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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.

 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 Submission	15/03/2021 17:48 (SGT)	
Date of Accident	14/03/2021 15:25 (SGT)	
Exact Location of Accident	Upp Bukit Timah Rd, Singapore	
Additional Location Information	TOWARDS CLEMENTI ROAD	
Country/State of Loss	Singapore	

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4007A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No	No ONG LING LING (WANG LINGLING) SXXXX945C

Private car

Email Address peterong41@yahoo.com.sg Mobile Phone No (Phone) +65-98201866 Alternative Phone No +65-90258673

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
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 - Claiming third party

INSURANCE COMPANY

Vehicle Category

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100501000-04
Cover Note Number	-

DRIVER

Name of Driver	ONG YOCK KWANG
NRIC No	SXXXX423F
Date Of Birth	10/06/1970
Occupation	Indoor

Date Of Driving Pass 19/07/1996 Driving experience 24 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-90258673 Alt. Phone Number Email Address peterong41@yahoo.com.sg Address BLK 801B KEAT HONG CLOSE #05-17 Address complement Postcode 682801 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name ONG LING LING (WANG LINGLING) SISTER Gender Female PASSENGER 2 Name CAROL CHIEW (WIFE) Gender Female PASSENGER 3 Name UONG RUIJIE, ALVIN (SON) Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No

Vehicle Registration Number	FBR5795M
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	: - :
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	a=
No. Of Passenger (Including Driver))(-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Time

Sketch Plan

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

Witnessed by Reporting Centre

A= 5LL 4007A B= FBR5795M

Upper Butit Timuh Road towards Clementi Road

(Beside Bus Stop 44029 But it Penjang Station Exit A/LRT

escribe Circumstances of the Accident	
	/
Refer to attached	
KETEL 10 ATTACTIECT	
/	

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

Witnessed by Reporting Centre

Personnel

On 14.03.2021 at about 15:25 hours along Upper Bukit Timah Road towards Clementi Road (Beside Bus Stop 44029 Bukit Panjang Station Exit A/LRT). I was travelling straight on lane 2 and when I saw there was a bus from my left hand side moving out from the bus stop, hence I stopped my vehicle (A) and give way to the bus to exit as it was a give way for the bus area. Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 3 passengers inside my vehicle (A).

