

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 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.

ACCIDENT STATEMENT

| | |
|----------------------------|---------------------------------|
| Date Of Report | 27/11/2018 15:48 |
| Date Of Accident | 26/11/2018 20:30 |
| Exact Location Of Accident | IKEA TAMPINES SHUTTLE BUS BERTH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKT1873E |
| Insured/Policyholder | |
| Name Of Registered Owner | DANDELION ED PTE LTD |
| Co Reg No | 201314301M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91460796 |
| Alternative Phone No | OFFICE-67023360 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MAZDA |
| Model | 3 |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999994436/100860665-00000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ANG CHEE WAN |
| NRIC No | S1785801G |
| Date Of Birth | 19/01/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/07/1994 |
| Driving Experience | 24 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91460796 |
| Fax Number | |
| Contact Number | OFFICE-67023360 |
| EEmail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 50 DORSET ROAD #02-144 |
| Postcode | 210050 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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? | NO |
| 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) | 5 |
| Passenger 1 | NAME: : VINCENT WONG GENDER: : MALE |
| Passenger 2 | NAME: : KIMNIE CHEUNG GENDER: : FEMALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 4 | NAME: : UNKNOWN GENDER: : FEMALE |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

Details of Witness 1

| | |
|---------------|--------------|
| Name | VINCENT WONG |
| Phone Number | 81833161 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | PA9575D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | PENG ZHIGUO |
| NRIC/Passport Number | G2569240W |
| Contact Number | 83213012 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

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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.

DANDELION ED PTE LTD
ROC: 201314301M

Policyholder's Signature
Date & Time:

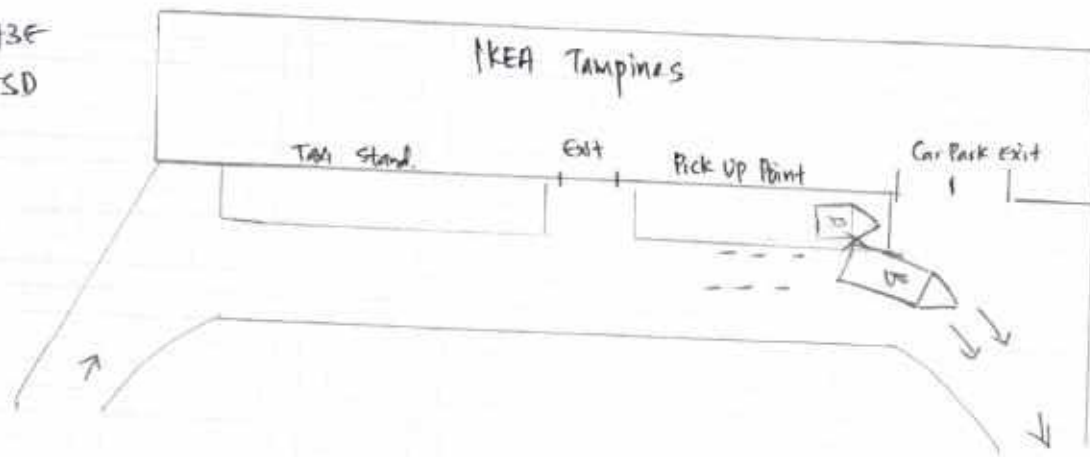
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A: SKT 1893E

Veh B: PA957SD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I stationary at Ikea Tampines to pick up my Passenger at Pick up Point
Suddenly Vehicle B pass by me and had collided to my vehicle.

DECLARATION

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

DANDELION ED PTE LTD
ROC: 201314301M

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

27/11/2018
27/11/2018
Reshwanth

< +6581833161



Tuesday, 27 November 2018

Hello, 你好，我是
Wong

2 10:33

2 10:33

Hi



用中文写没问题吗？

2 10:34

2 10:34

Good



2 10:35

可以



2 10:40

谢谢



昨晚（11月26日）约八时在淡滨尼的IKEA店地下门外约了Grab, 司机在门前停下来给我一行人上车，当我要上车之际，有一辆IKEA的大巴士在Grab车经过，突然发出一声，然后在出门的不远处停下。

2 11:40

Enter message



2

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 26/11/2018 *Time of Accident: 08-30 pm.
*Accident Location: IKEA TAMPINES Shuttle BUS Berth.

Vehicle Details

*Vehicle Number: SKT 1873 E *Make & Model: MAZDA 3

Insured / Policyholder

*Owner Name: DANDELION ED PTE LTD *NRIC: 201314301 M
*Address: ROC: 201314301M
*Email: *HP:
*Occupation: (Indoor / Outdoor) *Tel / H / Other: 67023360

Driver () same as above

*Driver Name: ANG CHEE WAN *NRIC: S17858016
*Address: #02-14A BIK JO DORSET RD
*Date of Birth: 19/01/1967 *Driving Pass Date: 27 JUL 1994 *HP: 91460796
*Email: *Gender: Male / Female
*Occupation: (Indoor / Outdoor) *Tel / H / Other: NIL
*Driver an employee: Yes (No) (*If no, what is relationship with the policyholder: HUSBAND)

Passengers Details

*P/Name: VINCENT WONG (Male/Female) *P/Name: 81833161 Unknown (Male/Female)
*P/Name: LIM NUI CHENG (Male/Female) *P/Name: Unknown (Male/Female)

Insurance Company

*Insurer: AIG *Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: PA 9575D
Make & Model:
Vehicle Category:
Name of Driver: PENG ZHIGUO
NRIC: G2569240W
HP: 83213012
No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:
Make & Model:
Vehicle Category:
Name of Driver:
NRIC:
HP:
No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:
*Weather conditions: Clear / Raining / others: *Any video cam: Yes / No
*Road Surface: Dry / Wet / others:
*Witness: Yes / No (Name: Vincent Wong NRIC: HP: 81833161)
*Accident reported to police: Yes / No *Summon against whom:
*Injured party: Yes / No *No. of passengers (include driver):
-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1785801G



ANG CHEE WAN

Birth Date: 19 Jan 1967

Exp. Date: 29 Nov 2017



002748493B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1785801G



Name

ANG CHEE WAN

汪志远

Race

CHINESE

Date of birth

19-01-1967

Sex

M

Country/Place of birth

SINGAPORE

S1785801G

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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

27 Jul 1994

NP 428A



Licence No: S1785801G

5837019



NRIC No. S1785801G



Date of issue

20-11-2017

Address

APT BLK 50 DORSET ROAD
#02-144
SINGAPORE 210050



HOTLINE TEL: (65) 5419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ.400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994436/100860665-00000

OWN DAMAGE EXCESS

SS\$1,500.00 (I & II)

WINDSCREEN EXCESS

SS\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED

SS\$1.00

INSURING WITH COE/PARF

YES

SKT1873E

Dandelion ED Pte Ltd

14 Sep 2018

13 Sep 2019

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the insured's business.
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

~~3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.~~

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY SWEE SENG CREDIT PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPYTP

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA418153763 Vehicle Registration No: SKT 1873E
Name (as shown in NRIC) : ANG CHIA WAN NRIC/FIN/Passport No : S1785801 G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91460796
Email Address : _____
Date of Accident : 26/4/2016 Time of Accident : 20:30
Place of Accident : Transcompines SHUTTER BUS PARK
Insurance Company : OCY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to include TP PARTICULARS

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: