# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 03/11/2018 09:40

## 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 liability.
- 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	03/11/2018 09:14
Date Of Accident	04/10/2018 19:30
Exact Location Of Accident	GRAND COPTHORNE WATERFRONT HOTEL CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX9866C
Insured/Policyholder	
Name Of Registered Owner	ONG KANG LIN
NRIC No	S0199921D
Email Address	ANDREW.ONG@AEON.COM.SG
Mobile Phone No	(LOCAL) +65-97317813
Alternative Phone No	Others-97317813
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250-2.0 SEDAN EDITION E (R18 LED SR) (A)
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	2100444638
Cover Note Number	
Driver	
Name of Driver	ONG KANG LIN
NRIC No	S0199921D

**INDOOR** 

25/05/1978

40 YEARS AND 4 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97317813

Fax Number

**Contact Number** OTHERS-97317813

**EMail Address** ANDREW.ONG@AEON.COM.SG

BLK 15 JOO SENG ROAD #02-95 Address

**SINGAPORE** 

Postcode 360015 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

NO

NO

1

**General Information of the Accident** 

Type Of Accident NO 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? NO

Was any injured conveyed to hospital by

ambulance?

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)

**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

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

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

NO

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 OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBD3553G

Vehicle Make/Model/Colour

**Details Of Properties** 

**Vehicle Category** COMMERCIAL VEHICLE 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.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. 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.
- 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.
- 3. 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
- (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,

er's Slenature

Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Time:

Names

Reporting Centre Personnel's Signature

ETCH PLAN	ED	Exit Carpark gantry	Vehicle A - SKX9866( B - GB03553)
	_6		Legend  Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES OF TI	HE ACCIDENT		
refor to palice	aport 1 (2018 1017) 7005		
DECLARATION	s are true in every respect. a fourteen (14) days clause whereby the claim against own		





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20181017/7005

## REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 17/10/2018 11:26		Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars			
Name of ONG KA	Informant:		Address: APT BLK 50 HOY FATT ROA	AD #02-125 SINGAPORE 150050	
	/ ID No.: D / S01999;	21D	Contact No.: Home/Office: Mobile: 97317813		
National	ity: ORE CITIZ	EN	Email: andrew.ong@aeon.com.sg		
Sex: Age: Date of Birth: Male 66 23/07/1952			Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nam English		
Occupation: SALES MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Infor	mation of the Accide	nt	The state of the s		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/10/2018:19:30	Type of Location Car Park	
Location: Havelock Roa Weather:	ad	Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Moving Vehic	sion: de Against - Parked Vε	phicle		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved		Hard Sans		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKX9866C	Car	MERCEDES BENZ	E250 SEDAN EDITION E (R18 LED SR)	Black		0

Details of V	ehicle Insurance	OR MENTAL TO SERVICE	MANIEN WILL	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20181017/7005

## CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX9866C	AIG ASIA PACIFIC INSURANCE PTE.	2100444638-02	05/01/2018	04/01/2019

<b>Details of Perso</b>	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of Ped			edestrian Crossing: NA			
Driver						
Name	ONG KANG LIN		ID No		S0199921D	
Related Vehicle	SKX9866C (Car)			Conta	ct No.	97317813
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL	30,02340
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

## Brief Details.

I was turning left from my carpark lot at Grandcopthorne Hotel carpark and heading for the exit gantry, and on my left was this van not sure of the number waiting for my carpark lot ...the carpark was badly lighted...i moved out slowly but never occured to me that i have touched or hit against the van .....and i proceeded for my journey.

https://eservices.police.gov.sg/content/dam/spfpolicehub/marker-icon.png



## **POLICY SCHEDULE**

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policy No. : 2100444638-02

Period of Insurance : 05 Jan 2018 to 04 Jan 2019 Issued Date : 19 Dec 2017

ABOUT THE POLICYHOLDER

Name of Policyholder : Ong Kang Lin Address : 50 Hoy Fatt Road #02-125

SINGAPORE 150050

Occupation/Nature of Business: Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SKX9866C Engine Capacity/Tonnage: 1,991.00 CC Chassis No. ; WDD2120362B237938 : 27492030463380 Engine No.

Seating Capacity: 5 First Year of Registration : 2016 Body Type : Sedan

Make/Model : MERCEDES Benz E250 2.0 Sedan Edition E

Hire Purchase Company/Employer's Loan : MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No : NA Driver Restriction 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 triarber persission.
 This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Diver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experi

Age Condition : 30 years old and above

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 tast, racing, pace-making, reliability trist 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.

Other Key Policy Benefits:

Act of God. Dealer + A/G Authorised Workshops. New For Cld (36 months), Loss of Use 3005cc. Strker, Riots and Clark Commission. PA to Authorised Dirker / Unnamed Passengers \$10000. PA Insured-\$10000. Fisher and Accessories (Cosmetic)-\$5000, Solar Film-\$1150, In-Car Converse Excess Waiver, Glass Roof/ Woon Roof-Sun Roof/ Passengers Class Roof, WCD Projector.

EXCESS PREMIUM Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0 Premium

: \$ 1,546.70 GST (7%) :\$ 108.27 Section 2 Properly Damage - 50 Total : \$ 1,654.97

Windscreen: \$100 Your Premium includes the following discount(s): Safe Driver Discount - 5.00%. No Claim Discount - 50%

Named Driver Ong Kang Lin - \$800 (Own Damage)

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0199921D





ONG KANG LIN

王江仁

CHINESE

23-07-1952 M

SINGAPORE



DRIVING LICENC



Licence Number S 0 1 9 9 9 2 1 D

ONG KANG LIN

Birth Dalo. 23 Jul 1952 tstee Date 10 Mar 2004





48€ NO 199921D

21-09-1993

APT BLK 15 JOO SENG ROAD #02-95 SINGAPORE 380015

NRIC No: \$0199921D

Date: 28/09/2018

1296285 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

NP 428A



# **Accident Photo**



# Accident Photo













**Accident Photo** 



# **Accident Photo**