Vehicle (A): SLL 4007A

Vehicle (B): FBR 5795M

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Ouh

SINGAPORE ACCIDENT STATEMENT

Location Upper Bukit Timah Rood towards Clement Rood (Besick Bus Stop 44039 Bulet Panjang) Station Exit A/LRT) Vehicle Number SLL 4007 A Insured Name On hing Ling NRIC/FIN Styl9456 Contact Number 9820 1866 Make Mitsubishi Model Attrage Are you claiming under your own insurance policy for repair to your vehicle? () Yes If No,Pls select: (V) Third Party () Reporting Insurance Company A/G Type of Policy (V) Comphensive () Third Party Fire & Theft () TP Only Policy Number 2/00501000 - 04 Name of Driver Ong York Kucay () Same as Insured NRIC/FIN Styl9423 F Contact Number 9025 8673 Date of Birth 10/06/1940 Driving Pass Date 19/04/1996 Occupation () Indoor () Outdoor (No Employment) Gender (V) Male () Female Email Address Petrony 4/Bylove Company? () Yes (V) No If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children (V) Sibling Does the Driver Own Any Other Vehicle? () Yes (No If Yes, Vehicle Registration Number of Driver's Own Vehicle Weather Conditions (V) Clear () Raining () Others Road Surface (V) Dry () Wet () Others Road Surface (V) Dry () Wet () Others Road Surface (V) Dry () Wet () Others Was anybody injured in the accident? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No Was the Accident reported to the Police? () Yes (V) No We be Deven Developed to the Police? () Yes (V) No	Accident Date: 14/03/2021 Time: 15:25	
Vehicle Number \$1 \(\) \(\text{Arton Billet Panjang Station Exit A LRT \) \\ Vehicle Number \$1 \(\) \(\text{Arton Fing Ling} \) \\ Insured Name \(\text{On J fing Ling} \) \\ NRIC \(\text{FIN Still 945} \) \(\text{Model Attrage} \) Are you claiming under your own insurance policy for repair to your vehicle? () Yes If No,Pls select: (\forall \) Third Party () Reporting \\ Insurance Company \(A\) \(C \) \\ Type of Policy (\forall \) Comphensive () Third Party Fire & Theft () TP Only \\ Policy Number \(\text{200501000 - 04} \) \\ Name of Driver \(\text{Ong Yock Koons} \) () Same as Insured \\ NRIC \(\text{FIN Still 9423 F Contact Number 9025 8673} \) Date of Birth \(\text{10/06/1940} \) Date of Birth \(\text{10/06/1940} \) Driving Pass Date \(\text{19/07/1946} \) Occupation () Indoor () Outdoor (\(\text{No Employment} \)) Gender (\forall \) Male () Female Email Address \(\text{Pelong 4(0 Jaluo Coonsign)} \) () NO EMAIL \\ Address of Driver \(\text{BLK 8018 Keat Hong Close # 05-17 S (68280)} \) Was driver an employee of the Insured's Company? () Yes (\forall \) No \\ If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children (\forall \) Sibling \\ Does the Driver Own Any Other Vehicle? () Yes () No \\ If Yes , Vehicle Registration Number of Driver's Own Vehicle \\ Weather Conditions (\forall \) Clear () Raining () Others \\ Road Surface (\forall \) Dry () Wet () Others \\ Road Surface (\forall \) Dry () Wet () Others \\ Road Surface (\forall \) Dry () Wet () Others \\ Road Surface (\forall \) Dry () Wet () Others \\ Road Surface (\forall \) Dry () Wet () Others \\ Road Surface (\forall \) Dry () Wet () Yes (\forall \) No \\ Was anybody injured in the accident? () Yes (\forall \) No \\ Was the Accident reported to the Police? () Yes (\forall \) No \\ Was the Accident reported to the Police? () Yes (\forall \) No \\ Web E Veh D	Location Opper Public To 1 2	(hh:mm) 24 hr format
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Insurance Company A\C_1 Type of Policy (\sqrt{) Comphensive () Third Party Fire & Theft () TP Only Policy Number 2,00501000 - 04 Name of Driver Ong Yock Kwang ()Same as Insured NRIC / FIN S+019423 F Contact Number 9025 86#3 Date of Birth 10/06/19#0 Driving Pass Date 19/0#/1996 Occupation () Indoor () Outdoor (No Employment) Gender (\sqrt{) Male () Female Email Address Pelong 4(G Jaloo Com Sq ()NO EMAIL Address of Driver BLK 8018 Keat Hong Close # 05-17 S (68280)) Was driver an employee of the Insured's Company? () Yes (\sqrt{) No If No, Relationship of the Driver with the Insured () Owner () Spouse () Friend () Relative () Children (\sqrt{) Sibling} Does the Driver Own Any Other Vehicle? () Yes () No If Yes, Vehicle Registration Number of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface (\sqrt{) Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes (\sqrt{) No Was there any video captured by Car Camera? () Yes (\sqrt{) No Was there any video captured by Car Camera? () Yes (\sqrt{) No Was the Accident reported to the Police? () Yes (\sqrt{) No Web D Veh E Veh F	() Yes If No Placelest () This is a	your vehicle?
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Passenger: 1) Wife - Carol Chiew (F)
2) Son - Ong Ruijle, Alvin (M)
3) Sister - Ong Ling Ling (F)



CERTIFICATE OF INSURANCE

YGLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ong Ling Ling (Wang LingLing)
Period of Insurance : 24 Feb 2021 To 23 Feb 2022

Engine No.

: 3A92UDP4203

Chassis No.

: MMBSTA13AHH003990

Vehicle No.

Policy No.

Endorsement No.

Issued Date

ABOUT THE COVER

: MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage: 1,193.00 CC Driver Restriction

: NA

Sum Insured : Market Value

First Year of Registration : 2017

Off Peak Car : Yes

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

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

Mileage Condition

: Unlimited Mileage

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

* 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 - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Ong Ling Ling (Wang LingLing) - \$600 (Own Damage), \$600 (Flood Cover)

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

1.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408850 67481000 3.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Long Kee Rd Singapore 159094 64708588 4.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Trunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby control that The policy to Whiteh this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation). Act (Calp 1989) for the Road Transport Act, 1987, (Malaysia), Road Transport (Amendment), Act 2019 and Molor Vehicles (Third Party, Risks) Bules, 1989 (Malaysia), 1989, (Malaysia), 198

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SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #09-16 AIG Building S079120 | T:+65 6419 3000 | www.alg.sg

AIG Asia Pacific Insurance Ple. Ltd.