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 <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.

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	ACCIDENT STATEMENT
Date Of Report	10/07/2018 13:50
Date Of Accident	09/07/2018 22:45
Exact Location Of Accident	ALONG 15 THE INGLEWOOD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM6846B
Insured/Policyholder	
Name Of Registered Owner	ONG SEH HONG
NRIC No	S1517975I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97222336
Alternative Phone No	OFFICE-97222336
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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	2100506118-01
Cover Note Number	

	١,	

Name of Driver ONG SEH HONG NRIC No S1517975I Date Of Birth 08/04/1962 Occupation **INDOOR** Date Of Driving Pass 12/11/1984 **Driving Experience** 33 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-97222336

Fax Number

Contact Number OFFICE-97222336

EMail Address NOEMAIL

15 THE INGLEWOOD Address

Postcode 575044

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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? NO

Was any injured conveyed to hospital by NO

ambulance?

YES

NO

0

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20180710/7000.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

Details of Witness 1

Name **SABRINA** Phone Number 96169058

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

5298 Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
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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
- 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 by insurer, my workshop and the general insurance association in Singapore (GIA) may are permitted to corect, use, discusse and 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
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
 - (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 administering my claims (including the mailing of correspondence, statements, invoices, reports of notices to me, which could invoid disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
 - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and
- (e) the information so collected under (d) above may be shared / disclosed:

10

(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

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Eric Lee Ming Hui DID: 6771 4336 HP: 9181 7717 Email: eric.lee@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Customer Service Centre - Pandan Loop

Name:

NRIC/FIN No .:

SKETCH PLAN	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
LARATION	
LARATION	
LARATION declare the foregoing particulars are true in every res	pect.
LARATION declare the foregoing particulars are true in every res	pect.
LARATION declare the foregoing particulars are true in every res	pect. to revert and file the claim under your own policy. Failing to do
LARATION declare the foregoing particulars are true in every resistence to that you have 14 calendar days insurance company will not allow nor a	to revert and file the claim under your own policy. Failing to do accept the claim.
LARATION declare the foregoing particulars are true in every resistence to that you have 14 calendar days insurance company will not allow nor a	spect. to revert and file the claim under your own policy. Failing to do accept the claim.
LARATION declare the foregoing particulars are true in every res use note that you have 14 calendar days r insurance company will not allow nor a	to revert and file the claim under your own policy. Failing to do accept the claim. your insurance company for any further details)
LARATION declare the foregoing particulars are true in every res ase note that you have 14 calendar days r insurance company will not allow nor a	to revert and file the claim under your own policy. Failing to do accept the claim. Your insurance company for any further details) Eric Lee Ming Hui
ELARATION declare the foregoing particulars are true in every resistence to that you have 14 calendar days r insurance company will not allow nor a (Please contact)	to revert and file the claim under your own policy. Failing to do accept the claim. Your insurance company for any further details) Eric Lee Ming Hui DID: 6771 4336 HP: 9181 7717
LARATION declare the foregoing particulars are true in every res ase note that you have 14 calendar days r insurance company will not allow nor a	to revert and file the claim under your own policy. Failing to do accept the claim. Your insurance company for any further details) Eric Lee Ming Hui

Driver's Signature

Date & Time

(If driver is not the policyholder)

Policyholder's Signature

Date & Time

Page 5 of 19

Reporting Centre Personnel's

Name:

NRIC/FIN No.:





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

1 of 3 Report No. T/20180710/7000

REPORT OF A TRAFFIC ACCIDENT

10/07/2	ime Report 2018 01:01	20000000000000000000000000000000000000	Vide Report No.: E/20180709/0143	Station Diary No.
Informa	ant's Partic	ulars	The same of the sa	
Name o	of Informant EH HONG		Address: 15 THE INGLEWOOD SING	ADODE
NRIC N	/ ID No.: O / S15179	751	Contact No.: Home/Office:	
	ORE CITIZ	EN	Email: ongsehhong@ymail.com	Mobile: 97222336
Sex: Male	Age: 56	Date of Birth: 05/04/1962	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupat Psychiat	ion; rist		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2018 22:45	Type of Location OUTSIDE MY HOUSE 15 THE
Location: THE INGLEW	OOD			INGLEWOOD
		Pood C. d		
Clear		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow:		Dry		Road Speed Limit:
Clear Traffic Flow: Two Way Type of Collision	on: Against - Parked Vehick	Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: No Traffic

Vehicle No. Type Make Model Color Condition No.	
SI MCOACD CONTRACTOR CONTRACTOR	
SLM6846B Car MERCEDES E250 Silver Slightly 0	of Passenge

Jse of Pedestrian Crossing: NA
l





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

2013 Report No. T/20180710/7000

CONTINUATION OF REPORT

Name	ONG SEH HONG	Market S.		SERVICE AND ADDRESS OF THE PARTY OF THE PART
			ID No.	S1517975I
Related Vehicle	NIL			0.0170731
			Contact No.	97222336
Hospital/Clinic	NIL			0.222550
			Licerice &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Expiry Date	
No. of Days grante	ed Medical Leave NIL	Date Discha	arge NIL	
rief Details.	INIL	Degree of Ir	njury NIL	

I would like to report a hit-and-run accident.

I am the owner of vehicle SLM6846B, a Mercedes E250.

