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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 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.
- 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	24/04/2019 14:17
Date Of Accident	23/04/2019 17:15
Exact Location Of Accident	ALEXANDRA ROAD TOWARDS TELOK BLANGAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFQ420K
Insured/Policyholder	
Name Of Registered Owner	OH CHENG FAI
NRIC No	S7178127E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98160269
Alternative Phone No	OTHERS-82339210
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	RANGE ROVER EVOQUE-2.0 TSS (A)
Exact Purpose for which vehicle was being used at time of accident	(3.7)
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	2100376469-04
Cover Note Number	
Driver	

Name of Driver TADA YASUYO NRIC No S7762904A Date Of Birth 21/08/1977 Occupation INDOOR Date Of Driving Pass 12/02/2011 Driving Experience

8 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98160269

Fax Number

Contact Number OTHERS-82339210

EMail Address NOEMAIL Address

BLK 32 KEPPEL BAY DRIVE

#02-54

Postcode

098651

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle SPOUSE

*

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?

Number of vehicles (including own vehicle)

involved in the accident

6

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)

Passenger 1

NAME:

: RAFEAL OH WAI KIN

GENDER:

MALE

Passenger 2

NAME:

: GISELE OH

GENDER:

: FEMALE

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 PLAN

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 Vehicle Make/Model/Colour

GBH5475P

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 15

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFN5885K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 3

Vehicle Registration Number

SLM181A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 4

Vehicle Registration Number

SLQ8154E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 5

Vehicle Registration Number

SJR1681P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

TADA YASUYO

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SFQ420K

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

RAFEAL OH WAI KIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SFQ420K

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

GISELE OH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SFQ420K

Were seat belts wom?

YES NO

Troto Sout Della Wolly

ý

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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:
 - 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:

(If driver is not the policyholder)

Date & Time:

Driver's Signature

Reporting Center Name:

NRIC/FIN No.

包	(A) SFQ 420 K
	(B) GBH 3475P
E	(C) SFN5885K
	CODSLM181A
B	(E)SLQ 8154E
	(F) SJR 16817

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE STATE OF THE PROPERTY OF T
I was travelling doney Alexandra Ruch on law 1 of 3 lands weather
was clear but wet, traffic was moderate. The vehick infront of me made a
9
sudden break and come to a stop. Nationy that I also stopped my vehicle.
After a few second, I felt en goet impact from the vege. The impact mas
So huge that it pushed me forward and collided anto the new of vehicle
99
in Front of me. I alighted and reclised it was a chain collision involving
6 vehicles.

DECLARATION

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

Policyholder's Signature

Date & Time:

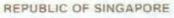
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

TIARMC Metaliflandoon_VI

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 25.04.2019 TIME: 1715 HLS	(hh:mm) 24 hrs Format
LOCATION Alxandia Rd Toward, Telok Blantah	
VEHICLE NUMBER SFQ 420K	
INSURED NAME Oh Chens Fail	
NRIC/FIN STITE CONTACT:	
MAKE LAND ROVER MODEL Range Rover EVOS	ME 3-0 TSS SK
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes, If No, Pls Select : (V) Third Party () Reporting Only	
INSURANCE COMPANY ALG	
TYPE OF POLICY (✓) COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: 2100 376469-64	
To all Maria Maria A. M. Charles J.	
NAME DRIVER: Tada a SWD) SAME AS INSURED
	82339210
DATE OF BIRTH: 21-08-1977	
DRIVING PASS DATE: 12.02-2011	
OCCUPATION: (/) INDOOR () OUTDOOR	
GENDER: () MALE () FEMALE	
EMAIL ADDRESS:	() NO EMAIL
ADDRESS OF DRIVER: 32 Keppe Bay Dire \$02-54 Slog	8661)
* 11/01 * 11/01 * 10 !	M.M.
Number Of Passenger Include Driver: 3000 Inded davor	
The state of the s	
Was driver an employee of the Insured's Company? () YES () NO	
If No, Relationship Of The Driver With The Insured	
() Owner (/) Spouse () Friend () Relative () Children () Sibling () Others
Does The Driver Own Any Other Vehicle? : () YES (/) NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: () Clear () Raining () Drizzling () Others
Road Surface : () Dry (V) Wet () Others	
Was Any Foreign Vehicle Involved In This Accident? () YES (O) NO
Was Anybody Injured In The Accident? (/) YES () NO	
If YES, Injured details :	
Convey By Ambulance: () YES (/) NO	
Was There Any Video Capture By Car Camera? () YES () NO	
Was There Accident Reported To The Police? () YES () NO If	Yes Attach Police Report
Police Report Number (if any)	1
Details Of 3rd Party Name / NRIC	Contact
Veh B 61SH 5475P	
Veh C SFN 5885K	
Veh D SLM 181A	
Veh E SLQ 8154E	
Veh F SJK 1681P	
Veh G	
() Rafael Ob Wai Kin - Male (TD8019054)	

