

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 Submission	15/10/2021 16:00 (SGT)
Date of Accident	14/10/2021 15:30 (SGT)
Exact Location of Accident	Bukit Merah, Singapore
Additional Location Information	JUNCTION OF BUKIT MEARH ROAD AND COLLEGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1407E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE SAU KEUN
NRIC No	S2556092B
Email Address	SUSANONGSK@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96491050
Alternative Phone No	+65-96226481

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100478997
Cover Note Number	-

DRIVER

Name of Driver	ONG LIN
NRIC No	S0005017B

Date Of Birth	03/12/1947
Occupation	Indoor
Date Of Driving Pass	23/02/1972
Driving experience	49 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96226481
Alt. Phone Number	-
Email Address	ONGLINMAID@GMAIL.COM
Address	BLK 1005 LOWER DELTA ROAD, TERESA VILLE
Address complement	#20-01
Postcode	099309
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BRENDA AGSAOAY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN.
Addendum attached - Police Report and added 2 injuries persons details.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE .
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ4624G
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG LIN
Gender	Female
Phone No	(Phone) +65-96226481
Address	BLK 1005 LOWER DELTA ROAD
Address Complement	#20-01
Post Code	099309
Approximate Age Years Old	74
Injuries Sustained	CHEST PAIN
Injured person in which vehicle?	SLF1407E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	BRENDA AGSAOAY
Gender	Female
Phone No	(Phone) +65-86660510
Address	BLK 1005 LOWER DELTA ROAD
Address Complement	#20-01
Post Code	099309
Approximate Age Years Old	46
Injuries Sustained	HEAD PAIN
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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 firms/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 firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

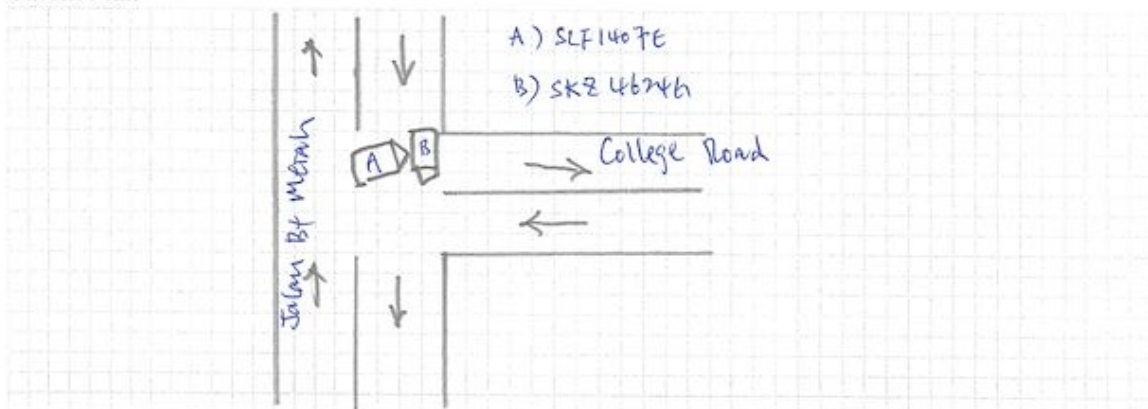
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SKP 15/10/21
Policyholder's Signature / Date &
Time 2.30pm

Sketch Plan

SKP 15/10/21
Driver's Signature (if driver is not the policyholder) / Date
& Time 2.30pm

Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd
Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

On 14/10/2021 I was driving to pick my wife, Mdm Lee Sam Keun from SGH. My domestic helper was in the back seat.

At the traffic junction between Bukit Merah Rd and College Rd, I stopped to check if there are ^{on-coming} cars. I signalled for a right turn & observed that it was safe for me to turn right. On-coming cars were quite a distance away and not moving fast.

However, after turning right a black (toyota) car suddenly appeared in front of my vehicle. There was no warning nor any sound of ~~braking~~ honking. The front part of my car collided against the side of the other car.

Both myself & my helper were taken to SGH A & E by ambulance. After tests / X-rays, we were discharged by the doctor at about 7pm.

Declaration

We declare the foregoing particulars are true in every respect.

