

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 | 11/01/2019 20:42 |
| Date Of Accident | 11/01/2019 08:00 |
| Exact Location Of Accident | KPE TOWARDS PIE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SME6148M |
| Insured/Policyholder | |
| Name Of Registered Owner | CAESIAPEAH LIM GUEK NGOR |
| NRIC No | S6825344F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96925675 |
| Alternative Phone No | OFFICE-96925675 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | HONDA |
| Model | CIVIC-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | AVIVA LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | |
| Cover Note Number | 80002582 |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | CAESIAPEAH LIM GUEK NGOR |
| NRIC No | S6825344F |
| Date Of Birth | 05/07/1968 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/07/1994 |
| Driving Experience | 24 YEARS AND 5 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96925675 |
| Fax Number | |
| Contact Number | OFFICE-96925675 |
| E-Mail Address | NOEMAIL |

| | |
|---|-------|
| Address | SIN |
| Postcode | |
| 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? | 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------------|
| Vehicle Registration Number | SLV3249Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | AXA INSURANCE PTE LTD |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

Vehicle No _____

SKETCH PLAN

Annex D

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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.

[Handwritten Signature]

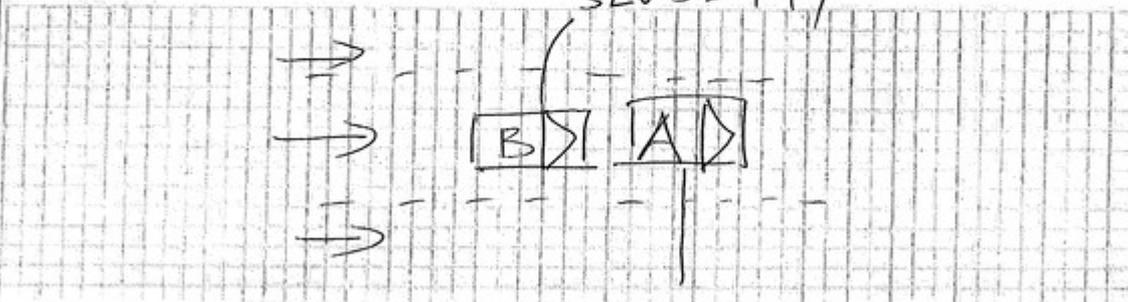
[Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SME6148M

Please continue to Annex E

Vehicle No _____

Annex E

Describe Circumstances of the Accident

I was traveling along KPE. The front vehicle slow down and stop. I follow to do that. Vehicle B couldn't stop in time and hit onto the rear of my vehicle A. My vehicle A rear portion is badly damaged due to the accident.

You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

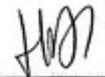
Declaration

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

COVER NOTE



| | |
|--------------------------------------|--------------------------------|
| Name of Producer: Jenny Lim May Ling | Cover Note No.: 80002582 |
| Date of Issue: 13/09/2018 | Quotation/Proposal/Policy No.: |

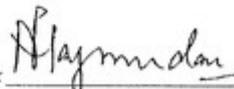
IMPORTANT NOTE: This cover note is valid for 60 days from the date of issue.

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of Aviva Ltd's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by Aviva Ltd by notice in writing in which case the insurance will thereupon cease and a proportionate of the premium payable for such insurance will be charged for the time Aviva Ltd has been on risk.

Details of Schedule

| | |
|-----------------------------------|-----------------------------------|
| Name of Insured: | Caeslapeah Lim Guek Ngor |
| Period of Insurance: | From : 13/09/2018 To : 12/09/2020 |
| Registration No.: | |
| Make and Model: | HONDA CIVIC 1.6 VTI YM2018 |
| Engine Capacity: | 1597 |
| Year of Manufacture/Registration: | 2018 / 2018 |
| Chassis No.: | MRHFC5650JT001711 |
| Engine No.: | R16B25001979 |
| Sum Insured: | Market Value inclusive of COE |
| Name of Finance Company: | DBS BANK LTD |
| Type of Plan: | Kah Motor Scheme - Comprehensive |
| Premium: | S\$ 2520.30 |
| Own Damage Policy Excess: | S\$ 500.00 |

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any amendment, act or acts passed in substitution thereof.

Issued by: 
On behalf of Aviva Ltd

Original Copy

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

