

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	15/10/2020 09:36
Date Of Accident	14/10/2020 17:15
Exact Location Of Accident	PIE EXIT FROM PIONEER ROAD TO TUAS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1931Y
Insured/Policyholder	
Name Of Registered Owner	ONG MEI NAH (WANG MEINA)
NRIC No	SXXXX233C
Email Address	JENNIFER.ONG_15@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96967178
Alternative Phone No	OTHERS-96967178

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 (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?	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	2100488050
Cover Note Number	

Driver

Name of Driver	ONG MEI NAH (WANG MEINA)
NRIC No	SXXXX233C
Date Of Birth	15/06/1978
Occupation	INDOOR
Date Of Driving Pass	12/04/1999
Driving Experience	21 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96967178
Fax Number	
Contact Number	OTHERS-96967178
Email Address	JENNIFER.ONG_15@YAHOO.COM.SG

Address	19 CANBERRA DRIVE #03-39
Postcode	768075
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 - HEAD TO REAR
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS AT THE SLIP ROAD OF PIONEER ROAD TURNING INTO TUAS ROAD. VEHICLE B WAS INFRONT OF ME AT THE SLIP ROAD. I TURNED MY HEAD TO MY RIGHT TO CHECK FOR ON-COMING TRAFFIC AND SAW THAT THE TRAFFIC WAS CLEAR, GOOD TO MOVE ON. I START TO ACCELERATE MY CAR THINKING THAT VEHICLE B WILL ALSO MOVED OFF. HOWEVER, WHEN I TURNED MY HEAD BACK TO THE FRONT, VEHICLE B IS STILL STATIONERY INFRONT OF ME. I IMMEDIATELY APPLIED MY VEHICLE BRAKE BUT COULD NOT STOP IN TIME AND ACCIDENTALLY HIT ON THE REAR OF VEHICLE B.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC1554R
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)

Sketch Plan

SKETCH PLAN

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. 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.

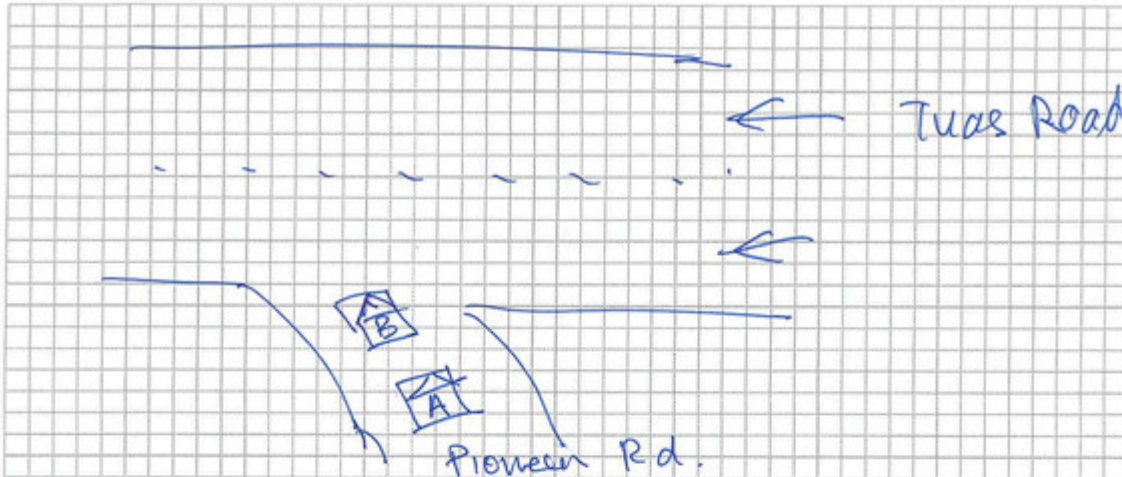

Policyholder's Signature
Date & Time:

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

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628080
TEL: 6282 2212
FAX: 6282 3092 ✓

