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 <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.
- 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	13/04/2019 09:53
Date Of Accident	10/04/2019 07:30
Exact Location Of Accident	BUKIT BATOK RD TWDS JURONG TOWN HALL RD L/P 127
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN5077E
Insured/Policyholder	
Name Of Registered Owner	ONG TING GUAN
NRIC No	S1824011D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96261187
Alternative Phone No	OTHERS-96261187
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV 1.6
Exact Purpose for which vehicle was being used at time of accident	WORK
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	1700003491-01
Cover Note Number	
Driver	
Name of Driver	ONG TING GUAN
NRIC No	S1824011D
D / Of D' II	00/40/4007

 NRIC No
 \$1824011D

 Date Of Birth
 30/12/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/08/1985

Driving Experience 33 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96261187

Fax Number

Contact Number OTHERS-96261187

EMail Address NOEMAIL

Address BLK 294 CHOA CHU KANG AVE 2

#11-171

Postcode 680294

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 SIDE SWIPE
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 YES

Was any other material or property damaged?

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 CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190411/2066

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 FBK4801Y

Vehicle Make/Model/Colour YAMAHA

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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

- (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")
- (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:
 - 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.:

STARME SLaighPlanForm, V2

Accident Sketch Plan

		BUKIT BATO	7 78	e result
				S JURONG TOWN
		RD 4/0 127		
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	- 1 1	7		
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	-00-	8		
				A : SLM 50771
		LAD		
		117		B : FBK 4801
RIBE CIRCUMSTANC	ES OF THE ACCIDE	ENT		
	2 F			
As the Der	00 80	No. 7/2-	va 1	
As per Poli	ce heport	No 1/301	90411/2066	
		4-11-HI-11-HI		
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		_/		
	ticulars are true in eve	ery respect.	A	
clare the foregoing part	ticulars are true in eve	ery respect.		
clare the foregoing part	ticulars are true in ew	ery respect.	Sym	13/4/19
RATION clare the foregoing part der's Signature ine:	Driver's Signa	AND THE PROPERTY OF THE PROPER		13 /u + /eq

GLAHME Matchelaniporm_VB

NRIC/FIN No.:

Individual Statement





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

2 of 3 Report No. T/20190411/2068

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No.		
SLN5077E AIC		The second secon	Effective	Expiry Date
	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700003491-01	06/05/2018	05/05/2019
Details of P	erson involved			

Details of Perso	on Involved	Water State of the last				
Any Pedestrian	Involved: No	0. 19 -0	Minister West	NO. CO.	NIESPAN	SALES CONTRACTOR
No. of Pedestria	ns Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Name	Unknown			ID No	D.	NIL
Related Vehicle	FBK4801Y (Motorcycle)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment		Date Disc	charac	y Date		
No. of Days gran	ted Medical Leave	NIL	Degree o	floius	NIL	
Driver	THE RESIDENCE	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the	Degree 0	injury	NIL	
Name	ONG TING GUAN	THE PART NAMED IN		ID No).	S1824011D
Related Vehicle	SLN5077E (Car)			Contact No.		96261187
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 10/04/2019 at about 0730hrs, I was driving my vehicle bearing plate number SLN5077E at lane 1, along Bukit Batok Road towards Jurong Town Hall. Traffic Light flashed red light hence I gradually stopped my vehicle. However, there was a motorcycle bearing plate number FBK4801Y cut through the middle of lane 1 and 2 and it accidentally hit onto the left side of my vehicle. Traffic Police was not at scene. I am lodging this report for insurance claim. I did not manage to retrieve to particular's of the rider.

