

## 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	06/12/2018 14:56
Date Of Accident	27/07/2018 20:45
Exact Location Of Accident	LENTOR AVE TO YISHUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6686S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHI HIAN
NRIC No	S7530701B
Email Address	ADRIANONG1210@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93380336
Alternative Phone No	OFFICE-93380336

### Vehicle Particulars

Manufacturer	AUDI
Model	A6-1.8 TFSI ULTRA (PI) (NAV) (A)
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	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	1700085681
Cover Note Number	

### Driver

Name of Driver	ONG CHI HIAN
NRIC No	S7530701B
Date Of Birth	12/10/1975
Occupation	INDOOR
Date Of Driving Pass	27/06/1994
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-93380336
Fax Number	
Contact Number	OFFICE-93380336
EMail Address	ADRIANONG1210@GMAIL.COM

Address	BLK 171 ANG MO KIO AVENUE 4 #09-511
Postcode	560171
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20181004/2152. STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FQ6629E
Vehicle Make/Model/Colour	
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)	

## Sketch Plan

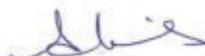
### SKETCH PLAN

#### IMPORTANT NOTICE

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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.
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.:

Sketch Plan #2

SKETCH PLAN

Refer my attach sketch plan

**Vehicle**  
A - SJW66865  
B - FQ 6629E

**Legend**  
 Vehicle  
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: 7/2018/1004/2152

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

  
\_\_\_\_\_  
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.:

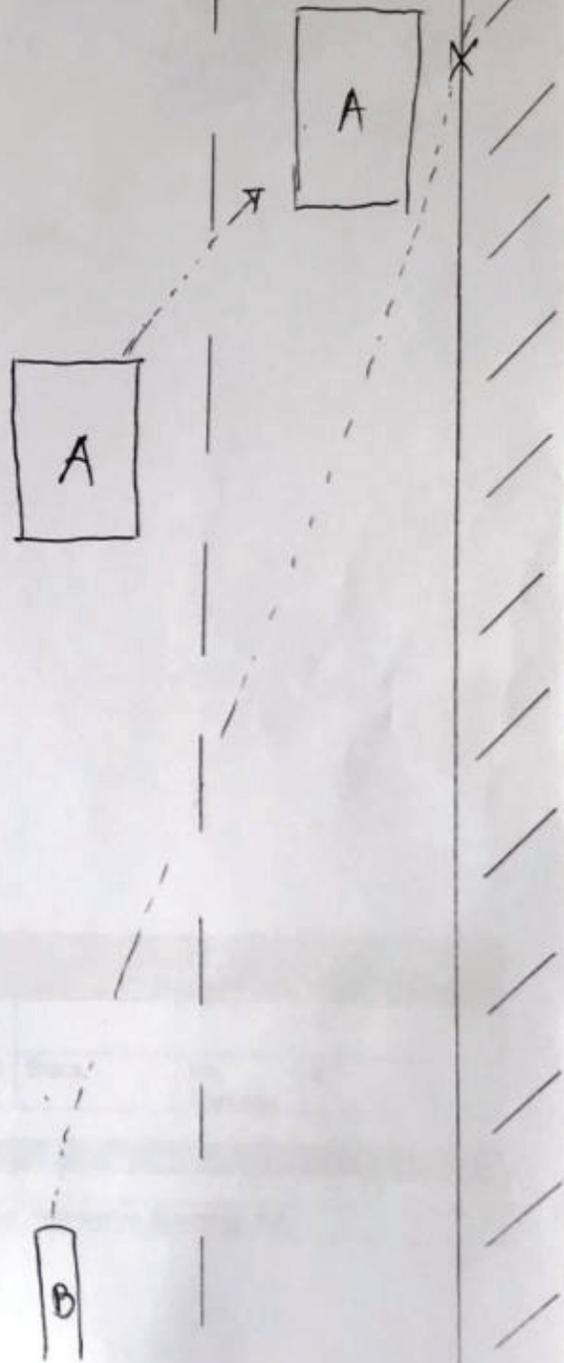
Accident Sketch Plan

A SJW 6686R

B ~~FQ 6299E~~ *dlis*  
FQ 6629E

2ND LANE

1ST LANE



*dlis*  
ONG CHI HIAN  
S7530701B  
5 DEC 2018



**SINGAPORE  
POLICE FORCE**



T/20181004/2152

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20181004/2152

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2018 18:42	Vide Report No.: F/20180727/0212	Station Diary No.: 153
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**Informant's Particulars**

Name of Informant: ONG CHI HIAN		Address: APT BLK 171 ANG MO KIO AVENUE 4 #09-511 SINGAPORE 560171	
ID Type / ID No.: NRIC NO / S7530701B		Contact No.: Home/Office:                      Mobile: 93380336	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 12/10/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: FINANCE SERVICE MANAGER		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2018 20:45	Type of Location: Straight Road
Location: Along Road 1 LENTOR AVENUE  Towards Yishun direction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ6629E	Motorcycle					0
SJW6686S	Car				No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181004/2152