Skp 15/10/21
Policyholder's Signature / Date &
Time 2.30pm

[Signature] 15/10/21
Driver's Signature (if driver is not the policyholder) / Date
& Time 2.30pm

[Signature] Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd
Witnessed by Reporting Centre
Personnel



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Ong Lin

VEHICLE NUMBER : SLF 1407 E

DATE/TIME OF ACCIDENT : 14/10/2021 ~ 3:30pm

PLACE OF ACCIDENT : Junction of Bukit Merah & College Rd

THIRD PARTY VEHICLE (IF ANY) : Yes, SKZ 4624

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Teresa Ville, S(099309) Lower Delta Rd
to SGH to pick up wife

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

front Collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Yes, to SGH A&E, Report No #A/2021/014/0086

Ong Lin
 Name:

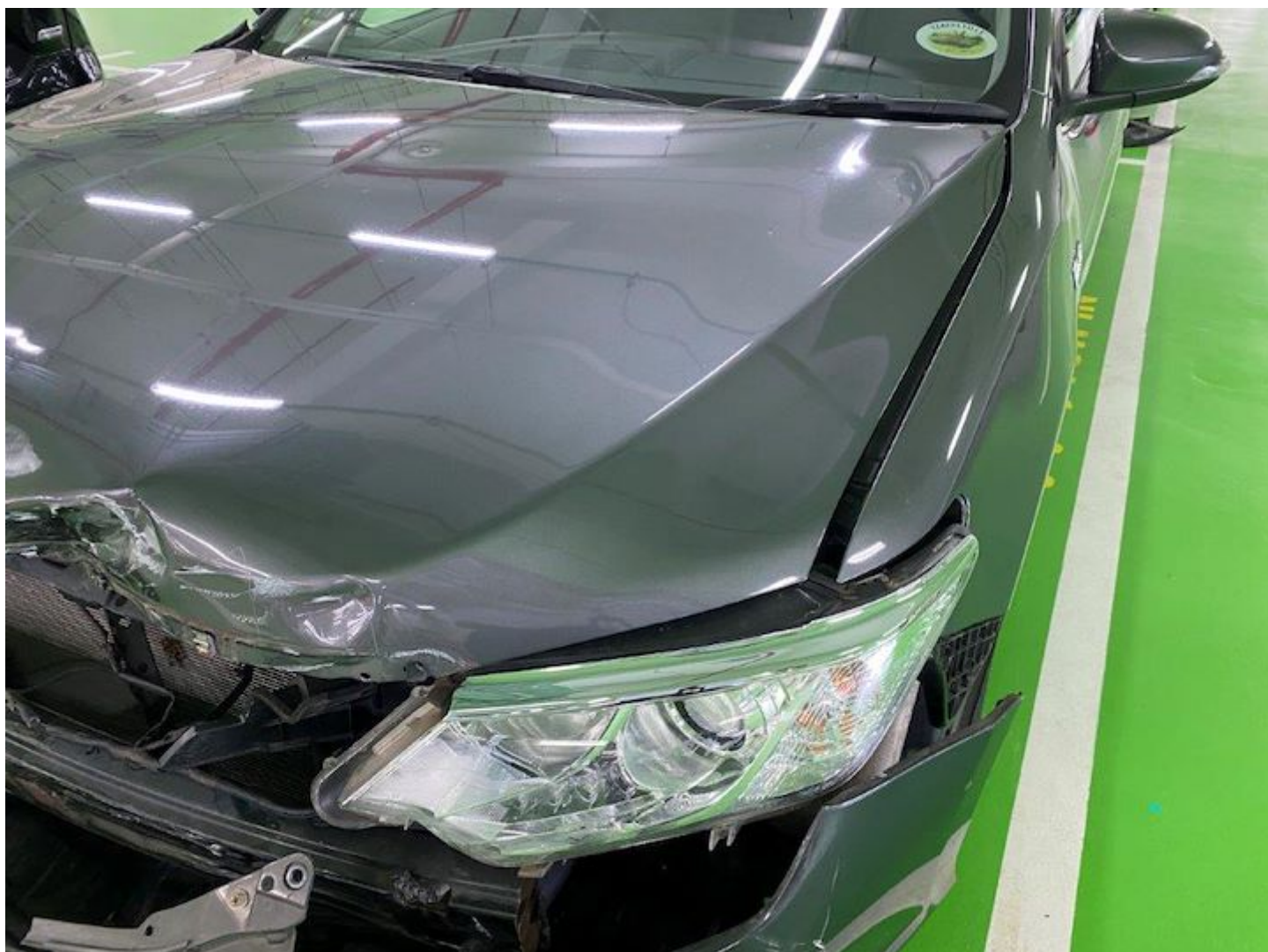
I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
 AIG Building 78 Shenton Way #07-16 Singapore 079120
 Tel: 6419 3090