The vehicle was parked just outside my house, 15 The Inglewood, s575044. It has been parked there

At about 10.40pm- 10.45pm, I heard a loud bang sound from outside the house. But as I did not see anything by the time I peeked out of my window, I did not come out of my house to check.

At about 10.55pm-11pm, I was alerted by a neighbour (a young lady named Sabrina) who lives in No. 57 The Inglewood, that she saw a red taxi, car plate number 5298, hit my car and sped off. I inspected my car and saw that there were damages to my car, with long scratch/indentation over my driver's side front I immediately made a police report by calling 999.

The traffic police came at around 11.35pm, asked for the details and interviewed the witness. They advised me to lodge this report online. The witness was advised to make online report similarly. Her contact number is 96169058. She had given her NRIC and details to the attending police officers.





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

3 of 3 Report No. T/20180710/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is Signature Of Interpreter: Not applicable Date/Time: 10/07/2018 01:01 Officer In Charge Of Case: Classification Of Case: TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216 Authentication Stamp NP168



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE Name of Policyholder : Ong Seh Hong

Period of Insurance Engine No.

: 06 Apr 2018 To 05 Apr 2019

: 27492030897171 Chassis No. : WDD2130452A157453 Vehicle No. Policy No.

: SLM6846B : 2100506118-01

Endorsement No. Issued Date

: 13 Mar 2018

ABOUT THE COVER

Make/Model

: MERCEDES Benz E250 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991.00 CC Driver Restriction

Sum Insured : Market Value ...

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Palicyholder
b) Any ether person who is driving on the Rolcyholder's order or with higher permission.
This Policy will industryly the Policyholder or any sultrurised privar unity if neithre meets the specified agar quadron.

You have to pay an electronal out of \$2,000 as "Young another hexperienced Other Excess" ("YOUR") if You are or Your Authorised Driver Entered or uncorrect) in unter the lage of 20 and/or have less Age Condition

: All Age Condition

Limitation as to use* :

Discurity for potation and steaming purposes and for the Policyholder's business. This Policy sold not cover uso for him or neward, driving funds, chaing test, racing, pany-making, reliability tool or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cm

* Unitations removed inspirative by Section 6 of the Monty Verticles (Thirs-Party Retor and Compensation) Act (Cast. 1981 and Section 95 of the Road Transport Act, 1987 (Malaysia), and not to be EXCESS

Section 1 Fire - 30 Own Damege - \$800 Theft - \$0 Flood Cover - 30

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Ong Sah Hang - \$800 (Own Damage)

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

1. Euros Service Carrier (Far socident reporting only). Add: 336 Uto Road 3 Singapore 408953 67412356.
2 Parties Links Service Carrier – Body Care & Repair (For socident result & socident resorting). Add: 100 Fandan Links Brigasore 128276 67778366.

For uther: Approved Reporting Continuous Continuous Repairms, please contact our 25-hour accident energency holline at +65-8256-6200, intercutively, you may refer to AIG websits several pool, and several pool of AIG separations and developed AIG Sign Youth Planes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asla Pacific Ltd

19We bendity that the policy to what the Certificate of Assurance release is indused in accordance with the provisions of the Motor Vehicles (There Party Resis and Compensation) Act (Cap. 188); Part IV of the Policy Resis and Compensation (There Party Resis and Compensation) Act (Cap. 188); Part IV of

CYCLE & CARRIAGE - JERTEO 239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

ton Way \$67-16 AkG Building S079120 | T.>65 6410 3000 | F.>65 6415 3724 | www.skg.com.ng



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

PASS DATE

Class 3

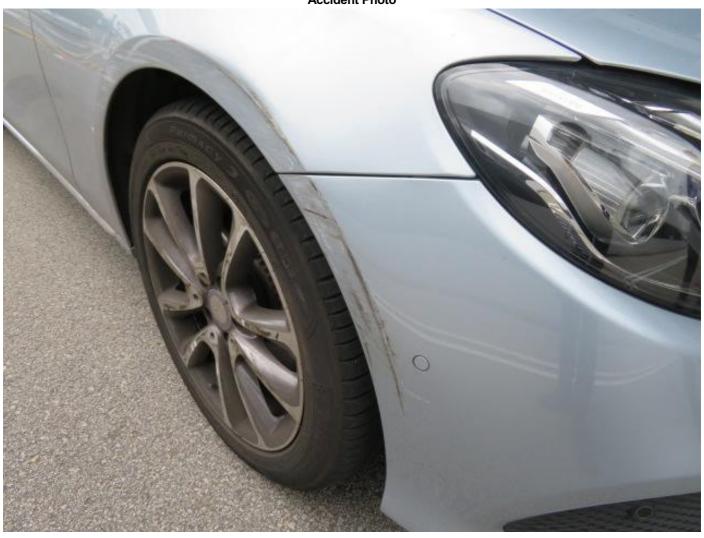
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

12 Nov 1984





















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66S50020G / GST Reg. No.: M400017735

Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MCC 418688865 Vehicle Registration No: SLM 6846B NRIC/FIN/PassportNo : SISI 7975T (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(5751)44 Contact (Tel) Mobile No.: Email Address Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or hourance. Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: 24/09/18 Name: Alca aurk

Date: 24/09/18

15:35pm