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20181004/2152

CONTINUATION OF REPORT

Driver			
Name	ONG CHI HIAN	ID No.	S7530701B
Related Vehicle	SJW6686S (Car)	Contact No.	93380336
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/09/2018, I was informed by a Traffic Police Officer namely Shahril to lodge a police report regarding a traffic accident which happened on 27/07/2018 at about 2046hrs along Lentor avenue towards Yishun direction. What happened was that on that day, I was driving my car (SJW6686S) along lane 2 of Lentor avenue and going towards Yishun. After which I started to change lane to lane 1. After I finished changing lane, and was going straight, I saw a motorcycle (FQ6629E) suddenly rode passed me from my right and after it rode passed me, the rider seems to be losing control and subsequently when I drove passed it, I saw from my rear mirror that a motorcycle (FQ6629E) fell onto the road. I quickly stops and attended to the rider. I then called for ambulance which came shortly and convey the rider to hospital. When the ambulance left, I drove off as well. I did check my car and there was no fresh damages and that I did not felt any impact during changing of lane before the accident happened.



SINGAPORE  
POLICE FORCE



T/20181004/2152

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

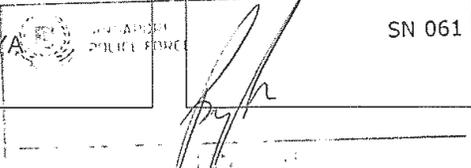
3 of 3  
Report No. T/20181004/2152

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: E / Staff Sgt LIM BENG LEE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/10/2018 18:42
Officer In Charge Of Case: TP / GIT / Sr. Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:  <div style="border: 1px solid black; padding: 5px; display: inline-block;">           SN 061         </div>
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7530701B



Name  
**ONG CHI HIAN  
(WANG ZHIXIAN)**  
王志贤  
Race  
**CHINESE**  
Date of birth  
**12-10-1975** Sex  
**M**  
Country of birth  
**SINGAPORE**

S7530701B

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7530701B

ONG CHI HIAN  
(WANG ZHIXIAN)

Birth Date: 12 Oct 1975  
Issue Date: 02 Jun 2008

000536976H



NRIC No. S7530701B



Date of issue  
13-12-2005

APT BLK 171 ANG MO KIO AVENUE 4 #09-511  
SINGAPORE 680171  
NRIC No: S7530701B Date: 16/05/2017

3810103

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	10 Jul 1997
Class 2A	Motorcycles between 201 cc and 400 cc	12 Jan 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Jun 1994

NP 428A





T/20181206/2164

1 of 3

Report No. T/20181206/2164

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No 1

Report Number T/20181206/2164

Vide Report Number T/20181004/2152

Date/Time of Report Made 06/12/2018 20:17

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Ong Chi Hian *OH*

ID Type / ID No. NRIC NO / S7530701B

Home/Office

Mobile 93380336

Email

Type of Accident Non-Injury / Others

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 27/07/2018 20:45

BISHAN NPC  
20 BISHAN STREET 2  
SINGAPORE 579757  
TEL: 1800-5529999 *CS*

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ6629E	Motorcycle					0
SJW6686S	Car	AUDI	A6 1.8 TFSI ULTRA (PI)	Black	No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20181206/2164

2 of 3

Report No. T/20181206/2164

**Continuation of CSF For NP168**

<b>Driver</b>			
Name	Ong Chi Hian	ID No.	S7530701B
Related Vehicle	NIL	Contact No.	93380336
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Facts.**

The correct date of the accident is 27/07/2018 instead of 27/08/2018



T/20181206/2164

3 of 3

Report No. T/20181206/2164

### Continuation of CSF For NP168

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIA / WONG SIEU LUI
Classification of Case	1) NON-INJURY / OTHERS



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder	: Ong Chi Hian	Vehicle No.	: SJW6686S
Period of Insurance	: 07 Dec 2017 To 29 Dec 2018	Policy No.	: 1700085681
Engine No.	: CYG005296	Endorsement No.	: 00000000167222
Chassis No.	: WAUZZZ4G3FN087135	Issued Date	: 18 Dec 2017

### ABOUT THE COVER

Make/Model	: AUDI A6 1.8 TFSI ULTRA	Sum Insured	: Market Value	First Year of Registration	: 2015
Engine Capacity/Tonnage	: 1,798.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

#### 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 "Inexperienced Driver Excess" ("IDV") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

#### 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.

### 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)

Ong Chi Hian - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (for claims related repairs)  
 Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 9338 5200. Alternatively, You may refer to AIG website 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: INDEX CREDIT PTE LTD

We hereby certify that this 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, 1950 (Malaysia).

Co. Reg. No. 2017000000000000 | Copyright © 2015 AIG Auto Plus Private Insurance Pte. Ltd.

9502441000

ONG CHI HIAN  
 3 TAMPINES GRANCE #08-01 AIA TAMPINES  
 SINGAPORE 528799 SP-ADRIANONG-DAVIDONG  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

88PW70

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : mpa 218157859 Vehicle Registration No: SJW 6686 S
Name (as shown in NRIC) : Ong Chuan NRIC/FIN/Passport No : S7530701 B
(\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate
Address : Blk 171 Ang Mo Kio Ave 4 #09-511 Singapore (560171)
Contact (Tel) : - Mobile No. : 93380336
Email Address :
Date of Accident : 27/7/18 Time of Accident : 20:45
Place of Accident : Lorong Prx to Yishun
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach addendum police report, sketch plan and CI.

Policyholder / Driver's Signature
Date:

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