MSME19021764 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 16/02/2019 14:31 SUBMITTED BY: Wen Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <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.

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	16/02/2019 14:31
Date Of Accident	15/02/2019 16:35
Exact Location Of Accident	20 KALLANG AVE.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SMA3805R
Insured/Policyholder	
Name Of Registered Owner	ONG KEK LENG
NRIC No	S1329306F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97325755
Alternative Phone No	Office-97325755
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	BEETLE
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800067862
Cover Note Number	
Driver	
Name of Driver	ONG HUI YU
NRIC No	S9236838F
Date Of Birth	30/09/1992
Occupation	INDOOR
Date Of Driving Pass	05/09/2011

7 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96375755

Fax Number

Contact Number

EMail Address NOEMAIL

Address 38 WESTWOOD WALK

Postcode 648681 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR**

DRY

2

NO

NO

1

NO

NO

Other Information

Road Surface

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

General Information of the Accident

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

15 FEB 2019 AROUND 4.35PM, I WAS DRIVING ALONG KALLANG AVE FROM PADANG JERINGAU TOWARDS KALLANG BAHRU WHEN I MADE A LEFT TURN AFTER THE LAST CAR PARKED ALONG THE ROAD, THINKING I WAS THE ENTRANCE TO APERIA, REALISING THAT IT WAS NOT THE RIGHT ENTRANCE, I ATTEMPTED TO CONTINUE ALONG KALLAN AVE. I LOOKED OVER MY SHOULDER TO CHECK THAT THE ROAD WAS CLEAR AND DID NOT SEE THE TAXI. SO I BEGAN TO TURN THE STEERING WHEEL WHEN I SUDDENLY FELT MY CAR BEING HIT ON THE RIGHT BUMPER. I IMMEDIATELY BRAKED AND UPON REALISING THAT NOBODY WAS INJURED, I REVERSED A FEW METRES AFTER CHECKING THAT IT WAS CLEAR, SO AS NOT TO OBSTRUCT TRAFFIC, WE TOOK PHOTOS AND EXCHANGED DETAILS BEFORE HE LEFT.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD5295S

Vehicle Make/Model/Colour

Details Of Properties VEH B Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

Accident Sketch Plan

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- G. 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
- 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:
 - 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;



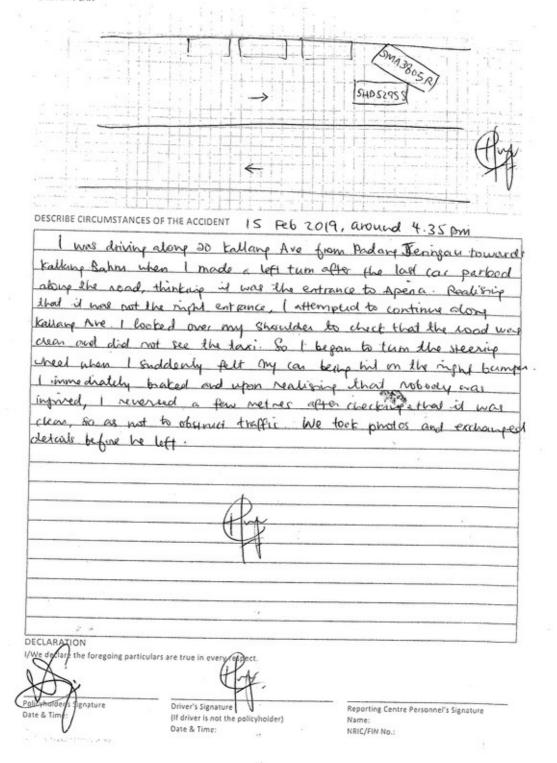
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. [collectively the "Purposes"]
- 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.

Policyander's signifure Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Ong Heir yu
VEHICLE NUMBER	SMA 3805 R.
DATE/TIME OF ACCIDENT	: 15/02/2019 1635 hrs.
PLACE OF ACCIDENT	: 20 Kallang Ave.
THIRD PARTY VEHICLE (IF ANY)	: SHD 52955.
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where did you start your joi before the accident? Home to	URNEY AND WHERE WAS THE INTENDED DESTINATION Aperia Mall.
DID YOU DRINK ANY ALCOHOLIC ACCIDENT? IF YES, DID THE TRAF ON YOU? IF YES, WHAT IS THE RESU	C DRINKS BEFORE YOU DRIVE ON THE DAY OF THE FIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ULT?
URITED BO INITIOT VIDEO	and the extensiveness of the damages to all stationary position. Head to side.
VERE YOU OR YOUR PASSENGER/S AKEN TO THE TRAPFIC POLICE FOI Nil	INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU R INVESTIGATION?
me:	•

l Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9236838F



ONG HUI YU (WENG HUIYU)



30-09-1992 F

Country of birth SINGAPORE





14-11-2007

38 WESTWOOD WALK SINGAPORE 648681

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

NP 428A

4129903



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ong Kek Leng

Period of Insurance

: 12 Jun 2018 To 11 Jun 2019

Engine No. Chassis No. : BFS077717

: WWWZZZ9CZAM012951

Vehicle No.

: SMA3805R

Policy No.

: 1800067862

Endorsement No. Issued Date

: 11 Jun 2018

ABOUT THE COVER

Make/Model

: VOLKSWAGEN BEETLE 1.6

Engine Capacity/Tonnage: 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2010

Driver Restriction

: NA

Off Peak Car : No

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 indomnify the Policyholder or any authorised driver only if heither 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 tution, 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 1500cc - 1600cc Optional

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

EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Ong Kek Leng - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please confact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.ag or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

i/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 Read Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0197009000

KEOK HAN CHEW

BLK 10 UBI CRESCENT #07-21 UBI TECHPARK

SINGAPORE 408564 SP-SEKHOO-CTS

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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