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the slip road off of Pioneer Rd turning into Tuas Road. Vehicle B was in front of me at the slip road. I turned my head to my right to check on coming traffic and saw the traffic was clear. went to move on. I ~~at~~ start to accelerate my car thinking that vehicle B will also moved off. However, when I turned my head back to the front, Vehicle B is still stationary in front of me. I immediately applied my vehicle brake but could not stop in time and accidentally hit on the rear of vehicle B.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

GIARMC SketchPlanForm_V3

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

TC AutoClinic Pte Ltd
 1 SIXTH LOK YANG ROAD
 SINGAPORE 628099
 TEL: 6262 2212
 FAX: 6262 3092


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

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 14 Oct '20		Time 5:59 PM		2 Exact location of accident PIE Exit from Pioneer Rd to Tuas Rd		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>							
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)			

Registration No. **SCA 1921Y**

6 Insured / policyholder (see insurance cert.)
Name **ONG MEI NATH**
(capital letters)
Address **19 CAMBERA DRIVE**
#03-39 57862336
NRIC / Passport no. **9696778**
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type **X-trail 2.0**
NISSAN

8 Insurance company
AIG
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. (if available) **2100488050-02**

9 Driver (See driving licence)
(if different from insured A above)
Name **as above**
(capital letters)
NRIC / Passport no.
Class of licence

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

Registration No. **SKC 1554 R**

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type
8 Insurance company
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

13 Sketch of accident when impact occurred 13
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 4: ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers 15

A

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all)		Email: <u>Jennifer Ong - 15P jahoom.sg</u>												
	2 Vehicle registration no. <u>SCA1931Y</u>	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward														
	<input type="checkbox"/> Others - please specify _____														
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, state where it is at present _____ Tel no. _____												
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>YES</u>														
	If no, state action to be taken _____														
	7 Date of birth <u>15/06/1978</u>	Occupation (if more than one, state all) <u>Sales Indoor</u>	Years of driving experience <u>12 Apr 1999</u>	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>										
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____														
	9 Full details of all driving convictions including pending prosecutions in the last 36 months														
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty								
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)											
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	If yes, please state which Police station _____														
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	If yes, against whom? _____														
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>											
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>											
	16 Speed of vehicles	A <u>5</u> km/hr	B <input type="checkbox"/> km/hr												
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____														
	20 If your vehicle is commercial, state weight of load carried at time of accident _____														
Declaration	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)														
Declaration	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature <u>[Signature]</u>			Date _____											
	Driver's signature (if driver is not the policyholder) _____			Date _____											

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7816233C**

Name: **ONG MEI NAH (WANG MEINA)**

Birth Date: **15 Jun 1978**

Issue Date: **02 Apr 2003**

1000346088A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7816233C

Name: **ONG MEI NAH (WANG MEINA)**

王美娜

Race: **CHINESE**

Date of birth: **15-06-1978**

Sex: **F**

Country of birth: **SINGAPORE**

S7816233C



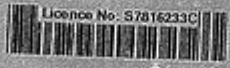

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors, the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **12 Apr 1999**

NP 428A

License No: **S7816233C**



469225

NRIC No: **S7816233C**

Date of Issue: **11-03-2011**

19 CANBERRA DRIVE #03-39
SINGAPORE 768075

NRIC No: **S7816233C** Date: **01/09/2017**




CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : Ong Mei Nah (Wang Meina)
Period of Insurance : 26 Oct 2019 To 25 Oct 2020
Engine No. : MR20908441B
Chassis No. : JN1JANT32Z0002701

Vehicle No. : SLH1931Y
Policy No. : 2100488050-03
Endorsement No. :
Issued Date : 22 Oct 2019

ABOUT THE COVER

Make/Model : NISSAN X-TRAIL
Engine Capacity/Tonnage : 1,997.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : Yes

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" ("IDR") 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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 Mei Nah (Wang Meina) - \$900 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

I/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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610340

TAN CHONG CREDIT PTE LTD-LHS
 913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589623 ANSP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSP01A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

