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FOR:



## 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             | 25/03/2019 15:15                         |
| Date Of Accident           | 22/03/2019 11:40                         |
| Exact Location Of Accident | PIE CHANGI BEFORE EXIT 19 (STEVENS ROAD) |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|                             |                              |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SMF2738G                     |
| <b>Insured/Policyholder</b> |                              |
| Name Of Registered Owner    | ONG KOK KUANG (WANG GUOQUAN) |
| NRIC No                     | S8006034C                    |
| Email Address               | NOEMAIL                      |
| Mobile Phone No             | (LOCAL) +65-96098993         |
| Alternative Phone No        | OTHERS-96098993              |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | KIA         |
| Model  | CERATO 1.6  |
| 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             | 1800120019                           |
| Cover Note Number         |                                      |

### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | ONG KOK KUANG (WANG GUOQUAN) |
| NRIC No              | S8006034C                    |
| Date Of Birth        | 11/02/1980                   |
| Occupation           | INDOOR                       |
| Date Of Driving Pass | 22/11/1990                   |
| Driving Experience   | 28 YEARS AND 4 MONTHS        |
| Gender               | MALE                         |
| Mobile Number        | (LOCAL) +65-96098993         |
| Fax Number           |                              |
| Contact Number       | OTHERS-96098993              |
| Email Address        | NOEMAIL                      |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 338A TAH CHING ROAD<br>#13--27 |
| Postcode  | 611338                             |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| 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

PLEASE REFER TO SKETCH

#### 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         | SFF1388Y    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      | MR LEONG    |
| NRIC/Passport Number                |             |
| Contact Number                      | 98182154    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

## 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.
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. 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.:



The diagram is drawn on a grid background. On the left, a curved line represents a river cross-section. Inside this curve, several short, parallel lines are drawn, representing the riverbed or a specific geological feature. To the right of the cross-section, a vertical dashed line represents the river's longitudinal profile. At the bottom of the diagram, there are four small upward-pointing arrows, likely representing flow direction or specific points of interest. In the top right corner, there is a small rectangular box divided into two sections. The top section contains the letter 'A' and a small triangle. The bottom section contains the letter 'B' and another small triangle.

Vehicle A: SMF 2738 G  
Vehicle B: SFF 1388 Y

On the stated date and time, I vehicle A stopped as the Vehicle in front of me stopped. Suddenly Vehicle B hit onto my stationary Vehicle rear portion.

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

Date &amp; Time:

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

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 22/03/2018 (dd/mm/yy) Time of Accident: 11:40 (24-HR-FORMAT)

Vehicle No.: SMF 2738 G Vehicle Make & Model: KIA Cerato 1.6

Exact location of Accident: PIE Changi before Exit 19(Stevens Road)

Policyholder's Name / IC No.: Ong Kok Kuang S8006034C

Driver's Name / IC No.: Ong Kok Kuang S8006034C (As Above) ☐

Driver's Contact No.: 9069 8993 Company Contact No: \_\_\_\_\_

Driver's Address: Blk 338A Tah Ching Road #13-27 S(611338)

Insurance Company: AIG Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** Owner

Owner / Spouse / Children / Friend / Parent / Others specify: \_\_\_\_\_

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☒ Indoor/ ☐ Outdoor

**No. of Passengers (Including Driver):** 01

**Passenger Name :** \_\_\_\_\_  
**Passenger Name :** \_\_\_\_\_

**Gender :** \_\_\_\_\_  
**Gender :** \_\_\_\_\_

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: Mr Leong Vehicle No: SFF 1388 Y

Driver's Contact No: 9818 2154 Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8006034C




Name  
ONG KOK KUANG  
(WANG GUOQUAN)  
王 国 权

Place  
CHINESE

Date of birth  
11-02-1980

Sex  
M

Country of birth  
SINGAPORE

S8006034C

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8006034C



ONG KOK KUANG  
(WANG GUOQUAN)

Date: 11 Feb 1980

Valid till: 20 Jun 2008



000582236H

4624446



NRIC No. S8006034C



Date of issue  
01-09-2010

APT BLK 338A TAN CHING ROAD #13-27  
SINGAPORE 611338  
NRIC No: S8006034C

Date: 11/11/2014 (H)

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 19 Jun 2003

License No. S8006034C





## KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : ONG KOK KUANG (WANG GUOQUAN)  
 Period of Insurance : 12 Oct 2018 To 11 Oct 2019  
 Engine No. : G4FGJH702869  
 Chassis No. : KNAF3416MK5017093

Vehicle No. : SMF2738G  
 Policy No. : 1850120019  
 Endorsement No. :  
 Issued Date : 16 Oct 2018

## ABOUT THE COVER

Make/Model : KIA Cerato  
 Engine Capacity/Tonnage : 1,591.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Marked Value  
 Off Peak Car : No  
 First Year of Registration : 2018  
 Insuring with COE/PAF : Yes

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 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180) 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 - \$500 Theft - \$0 Flood Cover - \$0

## Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ONG KOK KUANG (WANG GUOQUAN) - \$500 (Own Damage)

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

1 Cycle & Carriage Body & Paint Centre: Add: 209 Pamban Gardens, Singapore 609339 65684501

2 Cycle & Carriage Authorised Service Centre: Add: 241 Alexandra Road Singapore 159931 64278800

3 Cycle & Carriage Authorised Service Centre (For windscreen claim only): Add: 330 Ubi Rd 3 Singapore 408650 67481000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 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: Standard Chartered Bank (Singapore) Limited

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. 180), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500709923

CYCLE & CARRIAGE - ZHIWEI

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

7B Shenton Way #07-16 AIG Building 5078120 | T: +65 6419 3000 | [www.aig.com.sg](http://www.aig.com.sg)

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

AIG Asia Pacific Insurance Pte. Ltd.