

## 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	01/07/2019 09:38
Date Of Accident	29/06/2019 18:40
Exact Location Of Accident	ALONG BRAS BASHA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH7168D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG GUAT ENG
NRIC No	S2706443D
Email Address	KLSESHA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97341153
Alternative Phone No	Others-97341153

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100398222-04
Cover Note Number	

### Driver

Name of Driver	ONG GUAT ENG
NRIC No	S2706443D
Date Of Birth	13/07/1967
Occupation	INDOOR
Date Of Driving Pass	09/05/2006
Driving Experience	13 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-97341153
Fax Number	
Contact Number	OTHERS-97341153
EEmail Address	KLSESHA@YAHOO.COM
Address	BLK 484 ADMIRALTY LINK #08-53
Postcode	750484
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	Name: : VINCE LEONG WING HON Gender: : Male
Passenger 2	Name: : KEENE LEONG WING JUN Gender: : Male

#### 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

KINDLY 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	SMM4030P
Vehicle Make/Model/Colour	TOYOTA

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	THAM KEI YEUNG
NRIC/Passport Number	S7214773A
Contact Number	83551668
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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:

17/3/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

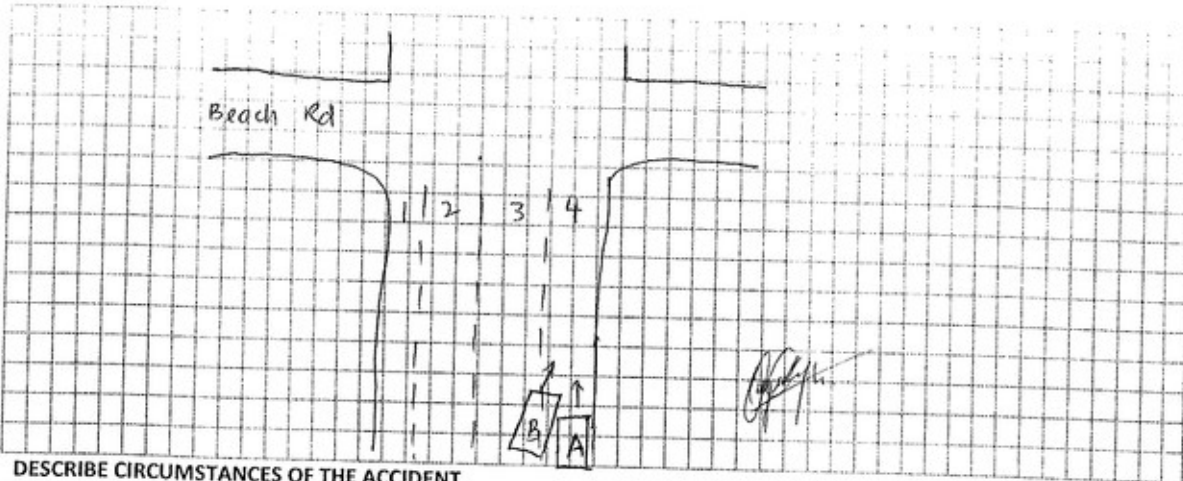
Name:

NRIC/FIN No.:

A - My Car SGH7168D

B - Third party Car SMM4030P

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were heading towards Suntec City on Bras Basah Road. The time is 6.40 pm as there were heavy traffic jam due to NP Rehearsal. My car was on lane 4. I was following a vehicle from behind. Car B was very closed to my Car A. I did not know whether he was cutting into my lane 4 as there was No RIGHT SIGNAL on his car. I assumed he was heading towards front but too close to my car. I slowly moved bit by bit in front as traffic was totally at stop level. I honed the Car B as he was too close and cutting into my lane 4 without Right signal on his car. Suddenly, he came out from his car and alarmed me that we have had an accident. My left car had been scratched.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

✓

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature  
Date & Time 1/7/2019

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

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S2706443D**

Name: **ONG GUAT ENG**

Birth Date: **13 Jul 1967**

Issue Date: **09 May 2006**

001417695D

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S2706443D**



**ONG GUAT ENG**

**王月英**

Place  
**CHINESE**

Date of Birth: **13-07-1967** Sex: **F**

Country of Birth:  
**MALAYSIA**

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

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE

09 May 2006

NP 428A



8415136

NRIC No: **S2706443D**



Nationality

**MALAYSIAN**

Blood Group

**B+**

Date of issue

**04-09-2001**

Address  
**APT. BLK 484 ADMIRALTY LINK #08-53**

**SINGAPORE 750484**

NRIC No: **S2706443D**

Dates: **19-10-2002**

No: **4278128**



**Name of Policyholder** : Ong Guat Eng  
**Period of Insurance** : 06 Jan 2019 To 05 Jan 2020  
**Engine No.** : PE20579526  
**Chassis No.** : JM6GJ1071F0147311

Vehicle No. : SGH7168D  
Policy No. : 2100398222-04  
Endorsement No. :  
Issued Date : 26 Dec 2018

Make/Model : MAZDA 6 2.0 SKYACTIV

Engine Capacity/Tonnage : 1.998.00 CC

Sum Insured : Market Value

**First Year of Registration : 2015**

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 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 Optional

\* 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.