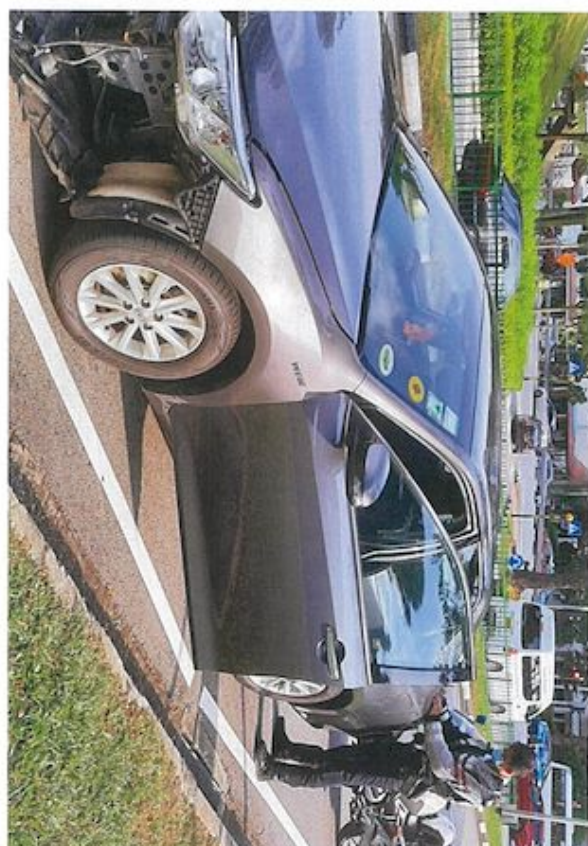












Francis Cher TCBC

From: susan ong <susanongsk@hotmail.com>
Sent: Saturday, 16 October 2021 7:25 am
To: Francis Cher TCBC
Subject: Re : Amendments to Accident Report (ref no : SB0G21AF0004)

CAUTION: This email originated from outside of the organization (Inchcape). Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Francis,

Thank you for submitting the accident report on my behalf.

I have read the report, and would like to highlight the following which requires modification :

- 1) pg 1 "Driver" - email should be onglinmail@gmail.com, and not onglinmaid@gmail.com
- 2) pg 1 "police action" - was accident reported to police? Answer should be YES
- 3) pg 2 "injured persons details" -

a) for injured 1, most of the information is left blank. Information as follow :

Name : Ong Lin
Gender : Male
Phone : 96226481
Address : Blk 1005 Lower Delta Rd #20-01
Post code : 099309
Age : 74
Injuries : chest pain
Seat belt : Yes

b) there is no information for injured 2. Information as follow:

Name : Brenda Agsaoay
Gender : Female
Phone : 86660510
Address : Blk 1005 #20-01 Lower Delta Road
Postal code : 099309
Age : 46
Injuries : Head pain
Seat belt : No
Conveyed to hospital in ambulance : Yes

Thank you.

Regards,
Mdm Lee S K

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20211015/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2021 17:32	Vide Report No.: A/20211014/0086	Station Diary No.: 31
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Informant's Particulars

Name of Informant: ONG LIN			Address: 1005 LOWER DELTA ROAD #20-01 SINGAPORE 099309	
ID Type / ID No.: NRIC NO / S0005017B			Contact No.: Home/Office:	Mobile: 96491050
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 73	Date of Birth: 03/12/1947	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/10/2021 15:30	Type of Location: Y-Junction
Location: JALAN BUKIT MERAH				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ4624G	Car					0
SLF1407E	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

T/20211015/2086

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20211015/2086

CONTINUATION OF REPORT



Passenger			
Name	BRENDA AGSAOAY CASTILLO	ID No.	F7941709L
Related Vehicle	SLF1407E (Car)	Contact No.	86660510
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/10/2021	Date Discharge	14/10/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	ONG LIN	ID No.	S0005017B
Related Vehicle	SLF1407E (Car)	Contact No.	96491050
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/10/2021	Date Discharge	14/10/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MR NG	ID No.	NIL
Related Vehicle	NIL	Contact No.	98532971
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 the 14/10/2021 at about 1530hrs, I was proceeding to pick up my wife, Mdm Lee Sau Keun, at SGH. My domestic helper, Brenda was in the back seat.

