MNA118145628 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 10/11/2018 13:25 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 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 inont to the ort at the

| 7. By the lodgement of this report to the insurers, you hereby conseaforesaid. | ent to the archiving of this report at the centre and to copies of the report being made available | | | | | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| | ACCIDENT STATEMENT | | | | | | |
| Date Of Report | 10/11/2018 13:25 | | | | | | |
| Date Of Accident | 10/11/2018 12:10 | | | | | | |
| Exact Location Of Accident | CTE TOWARDS AYE BEFORE BRADDELL EXIT | | | | | | |
| Country/State of Loss | SINGAPORE | | | | | | |
| | DETAILS OF OWN VEHICLE | | | | | | |
| Vehicle Registration Number | SLV5717A | | | | | | |
| Insured/Policyholder | | | | | | | |
| Name Of Registered Owner | TENG YEN PING (DING YANPING) | | | | | | |
| NRIC No | S7410073B | | | | | | |
| Email Address | TENGYENPING@YAHOO.COM.SG | | | | | | |
| Mobile Phone No | (LOCAL) +65-96302507 | | | | | | |
| Alternative Phone No | Others-96302507 | | | | | | |
| Vehicle Particulars | | | | | | | |
| Manufacturer | MAZDA | | | | | | |
| Model | 2-1.5 (A) | | | | | | |
| 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 | 1700088341 | | | | | | |
| Cover Note Number | | | | | | | |
| Driver | | | | | | | |
| Name of Driver | TENG YEN PING (DING YANPING) | | | | | | |
| NRIC No | S7410073B | | | | | | |
| Date Of Birth | 01/04/1974 | | | | | | |
| Occupation | INDOOR | | | | | | |

03/02/2007

11 YEARS AND 9 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96302507

Fax Number

Contact Number OTHERS-96302507

EMail Address TENGYENPING@YAHOO.COM.SG

BLK 106 ALJUNIED CRESCENT Address

#03-211

Postcode 380106 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 **CHAIN 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 4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES 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)

Passenger 1 : ONG KIM KIAT Name:

> Gender: : Female

Passenger 2 Name: : TENG SING KOON

> Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

NO

NO

3

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF3303B Vehicle Make/Model/Colour LORRY

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver SELVAM VIJAYAKUMAR

NRIC/Passport Number G3003913R Contact Number 83863127

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLX7784G Vehicle Make/Model/Colour AUDI A6

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MR WONG HONG YANG

NRIC/Passport Number S1517779I Contact Number 85338208

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE 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 TENG YEN PING (DING YANPING)

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLV5717A
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name TENG SING KOON

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLV5717A
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

| DETAILS OF INJURED PERSON 3 | | | | |
|-----------------------------------------------------|--------------|--|--|--|
| Name | ONG KIM KIAT | | | |
| Approximate Age | | | | |
| Injuries Sustain | SLIGHT | | | |
| Injured person in which vehicle? | SLV5717A | | | |
| Were seat belts worn? | YES | | | |
| Was this injured conveyed to hospital by ambulance? | NO | | | |
| Address | | | | |
| Postcode | | | | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- 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
- (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.

Driver's Signature

(If driver is not the policyholder)

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| DECLARATION | | | | | | | | | |
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TENG YEN PING (DING YANPING)

丁燕萍

CHINESE 01-04-1974 F

SINGAPORE

REPUBLIC OF - S7410073B non Diese 01 Apr 1974 - 0- 03 Feb 2007



28-06-2004

APT BLK 106 ALJUNIED CRESCENT #03-211 SINGAPORE 380106

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PESS DATE











































