

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 Actual 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	20/10/2022 15:10 (SGT)
Reported by	Both
Date of Accident	14/10/2022 17:50 (SGT)
Exact Location of Accident	Lor Gambir, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ2259M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG TZE GHEE (WANGZHIYI)
NRIC No	SXXXX849I
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-82662259
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100395634-07

DRIVER

Name of Driver	ONG TZE GHEE (WANGZHIYI)
NRIC No	SXXXX849I
Date Of Birth	01/04/1975
Occupation	Outdoor

Date Of Driving Pass	27/09/1995
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82662259
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	BLK 302 YISHUN CENTRAL #11-115
Address complement	-
Postcode	760203
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221015/2078

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA7489T
Vehicle Manufacturer	-
Vehicle Model	-

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)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.
 6. This report will be forwarded by the insurers to 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' 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.

[Signature]

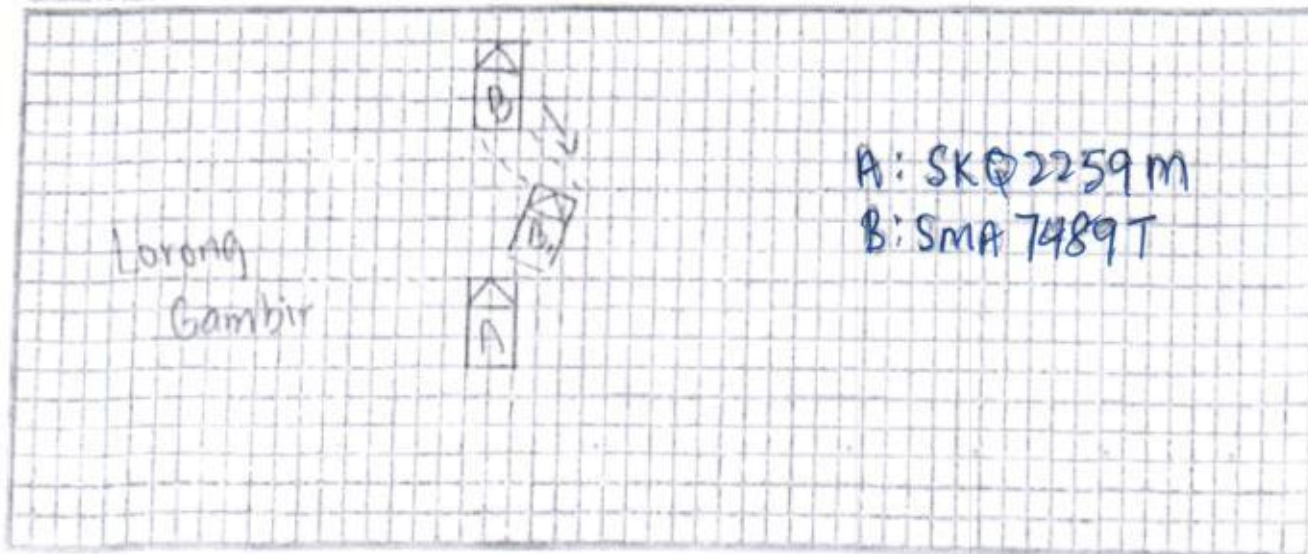
Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 20/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report no. : T/2022/615/2078

Declaration

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature / Date & Time



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


20/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221015/2078

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20221015/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2022 21:44		Vide Report No.:		Station Diary No.: 129	
Informant's Particulars					
Name of Informant: ONG TZE GHEE			Address: APT BLK 302 YISHUN CENTRAL #11-115 SINGAPORE 760302		
ID Type / ID No.: NRIC NO / S75098491			Contact No.: Home/Office: Mobile: 82662259		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 01/04/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PARCEL DELIVERY			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/10/2022 17:50	Type of Location: house entrance
Location: LORONG GAMBIR				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ2259M	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Grey	Slightly Damaged	0
SMA7489T	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221015/2078

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20221015/2078

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ2259M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100395634-07	22/12/2021	21/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG TZE GHEE	ID No.	S7509849I
Related Vehicle	SKQ2259M (Car)	Contact No.	82662259
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 14/10/2022 at about 1750hrs, I parked my vehicle (SKQ2259M) outside a house unit 32 at Bartley Neighbourhood to do parcel delivery. When I returned to my car, I discovered the front was damaged and the driver who hit my car was not there anymore. I ask the house owner from unit 32 for his camera video footage and managed to capture the hit and run incident. It was the neighbour unit 18 in front whose vehicle (SMA7489T) reversed her car and hit against my car and drove off. No one was injured and no police came. I have in-car camera. The driver contact number is 97771616.



