

## 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 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.

### ACCIDENT STATEMENT

Date Of Report	20/09/2018 12:24
Date Of Accident	19/07/2018 15:35
Exact Location Of Accident	KAKI BUKIT AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV414R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PESKY PEST CONTROL SERVICES LLP
Co Reg No	09362400W
Email Address	PESKYPESTCONTROL@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62580292

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 0.9 TAN
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100389547-03
Cover Note Number	

### Driver

Name of Driver	ONG AH HOCK
NRIC No	S1407023J
Date Of Birth	22/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1983
Driving Experience	34 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92381851
Fax Number	
Contact Number	
E-Mail Address	PESKYPESTCONTROL@YAHOO.COM.SG
Address	BLK 93 CASHEW ROAD #15-03
Postcode	679664
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 111 COMMONWEALTH CRESCENT (ANNEX) , <b>POSTCODE:</b> 140111 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4749999 - <b>FAX NO:</b> 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

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	MOTORCYCLE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### 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.
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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.
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.

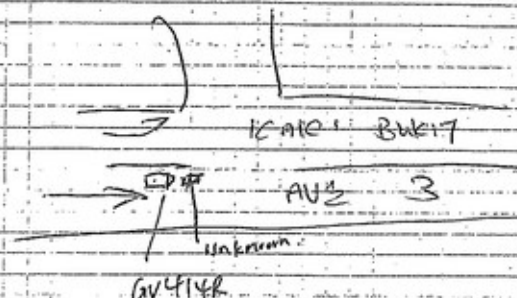


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving for work at Kati Bukit Ave 3 and stop at the red light junction. As I saw green light and started to move but a motor cycle at my front did not move as the process when I move the vehicle, I had contact with the motor cycle.

## DECLARATION

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



*[Signature]* 20/9/18

*[Signature]*

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.:

Date : 20<sup>th</sup> September 2018

Pesky Pest Control Services

113 Jin Binchang

Singapore 578576

Dear Sir/Mdm,

**SUBJECT: Letter of Authorisation for making accident report on Vehicle No.: GV414R Toyota Liteace**

Please refer to the above captioned.

Kindly be informed that we had authorized Mr. Ong Ah Hock NRIC No.: S1407023J to make an accident report for the above mention vehicle at your good office.

Should you required any information do feel free to contact the undersigned person.

Thank you and Best Regards

Yours Sincerely,



Edwin Lim

Operation Manager

Tel: 6258 0292



**SINGAPORE  
POLICE FORCE**



T/20180911/2094

1 of 3

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

Report No. T/20180911/2094

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/09/2018 14:28	Vide Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: ONG AH HOCK			Address: BLK 93 CASHEW ROAD #15-03 SINGAPORE 679664		
ID Type / ID No.: NRIC NO / S1407023J			Contact No.: Home/Office:		Mobile: 92381851
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 22/09/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PEST CONTROL			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

General Information		Drink Drive: No	Date/Time of Accident: 19/07/2018 15:15	Type of Location: T-Junction
Type of Accident:	Injury Others			
Location: Along Road 1 KAKI BUKIT AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV414R	Van				No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20180911/2094

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

2 of 3

Report No. T/20180911/2094

**CONTINUATION OF REPORT**

Driver			
Name	ONG AH HOCK	ID No.	S1407023J
Related Vehicle	NIL	Contact No.	92381851
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 19/07/2018 at about 1515hrs, I was travelling along Kaki Bukit Avenue 3 using the company vehicle GV414R. There was 2 lane to where the direction I am heading. I was on the 1st lane. I wanted to make an U-turn at the traffic light junction. I stopped at the junction and I was the first vehicle at the stop line. When I see the right arrow turn green, I proceeded to drive forward and suddenly saw a motorcycle from nowhere. I immediately braked but slightly hit onto his rear side of the motorbike. I came down and saw his motorbike fell. He complained of pain and I send him to his office while his friend came down to take over the bike. We then agreed to settle the matter privately and he said that he will go to hospital for a check up.

After a few days, I received a call from him and he said that he has suffered a fracture. There was no ambulance and police at scene. I do not have his particulars and his bike plate number.





**SINGAPORE  
POLICE FORCE**



T/20180911/2094

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

3 of 3

Report No. T/20180911/2094

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
D /  
Sgt 2 DAMIEN LEONG JUN SIAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/09/2018 14:28

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

SN 50

Authentication Stamp  
NP168



SIGNATURE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1407023J



Name  
**ONG AH HOCK**

Race  
**CHINESE**

Date of Birth  
**22-09-1960**

Country of Birth  
**SINGAPORE**

Sex  
**M**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
**S1407023J**

Name  
**ONG AH HOCK**

Birth Date  
**22 Sep 1960**

Issue Date  
**17 Jun 2003**

000573316D

2714743

NRIC No. S1407023J



BLK 93 CASHEW ROAD #15-03  
SINGAPORE 679664

NRIC No: S1407023J Date: 06/12/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	02 Jan 1960
Class 2A Motorcycles between 201 cc and 400 cc	02 Jan 1960
Class 2 Motorcycles exceeding 400 cc	02 Jan 1960
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Oct 1963

Licence No: S1407023J

NP 428A



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : Pesky Pest Control Services LLP  
 Period of Insurance : 01 Nov 2017 To 31 Oct 2018  
 Engine No. : 3C3932441  
 Chassis No. : CR420022461

Vehicle No. : GV414R  
 Policy No. : 2100389547-03  
 Endorsement No. :  
 Issued Date : 09 Oct 2017

### ABOUT THE COVER

Make/Model : TOYOTA LITEACE 0.9 ton [Van]

Engine Capacity/Tonnage : 0.9 Tonnage

Driver Restriction : NA

Sum Insured : NA

Off Peak Car : No

First Year of Registration : 2001

Insuring with COE/PARF : NA

Person or Classes of Persons Entitled to Drive\* :

- a) Any person who is driving on the Policyholder's order or with their permission.  
 b) This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition

Age Condition : All Age Condition

Limitation as to use\* :

- 1) Use in connection with the Policyholder's business  
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business  
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, and b) use whilst towing a trailer except the towing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Motor Trade

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

### EXCESS

Section 1

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

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

For Approved Reporting Centres, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) 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 Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0126004000

CHENG KIM HONG SHIRLEY

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 SP-RICHARDCHIA-AGNESWON

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Shirley*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

FOR KIM HONG SHIRLEY CHENG

chassis



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

