SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

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 truthful and accurate 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.

7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/04/2019 16:22
Date Of Accident	30/03/2019 02:45
Exact Location Of Accident	SELETAR AEROSPACE CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU1283R
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN HOWE
NRIC No	\$76391311
Email Address	ALAN@AIDESIGN.SG
Mobile Phone No	(LOCAL) +65-84984988
Alternative Phone No	Others-84984988
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS 1.8
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	1700074535-01
Cover Note Number	
Driver	
Name of Driver	ONG CHIN HOWE
NRIC No	\$76391311
Date Of Birth	10/12/1976
Occupation	OUTDOOR

01/07/1997

21 YEARS AND 8 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-84984988

Fax Number

Contact Number OTHERS-84984988 **EMail Address** ALAN@AIDESIGN.SG

Address **BLK 586 WOODLANDS DRIVE 16 #02-108**

Postcode 730586 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 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Please refer to sketch plan and police report.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

NO

2

NO

1

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 TAXI Name of Driver

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SIGNAL POST OF ROLLS-ROYCE PREMISES

NA/UNKNOWN

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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.
- 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:

- 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)
 - (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: - 1 APR 2019

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

Date & Time:

Name:

Reporting Centre Personnel's Signature Name: Deborah Lai

NRIC/FIN No.:

S7332811Z

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Please refer to Police Report No. T/20190330/7009. I have collided Durin consciousness,

DECLARATION

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

Policyholder's Signature R 2019

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature Deborah Lai S7332811Z

2

GIARMIC SherchPlanForm_V3





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190330/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 30/03/20	Date/Time Report Made: 30/03/2019 16:23		Vide Report No.: F/20190330/0001	Station Diary No.:		
Inema	enie i zin	iais				
	Informant: IN HOWE		Address: APT BLK 586 WOODLANDS 730586	DRIVE 16 #02-108 SINGAPORE		
ID Type NRIC NO	/ ID No.:) / S763913	311	Contact No.: Home/Office:	Mobile: 84984988		
National SINGAP	ty: ORE CITIZ	EN	Email: alan@aidesign.sg			
Sex: Male	Age: 42	Date of Birth: 10/12/1976	Type of Informant: Driver			
Race: Chinese		1	Language: English	Institution / School Name:		
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Government Property		rink rive:	Date/Time of Accident: 30/03/2019 02:4	15	Type of Location Straight Road
Location: SELETAR A	ROSPACE CRESCEN					
		Road Sui	face:			Speed Limit:
Weather: Clear Traffic Flow: Two Way		Road Sur Dry Traffic Co Not Cont	ontrol:		50 K	m/h ic Volume:

Vehicle No.	TWOE	Malke	Model	Colo:	Condition	No of Passange
SLU1283R	Car	тоуота	PRIUS ALPHA HYBRID 1.8S AT ABS AIRBAGS	Black		0

Deals of W	antela linaurance		STATE OF THE PARTY	THE PARTY OF
	Insulance Congany AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700074535-01	23/11/2018	Expliy Date 22/11/2019





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190330/7009

CONTINUATION OF REPORT

Any Pedestrian Involved: No No. of Pedestrians Injured: NIL Use of			Use of Pe	f Pedestrian Crossing: NA		
	ELECTION THE	223.000		The second second		
Name	ONG CHIN HOWE	and the second		ID No		S7639131I
Related Vehicle	SLU1283R (Car)		Conta	ct No.	84984988	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date D		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

On 30/3/2019 at about 0245hrs, after my supper with friend, I drove back home. I was very tire & not

feeling well when I started my journal.

At about 0255hrs, I went into the wrong way via Seletar West Link from TPE. I try to find the correct way out back to TPE. When I drive along Seletar Aerospace Crescent, I lost consciousness for a while and lost control to my vehicle. Suddenly, my vehicle collided on the road kerb and I was awaken by the accident. I slowly move my vehicle to the side of the road.

The security officers of the factory can over to check what happen.

From the accident, my forehead hit onto the steering wheel causing giddiness to me. I rested for a while & decided to go to the nearest coffeeshop to get some drink.

As my handphone is flat & I don't have any towing contact no, I decided wait till morning to get from my friend.

My friend came to me in the morning, I was at the prata shop near to the open space parking. He drove me back to the accident location but my vehicle was missing.

I suspected EMAS had towing away my vehicle. I called up NPP to check my vehicle where about. I was told that my vehicle was towed to TP & IO Qhairli is in charge.

I went to seek out patient treatment at Ang Mo Kio Polyclinic and was given medical for high blood

My vehicle front part was badly damage due to the accident.

That is all.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190330/7009

CONTINUATION OF REPORT

Cha	tab	DI	20
Ske	w	FR	411

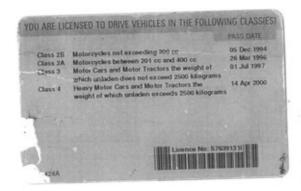
NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2019 16:23
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	











CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : ONG CHIN HOWE : SLU1283R Vehicle No. Period of Insurance : 23 Nov 2018 To 22 Nov 2019 : 1700074535-01 Policy No.

Engine No. : 2ZR0A03786 Endorsement No. :

: ZVW400026568 Chassis No. Issued Date : 07 Nov 2018

ABOUT THE COVER

Make/Model : TOYOTA PRIUS 1.8

Engine Capacity/Tonnage : 1,798.00 CC First Year of Registration : 2017 Sum Insured : Market Value 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 indemnify the Policyholder or any authorised driver only if helshe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has loss than 2 years' driving experience,

rage Condition : 35 years old and above
Limitation as to use* :
Use only for social decrease.

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for him or reward, driving tuition, driving test, recling, pace-making, reliability stal 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.

* 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 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

ONG CHIN HOWE

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

Approved Reporting Centres! AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vohicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting Centres!MG Authorised Repairers, please contact out 24-hour accident emergency hotline at +65 6338 6200, Alternatively, you may refer to AIG website www.sig.com.sg or AIG
SG Mobile App. Simply search and download "AIG SG" from lTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

IWe 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).

0691855000

3 TAMPINES GRANDE #04-43 AIA TAMPINES SINGAPORE 528799 SP-LIONELLAM-JOSEPHWONG Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE CHEE WEILIN

44-FOUR AIG AUTO FOLLINE: TD2 DAGE DZUU

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service Towing service (accident or non-accident related) Advice on Motor Claims procedures Modical Referral Assistance

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.

 Do not admit or discuss fault or blame with the other party(ies),
 Report the accident to us with your accident vehicle (whether damaged or not)
 via our approved reporting centres or authorised repairers within 24 hours or the
 next working day of the accident.

 Submit Writ/Summans/Correspondences from third party(ies) to AJG
 imprediately.

If no one is injured in the accident:

- You are not required to make any police report.

 Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).

 Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.

 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.

 Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.

 Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.

 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is IMPORTANT and MUST be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.

Scene Photo