(1) 61 sele Oh - Famale (7/206274A)



IDENTITY CARD NO. S7762904A





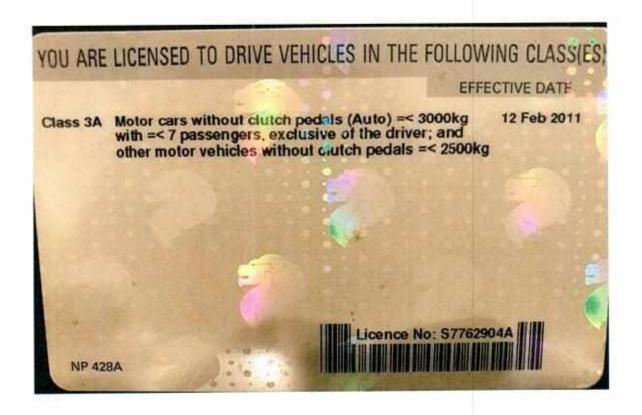
TADA YASUYO

JAPANESE Determinants

Dire of both Sir 21-08-1977 F Country of both JAPAN





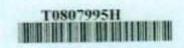






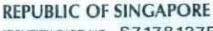
REPUBLIC OF SINGAPORE

CERTIFICATE OF REGISTRATION OF BIRTH



4			BIRTH REGISTRATION No.			
Ì	(firth flegistered in	RAFFLES HOSPITAL PTI	LTD, SINGAPORE			
- Anna Command	RAFAEL O	H WALKIN		胡偉	健	
	See	MALE	Care of Birth 22/03/20	108	Tana of Birth 0920	HOUSE
200	Place or Address o	RAFFLES HOSPITAL PTE	LTD, SINGAPORE			
1	TADA Y	ASUYO				21/08/1977
NAS.	NRIC / Identificate	in Document No.	Pace	ner.	Dawe Group JAPANE	SE
PARTICULARS		S/BLUE 57762904A	JAPAN	County of Birth	2007010	-
Ĕ	Nationally	JAPANESE	THE STATE OF	JAPAN		
PA	A02411	30 TANAH MERAH KECH SINGAPORE 465558	IL ROAD #06-12			
PARTICULARS	Name OH CHE	NG FAI				
RTICULAR	NRIC / Identification	S/BLUE S7178127E	Flace CHINE	SE	CANTO	NESE
PART	Nationally	MALAYSIAN		Sourcey of Birth MALA	YSIA	
RS	OH CHE	NG FAI				
PARTICULARS	NRIC / Identificati	S/BLUE S7178127E		FATHE	R	
PART	Appete	30 TANAH MERAH KECH SINGAPORE 465558	IIL ROAD #06-12			
	FOR OFF	CIAL USE THE CHIL	D IS NOT A CITIZEN OF SI	NGAPORE AT THE TIM	E OF BIRTH	
1	certify that the	above information given by m	e is correct.			
	8	2		0	~	
	V		2102000	MILDARATTI	TANNAVI	24/03/200
	0		24/03/2008	for Registror of Bird		Date