**SINGAPORE
POLICE FORCE**



T/20221015/2078

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

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Report No. T/20221015/2078

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:

L /

SGT 1 YANG ZHI YING, MANDY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/10/2022 21:44

Officer In Charge Of Case:

TP / HRT /

STAFF SGT SUFIYAN BIN KHAIRI

Contact No.: 65476148

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DETAIL

Accident Location	LORONG GAMBIR
Accident Date / Time:	14/10/2022 / 17:50
Weather Conditions	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Drizzling / Others ()
Road Surface	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / Others ()

VEHICLE INFORMATION

Vehicle No.	SKQ 2259 M	Transmission	<input checked="" type="checkbox"/> Auto / <input type="checkbox"/> Manual
Vehicle Make / Model	MAZDA 3	C.C	
Insured Name	ONG TZE GHEE		
NRIC / FIN / UEN	S7509849 I	Contact Number	82662259
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim	<input checked="" type="checkbox"/> Third Party / <input type="checkbox"/> Reporting only	Insurance Company	ALG
Type of Policy:	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> TPTF	Policy Number	

SAME AS INSURED (✓)

Name Driver			
NRIC / FIN / UEN			
Date of Birth	01/04/1975	Contact Number	
Driving Pass Date	27/09/1995	Occupation	Indoor / <input checked="" type="checkbox"/> Outdoor
Email	ESTRPT66@GMAIL.COM	Gender	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Address:	BLK 302 YISHUN CENTRAL #11-115 760302		
Number of passenger include driver (Please provide name & gender of the passenger)			
DRIVER ONLY			

Was driver an employee of the Insured's Company? Yes / <input checked="" type="checkbox"/> No	
If No, Relationship of the Driver with the Insured	
<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / <input type="checkbox"/> Relative / <input type="checkbox"/> Children / <input type="checkbox"/> Sibling / <input type="checkbox"/> Other ()	
Does the driver own any other vehicle? Yes / <input checked="" type="checkbox"/> No / If Yes, Please provide veh/model: ()	
Was any Foreign vehicle involved in this Accident? Yes / <input checked="" type="checkbox"/> No	
Was anybody body injured in the Accident? Yes / <input checked="" type="checkbox"/> No	
If Yes, Injured details:	
Convey By Ambulance: Yes / <input checked="" type="checkbox"/> No	
Was there any video capture by Car Camera? Yes / <input type="checkbox"/> No	
Was there Accident Report to the Police? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No (If Yes, Pls provide Police Report:)	

Third Party Vehicle	Third Party Name / NRIC	Contact Number
Vehicle B	SMA 7489 T	
Vehicle C		
Vehicle D		
Vehicle E		
Vehicle F		



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ong Tze Ghee (Wang Zhiyi)
Period of Insurance : 22 Dec 2021 To 21 Dec 2022
Engine No. : P520247442
Chassis No. : JM6BM42A6F0160618

Vehicle No. : SKQ2259M
Policy No. : 2100395634-07
Endorsement No. :
Issued Date : 01 Dec 2021

ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PAF : No

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 authorized driver only if he/she meets the specified age condition.
You have to pay an additional sum of \$500.00 as "Inexperienced Driver Excess" (IDRE) if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 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 - 1800cc Optional

* Limitations rendered operative 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 - \$500 Theft - \$0 Flood Cover - \$500

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ong Tze Ghee (Wang Zhiyi) - \$500 (Own Damage), \$500 (Flood Cover), Wu Yun - \$500 (Own Damage), \$500 (Flood Cover)

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

1 Trans Eurocare Pte Ltd Add: 27A Tanjong Pagar, Singapore 069042 63310608

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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: HONG LEONG FINANCE 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 of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.