

## 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	22/03/2019 08:50
Date Of Accident	21/03/2019 16:20
Exact Location Of Accident	UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC6688P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG LAY WAH
NRIC No	S1465686C
Email Address	SEAGULL67@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97624345
Alternative Phone No	Office-97624345

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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?	YES
If No, Please state action to be taken	
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	1800035964
Cover Note Number	

### Driver

Name of Driver	ONG LAY WAH
NRIC No	S1465686C
Date Of Birth	08/09/1961
Occupation	INDOOR
Date Of Driving Pass	14/11/1989
Driving Experience	29 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97624345
Fax Number	
Contact Number	OFFICE-97624345
E-Mail Address	SEAGULL67@GMAIL.COM
Address	67 SEAGULL WALK SINGAPORE
Postcode	486725
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	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

#### 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

REFER TO THE ATTACHED

#### 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	SME9915X
Vehicle Make/Model/Colour	WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD NIZAM BIN MOHD ALI
NRIC/Passport Number	
Contact Number	

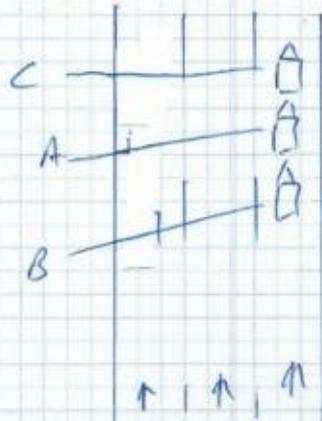
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SME5575U
Vehicle Make/Model/Colour	GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO HUN CHAO
NRIC/Passport Number	S8034222E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



A: SFC 6688 P  
B: SME 9915 X  
C: SME 5575 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG UPPER CHANGI EAST. I WAS WAITING FOR TRAFFIC LIGHT TO TURN GREEN WHEN CAR NO SME 9915 X RAMMED INTO MY CAR. THIS IN TURN CAUSING ME TO BANG INTO CAR NO. SME 5575 U.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature  
Date & Time 21.03.19 17:50PM

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

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

## 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.



\_\_\_\_\_  
Policyholder's Signature  
Date & Time 21.03.19 17:50PM

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

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

**Accident Sketch Plan**

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : ONG LAY WAH  
**Period of Insurance** : 13 Apr 2018 To 12 Apr 2019  
**Engine No.** : 27492031341846  
**Chassis No.** : WDD2130422A394914

**Vehicle No.** : SFC6688P  
**Policy No.** : 1800035964  
**Endorsement No.** :  
**Issued Date** : 20 Apr 2018

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz E200 Sedan Avantgarde  
**Engine Capacity/Tonnage** : 1,991.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**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 indemnify the Policyholder or any authorised driver only if he/she 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 tuition, 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 2000cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 186) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

ONG LAY WAH - \$800 (Own Damage)

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

1.Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412338  
 2.Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 188 Pandan Loop Singapore 128378 67778388

For other Approved Reporting Centres/AIG Authorised Repairers, 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: Daimler Financial Services Africa & Asia Pacific Ltd

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. 186), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0504612207

CYCLE & CARRIAGE - ANNE  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

050328

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

PAGE DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 14 Nov 1989

NP 429A

License No: S1465686C

**FOR C&C USE ONLY**

0733411

S1465686C

15-01-1993

NRIC No: \_\_\_\_\_ Date: \_\_\_\_\_ No: 2444793

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1465686C

Name: ONG LAY WAH

Birth Date: 08 Sep 1961

Issue Date: 23 Oct 2003

009943719H

**FOR C&C USE ONLY**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1465686C

Name: ONG LAY WAH

王丽华

CHINESE

Date of Birth: 08-09-1961 Sex: F

Country of Birth: SINGAPORE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



**Accident Photo**



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