

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	17/10/2020 10:56
Date Of Accident	16/10/2020 12:00
Exact Location Of Accident	CENTRAL BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG2322R
Insured/Policyholder	
Name Of Registered Owner	ONG BOON KHEE
NRIC No	SXXXX893J
Email Address	EOBK1970@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96200903
Alternative Phone No	Others-96200903
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SPORTBACK 2.0 TFSI S TRONIC
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	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	1900141037
Cover Note Number	
Driver	
Name of Driver	CHENG POH LING (ZENG BAOLING)
NRIC No	SXXXX763C
Date Of Birth	29/11/1972
Occupation	INDOOR
Date Of Driving Pass	16/12/1991
Driving Experience	28 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91053106
Fax Number	
Contact Number	
E-Mail Address	C.CINDY0612@GMAIL.COM
Address	2 BISHAN STREET 25 #05-01
Postcode	573973
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	THOMSON NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20201016/2076

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN7434U
Vehicle Make/Model/Colour	HONDA VEZEL / GOLD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GNANASEGARAN S/O RAMALINGAM

NRIC/Passport Number	SXXXX867E
Contact Number	83102207
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	
DETAILS OF INJURED PERSON 1	
Name	CHENG POH LING (ZENG BAOLING)
Approximate Age	47
Injuries Sustain	
Injured person in which vehicle?	SKG2322R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	2 BISHAN STREET 25 #05-01
Postcode	573973

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 OCT 2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 17 OCT 2020


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

SKETCH PLAN

(A) SKG 2322 R (b) SLN 7434 U

Central Boulevard

Sheares Ave

Refer to Police Report

Police Report No: T/20201016/2076

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

GIARM/C SketchPlanForm_V3

Date & Time: 17 OCT 2020

NRIC/FIN No.:

Jenny Lim



**SINGAPORE
POLICE FORCE**



T/20201016/2076

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20201016/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2020 18:07	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: CHENG POH LING			Address: 2 BISHAN STREET 25 #05-01 SINGAPORE 573973	
ID Type / ID No.: NRIC NO / S7245763C			Contact No.:	Mobile: 91053106
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 47	Date of Birth: 29/11/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Regional Manager			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/10/2020 12:00	Type of Location: X-Junction
Location: CENTRAL BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG2322R	Car	AUDI	A5 SB 2.0 TFSI S TRONIC (DESIGN)	White	Slightly Damaged	0
SLN7434U	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Gold		1



**SINGAPORE
POLICE FORCE**



T/20201016/2076

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20201016/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHENG POH LING	ID No.	S7245763C
Related Vehicle	SKG2322R (Car)	Contact No.	91053106
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/10/2020	Date Discharge	16/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	GNANASEGARAN S/O RAMALINGAM	ID No.	S2643867E
Related Vehicle	SLN7434U (Car)	Contact No.	83102207
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 Details.

On 16/10/2020 at 1158Hrs I was travelling on the second lane of central boulevard and I wanted to turn right to Sheares Avenue. As the traffic was slow I was moving at a slow speed. Suddenly I felt an impact from the rear.

I then alighted to make a check and noticed that a vehicle (SLN7434U) had knocked onto the rear of my vehicle. I then noticed that my bumper has crack above the right exhaust. I then made a check on the vehicle that knocked onto my vehicle and noticed that his front bumper below the left headlight has dents and cracks. I then took photographs of the accident and exchanged particulars with the driver. I wish to state that there was a passenger on the other vehicle however he left as he was in a hurry.

We then left the scene. I then went for a meeting and I felt pain on my right arm when I lift it up and pain on my neck area. I then went to see a doctor at Mount Alvernia Hospital and was given 5 days of MC. I wish to state that I have an in car camera and it did capture the incident.



**SINGAPORE
POLICE FORCE**



T/20201016/2076

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20201016/2076

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 /
SC2 XAVIER LAI GOON THENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
16/10/2020 18:07

Classification Of Case:

SN 070

SIGNATURE

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6802893J


Name
ONG BOON KHEE

Race
CHINESE

Date of Birth
05-01-1966

Sex
M

Country of Birth
SINGAPORE



2708341

NRIC No. S6802893J

22-09-1995

2 BISHAN STREET 25 #05-01
SINGAPORE 573973

NRIC No: S6802893J Date: 01/08/2011 No: 6787414



Identification Card



Driving License





CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : ONG BOON KHEE
Period of Insurance : 30 Jul 2019 To 29 Jul 2021
Engine No. : CVK084335
Chassis No. : WAUZZZF58KA060946

Vehicle No. : SKG2322R
Policy No. : 1900141037
Endorsement No. :
Issued Date : 30 Jul 2019

ABOUT THE COVER

Make/Model : AUDI A5 Sportback 2.0TFSI S Tronic (Design)
Engine Capacity/Tonnage : 1,984.00 CC Sum Insured : Market Value First Year of Registration : 2019
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 1800cc - 2000cc 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 - \$1600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ONG BOON KHEE - \$1600 (Own Damage)

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

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63662323

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

0504125277

PREMIUM LEASING - TKC
281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
SINGAPORE 159938
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Cheng Chang Chae

Accident Photo



Accident Photo



Accident Photo



Odomete Reading



Chassis Number