## Section 1

Section 1

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

Section 2

Property Damage - \$0

Widescreen - \$100

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

Ong Guat Eng - \$600 (Own Damage)

1. Trans Eupkare Pte Ltd. Add: 27A Tanjong Pagar Road, Singapore 060042 63310000

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.

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE 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. 159), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599160

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

**SINGAPORE 069111**

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

**Abstract**

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo




Accident Photo



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7214773A



Name  
THAM KEI YEUNG

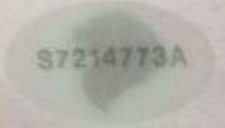

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Race  
CHINESE

Date of birth  
18-04-1972

Sex  
M

Country/Place of birth  
SINGAPORE





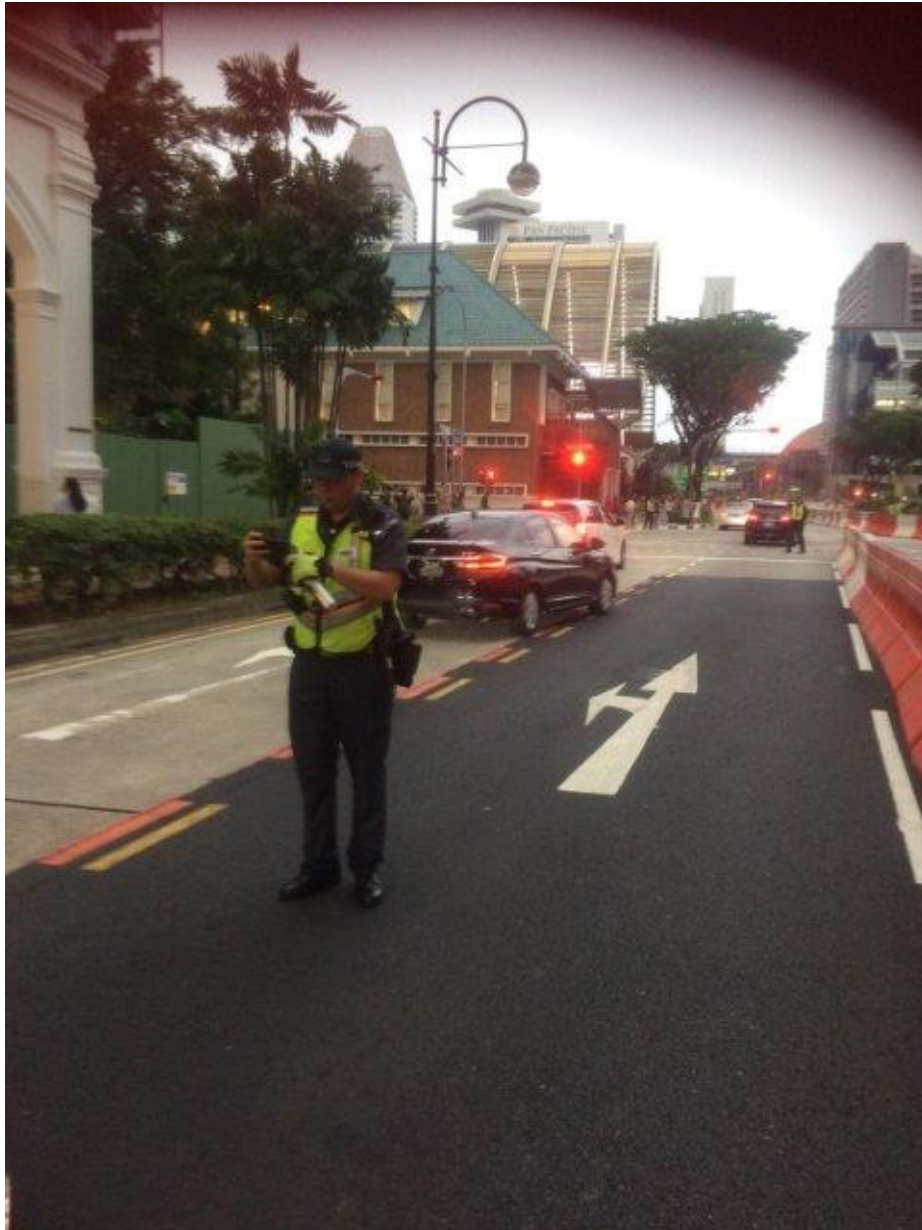
Identification Card



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