A STATE	CERTIFICATE OF R	OF SINGAPOR		10001111	6274A
in	RAFFLES HOSPITAL PTE LTD	SINGAPORE		BINTH	REGISTRATION NO.
TICULARS	GISELE OH				
PAR	FEMALE	One of Size 01/03	2012	Time of finite 1546	
CHILD'S PARTICUL	RAFFLES HOSPITAL PIE LTD, S	SINGAPORE			Rest
S	TADA YASUYO				21/08/1977
MITCULAR	S/BLUE S7762904A	JAPA	NESE	Dunc Gran	ESE
ARTICULARS	JAPANESE.	51675	AP/		
ARTICULARS	OH CHENG FAI	flore			
PART	5/BLUE S7178127E	CHINO	ESE	Dunet Gross CANTO	ONESE
G.	MALAYSIAN		Control Total of East MAL	AYSIA	
TICULARS	OH CHENG FAI				1111111
TICUL	S/BLUE S717W127E		FATI	HER	
	APT BLK 32 KEPPEL BAY DRIVE SINGAPORE 098651	E #02-54			
	FOR OFFICIAL USE THE CHILD IS NO	OT A CITIZEN OF SE	NGAPORE AT THE TI	ME OF BIRTH	
i cer	tify that the above information given by me is correct		(
	06	03/2012	SITE FAZIAN	BINTE SABRI	06/03/2012



IDENTITY CARD NO. S7178127E







OH CHENG FAI

Race

CHINESE

Date of Birth 13-03-1971

Country of Birth

MALAYSIA



Nationality

MALAYSIAN Blood Group Date of result

02-08-1997

APT 6LK 32 KEPPEL BAY DRIVE #02-54 SINGAPORE 098651

NRIC No: S7178127E Date: 22/06/2010



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

Name of Policyholder : OH CHENG FAI Period of Insurance : 16 Jun 2018 To

: 16 Jun 2018 To 15 Jun 2019

Engine No.

: 181013022239204PT

: SALVA2AG4EH891213 Chassis No.

Issued Date

: SFQ420K

Policy No.

: 2100376469-04

Endorsement No.

: 18 May 2018

ABOUT THE COVER

Make/Model

: LANDROVER RANGE ROVER EVOQUE (5DR/COUPE)

Engine Capacity/Tonnage : 1,999.00 CC

Sum Insured : Market Value

First Year of Registration : 2014

Driver Restriction

- NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

as The PoincyToSole: b) Any other person who is driving on the Policyteator's order or with his/her permission. This Policy will insternify the Policyholder of any authorised driver only if he/shre 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 25 and/or has been 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 hirs or revent, driving fullion, driving hest, racing, pace-making, resultiny bial 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.

* Landahors rendered incorrance by Section 8 of the Motor Verticles (Thirs-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Mikinysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

OH CHENG FAI - \$900 (Own Damage)

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

1 Wearnes Automotive Pte Ltd. Add: 45 Leng Kee Road. Singapore 159103 63789333

For other Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour excident emergency hotime at +65 6338 6200. Abernatively, you may refer to A/G wetsite were alg coming or A/G S/G Modelle App. Simply search and download "A/G S/G" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan; OCBC Bank Ltd

0503456025

WEATHER AUTOMOTIVE - DOT U)

IS LENG KEE ROAD

GAPORE 159100

rurillen by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Scanned with CamScanner

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	8127E	
Vehicle Details	012/1	
Vehicle No.:	SFQ420K	
Vehicle to be Exported:	No	
Intended Deregistration Date:	30 Apr 2019	
Vehicle Make:	LAND ROVER	
Vehicle Model:	RANGE ROVER EVOQUE 2	O TSS CD
Primary Colour:	White	.0 13336
Manufacturing Year:	2014	
Engine No.:	181013022239204PT	
Chassis No.:	SALVA2AG4EH891213	
Maximum Power Output:	177.0 kW (237 bhp)	
Open Market Value:	\$58,053.00	
Original Registration Date:	16 Jun 2014	
irst Registration Date:	16 Jun 2014	
ransfer Count:	0	
ctual ARF Paid: ntended PARF Rebate Details	\$76,496.00	
ARF Eligibility:	Yes	
ARF Eligibility Expiry Date:	15 Jun 2024	
ARF Rebate Amount: ntended COE Rebate Details	\$57,372.00	
OE Expiry Date:	15 Jun 2024	
OE Category:	E - Open Category	
OE Period(Years):	10	
P Paid:	\$65,501.00	
OE Rebate Amount:	\$33,569.00	
otal Rebate Amount:	\$90,941.00	

The information contained herein is correct as at 24 Apr 2019