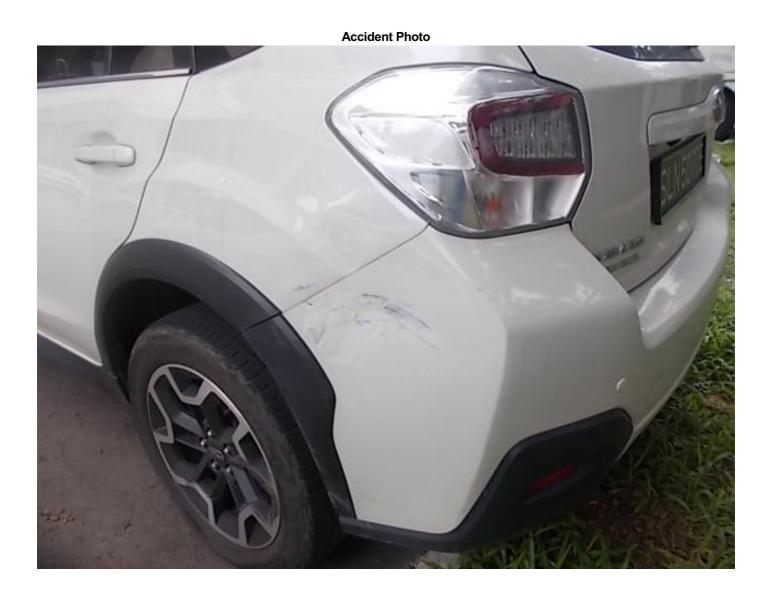










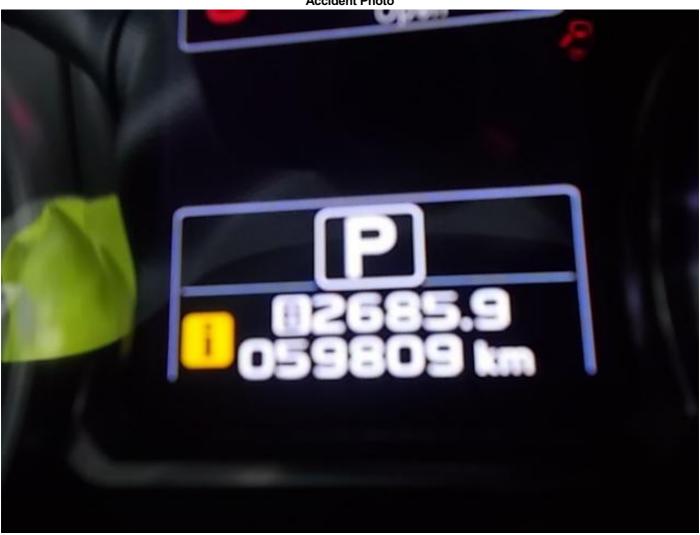














Police Report





Police Station Of Origin: Choa Chu Kang N.P.C. 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 889285 Tel No: 1800-7659999

1 of 3 Report No. 7/20190411/2068

REPORT OF A TRAFFIC ACCIDENT

labourer

Date/Time Report Made 11/04/2019 13:15			Vide Report No	Station Diary No. 82	
Informa	nt's Partic	ulara			
Name of Informant: ONG TING GUAN			Address: APT BLK 294 CHOA CHU KANG AVENUE 2 #11-171 SINGAPORE 680294		
ID Type / ID No NRIC NO / S1824011D			Contact No.: Home/Office:	Mobile: 96281187	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 51	Date of Birth: 30/12/1987	Type of Informant: Driver		
Race Chinese			Language: English	Institution / School Name;	
Cocupation: Civil engineering/Building construction		allding construction	Oriving Licence Information Class: 3,4,5	Date of Expiry:	

Type of Accident:	Injury Others	Drink Orive: No	Date/Time of Accident: 10/04/2019 07:30	Type of Location Straight Road
Location Along Road 1 BUKIT BATO Towads Juror Lamp Post No	K ROAD ng Town Hall			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	: Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collis	ine			Anyone conveyed by

Details of V	ehicle Involve	C	The state of the s			
Vehicle No.	Type	Make	Model	Calor	Condition	No of Passenger
FBK4801Y	Motorcycle	YAMAHA	YZF-R15	Blue	Slightly Damaged	0
SLN5077E	Car	SUBARU	SUBARU XV 1.6i-S AWD CVT	White	Slightly Damaged	0

Details of V	chicle insurance	- CONTRACTOR OF THE PARTY OF TH	WILLIAM DE L	MANUFACTURE IN
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689288 Tel No: 1800-7859999

2013 Report No. 7/20190411/2086

CONTINUATION OF REPORT

Details of Ve	hicle Insurance		Acres de la	-	-	The state of the s	
Vehicle No.	Insurance Company	200	Insuran	ce No		Effective	Teas Ass
SLN5077E	AIG ASIA PACIFIC INSURANCE P LTD.	TE	170000		11	06/05/2018	O5/05/2019
Dotalla of Pe	rson involved						-11-2
Any Podestria	in Involved: No	40.45	-			STATE OF THE PARTY OF	
No. of Pedest	rians Injured: NIL	133	no or the Property	at a final and a second			
A CONTRACTOR		100	se of Pa	destria:	n Cres	sing: NA	
Name	Unknown	and the same of		ID No).	NIL	
Related Vehic	le FBK4801Y (Motorcycle)	FBK4801Y (Motorcycle)			sct No.	NIL	
Hospital/Crinic	NII.			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatmer	NIL Date D				NIL		
No. of Days gr	anted Medical Leave NIL	D	egree of	inium	NIL		
Driver		200	-H-90 01	mjery.	NEL		
Name	ONG TING GUAN			ID No		\$1824011D	NAME OF STREET
Related Vehicl	 SLN5077E (Car) 	SLN5077E (Car)			ct No.	98261187	
Hospital/Clinic	NIL.	NIL			of g xe &	Class: 3,4,5 Date of Expi	ry: NIL
Jate Treatmen		TO.	te Disch	Exploy	The second second		
lo, of Days gr.	anted Medical Leave NIL	DA.	gree of	arga	NIL		

Brief Details.

On 10/04/2019 at about 0730hrs. I was driving my vehicle bearing plate number SLN5077E at lane 1, along Bukit Batok Road towards Jurong Town Hall. Traffic Light flashed red light hence I gradually stopped my vehicle. However, there was a motorcycle bearing plate number FBK4801Y cut through the middle of lane 1 and 2 and it accidentally hit onto the left side of my vehicle. Traffic Police was not at scene. I am lodging this report for insurance claim. I did not manage to retrieve to particular's of the rider,

Police Report





Police Station Of Origin. Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 889286 Tel No: 1800-7659999

3 of 3. Report No. 7/20190411/2066

CONTINUATION OF REPORT

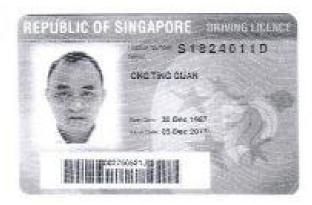
Sketch Plan

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. 3.7 Sgt 24JM CEHANG, HERMAN	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: \11/04/2019 13:15	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 85478414	Classification Of Case:	
Authentication Stamp		

Identification Card





YOU ARE DISENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

IN HISTORICANS

Date 1 Mater - tack with under execute in 1000eg with in 17 Mag 1956 passaged at the control of the control of

ser else.

Launca Nodrazvori DE ET

JACKSON. ### 81824011D 17-09-9219 APT NEW YEAR CHOIC CHIE NAME AVENUE 2 911-921 6 WISHOOM FROMME