyholder's Signature
 Date & Time 20/7/18
 11124


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time 20/7/18
 1113W

Yik Chan Hoe
 Cycle & Carriage Industries Pte Ltd
 Body Care & Repair Center
 DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
 Email: yikchan.yik@cyclecarriage.com.sg
 Reporting Centre Personnel's
 Name:
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180719/2192

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180719/2192

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2018 23:43		Vide Report No.: G/20180719/0215		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG EVELYN			Address: 24 FLORA DRIVE #05-42 FERRARIA PARK CONDOMINIUM SINGAPORE 506949		
ID Type / ID No.: NRIC NO / S7538736I			Contact No.: Home/Office: 93866616 Mobile: 83280673		
Nationality:			Email:		
Sex: Female	Age: 42	Date of Birth: 29/12/1975	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: REGIONAL MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2018 22:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TPE(PIE) 3.6KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB3392P	Motorcycle					0
SLA207Z	Car				Slightly Damaged	0

Details of Person Involved

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180719/2192

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180719/2192

CONTINUATION OF REPORT

Driver			
Name	ONG EVELYN	ID No.	S7538736I
Related Vehicle	SLA207Z (Car)	Contact No.	83280673
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 19/07/2018 @2203HRS ALONG TAMPINES EXPRESSWAY.

I WAS DRIVING MY CAR, I WAS ENTERING INTO TPE FROM ELIAS ROAD. I WAS ON THE LEFT MOST LANE, I WAS MERGING INTO THE MAIN EXPRESSWAY AT THE TIME. AS I WAS MERGING, I FELT AN IMPACT ON THE RIGHT SIDE OF MY VEHICLE AND AT THE SAME TIME SAW SOMETHING AT THE CORNER OF MY EYE. I QUICKLY STOPPED AND TURNED ON MY HAZARD LIGHTS. I GOT OUT OF THE VEHICLE AND WENT TO THE BACK OF MY CAR BUT I DID NOT SEE ANYONE OR ANY VEHICLE. THEN I NOTICED A BIKE AND A PERSON STANDING NEAR THE ROAD SHOULDER BY THE BUSHES ACTUALLY. A FEW PASSERBYS STOPPED BY TO HELP. THE RIDER WAS CONSCIOUS AND STANDING BY THE BUSHES BUT I NOTICED SOME INJURIES AROUND HIS FOOT. ONCE AMBULANCE AND POLICE ARRIVED, THE RIDER WAS CONVEYED BY AMBULANCE AND I WAS INFORMED BY THE TRAFFIC POLICE OFFICER TO MEET IO AMEERAH AT TPHQ.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180719/2192

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180719/2192

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:
TP /
KHALED AMR HASSAN MOHSEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/07/2018 23:43

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature:

Accident Sketch Plan



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Goh Wei Hiong Patrick
Period of Insurance : 19 Feb 2018 To 18 Feb 2019
Engine No. : 27091030711447
Chassis No. : WDD1179422N241018

Vehicle No. : SLA207Z
Policy No. : 2100452204-02
Endorsement No. :
Issued Date : 05 Jan 2018

ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Shooting Brake
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : 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 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) 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 - \$400 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Goh Wei Hiong Patrick - \$400 (Own Damage)

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

1. Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408550 87412338

2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 166 Pandan Loop Singapore 128378 87778388

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8336 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: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1952 (Malaysia).

0504380204

CYCLE & CARRIAGE - ANDY TH
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janik

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SEP18/18

78 Shenton Way #07-16 AIG Building 5070120 | T: +65 6410 3000 | F: +65 6415 3223 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

Accident Sketch Plan

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S75387361**
Name: **ONG EVELYN (WANG EVELYN)**

Birth Date: **29 Dec 1975**
Issue Date: **16 Dec 2002**



 000039925C

FOR C&C USE ONLY

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Dec 1998

FOR C&C USE ONLY

NP 428A

 Licence No: S75387361

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