I was driving along Jln Bt Merah and meanwhile, I was at the traffic junction between Jln Bt Merah and College Rd, I stopped to check if there are any on-coming vehicles. I signaled for a right turn and observed that it was safe for me to turn right into College Rd. I wish to state that the on-coming cars were quite a distance away and not moving fast.

However, after turning right, a black Toyota car suddenly appeared in front of my vehicle. There was no warning or any sound of honking. The front part of my car collided against the right side of the other car.

	POLICE FORCE	
Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999		T/20211015/2586 3 of 4 Report No: T/20211015/2586
CONTINUATION OF REPORT		
<p>Both myself and my helper were conveyed to SGH when the ambulance arrived. As I was feeling pain on my left chest and my helper felt pain on the back of her head. After tests and X-rays, we were discharged on the same day without any MC as I am a retiree and my helper do not need to submit any MC.</p> <p>I only have the details of the driver contact. My car camera SD card was taken away by the Police who attended to the incident, vide A/20211014/0086.</p> <p>My car registration plate is SLF1407E and the other party car's plate was SKZ4624G</p>		

T/20211015/2086

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

4 of 4

Report No. T/20211015/2086

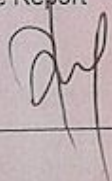
CONTINUATION OF REPORT

Sketch Plan

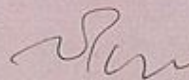
Informant is not able to provide sketch plan

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
D/
Staff Sgt DARRICK TOH JIAN
RONG



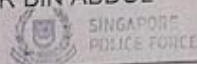
Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
15/10/2021 17:32

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201



Classification Of Case:

SN 45

SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #15-00 Singapore 048550
 Tel (65) 6224 0010 Fax (65) 6224 0089
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S65500200 / GSY 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.: SB0621AF0004 Vehicle Registration No.: SLF1407E
 Name (as shown on NRIC): Lee Sau Keun NRIC/FIN/Passport No.: S2556092B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 1005 Lower Delta Rd #20-01 Singapore 099309
 Contact (Tel): _____ Mobile No.: 96491050
 Email Address: _____
 Date of Accident: 14.10.21 Time of Accident: 3-30pm
 Place of Accident: Junction of Bt Merah Rd & College Rd
 Insurance Company: ALB

(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.

Attached - Police Report

Add 2 injured Persons Details
(Refer to Attached)

X
16/10/21

Francis Cher
 Motor Claims Assessor
 Borneo Motors (S) Pte Ltd
16/10/21

AUTHORIZATION LETTER

Date: 15.10.21

To: Aib

Cc: Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claims Documentation

I/~~we~~ (full name) Lee Sam Keun NRIC No. S2556092B

hereby authorized my/~~our~~ (relationship) husband (full name)


Ong Lin NRIC No. S0005017B to drive my vehicle at time of accident.

He / She is also authorize to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number SLP1407E as I am currently having tight official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature : 
 Name : Lee Sam Keun
 Contact No : 96491050



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lee Sau Keun
 Period of Insurance : 16 Aug 2021 To 15 Aug 2022
 Engine No. : 6ARP191580
 Chassis No. : MR053DK5100107848

Vehicle No. : SLF1407E
 Policy No. : 2100478997-04
 Endorsement No. :
 Issued Date : 13 Jul 2021

ABOUT THE COVER

Make/Model : TOYOTA NEW CAMRY 2.0
 Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2016
 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

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 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 - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Sau Keun - \$600 (Own Damage), \$600 (Flood Cover)

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 6338 6200. Alternatively, You may refer to AIG website www.aig.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: United Overseas Bank Limited

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).

0030210000

AIG ASIA PACIFIC INSURANCE PL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSPCSI

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

AIG Asia Pacific Insurance Pte. Ltd.