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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/10/2019 14:13
Date Of Accident	11/10/2019 15:45
Exact Location Of Accident	PEREIRA RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ1070H
Insured/Policyholder	
Name Of Registered Owner	NG YEAN KEONG
NRIC No	S8383186C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90126475
Alternative Phone No	OFFICE-90126475
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	10919487
Cover Note Number	

Driver
Dilvei

Name of Driver NG YEAN KEONG NRIC No S8383186C Date Of Birth 15/08/1983 Occupation **INDOOR Date Of Driving Pass** 22/01/2016 **Driving Experience** 3 YEARS AND 8 MONTHS Gender MALE Mobile Number (LOCAL) +65-90126475 Fax Number

Contact Number OFFICE-90126475

EMail Address NOEMAIL

Address BLK 260C SENGKANG EAST WAY #09-454

Postcode 543260

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SU YAN PING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ALEXANDRA NPP

Police Station Address ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT: R/20191011/7018.

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 SJH7965J

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG YEAN KEONG

Approximate Age Injuries Sustain

Injured person in which vehicle? SJQ1070H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SU YAN PING

Approximate Age Injuries Sustain

Injured person in which vehicle? SJQ1070H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 lodgment 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.
- (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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

. Name:

Z

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

Policyholder's Signature Date & Time:	Driver's S (If driver Date & Ti	is not the policyholder)	N:	eporting Centre Personnel's Signature ame: RIC/FIN No.:
I/We declare the foregoing p	variuculars, are true in	every respect.	K	
DECLARATION I/We declare the foregoing of	nartiquia			
•				
5				

			···	
			······································	
Refer to Po	ice perper	A.		
DESCRIBE CIRCUMSTAN		DENT		erander en

	eren kara da da kara kana da	en e		
		[B]		
		A	e de la composición de la composición Os composicións de la composición de l	
**************************************	The second secon			
			*	
	ere e e e e e e e e e e e e e e e e e e	****		
SKETCH PLAN	e generalis de la companya de la co	and the second seco	energia de la companya de la company	en en egypt en en roman met en en en promision en





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Report No. E/20191011/7018

Vide Repo	OIL ING.		
Address APT BLK 260C SENGKANG EAST WAY #09-454			
SINGAPO	ORE 54326	0	
		Mobile: 90126475	
Email Address			
		Date of Birth	Race
	36	15/08/1983	Chinese
Language English			
Location Of Incident PEREIRA ROAD			
	APT BLK SINGAPO Contact N Home/Of Email Ad dominion Sex Male Languag English Location	APT BLK 260C SEN SINGAPORE 54326 Contact No. Home/Office: Email Address dominicngyk@gmail Sex Age Male 36 Language English Location Of Inciden	APT BLK 260C SENGKANG EAST W SINGAPORE 543260 Contact No. Home/Office: Mobile: 90126475 Email Address dominicngyk@gmail.com Sex Age Date of Birth Male 36 15/08/1983 Language English Location Of Incident

Brief details.

My Vehicle SJQ1070H was stationary waiting for major road traffic to clear , Suddenly Vehicle SJH7965J came and hit into my vehicle rear portion .

After the collision i felt pain on my neck & hand . My pregnant wife (Su Yan Ping) was in the car with me & we went to see a doctor afterwards .

I gotten 3 days MC & my wife (Su Yan Ping) gotten 1 day MC but i will bring my wife to the hospital to do a further check up to be safe.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2019 18:30
Officer In-Charge Of Case:	Classification Of Case:
Oleven	
Authentication Stamp	

Sketch Plan #4 Pg. 1





2 of 2

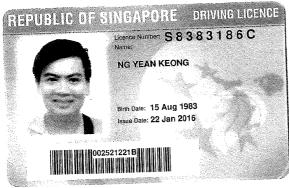
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191011/7018

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2019 18:30
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Driving License Pg. 1





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen 22 Jan 2016 weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A

9027096 MRIC No. S8383186C MALAYSIAN Date of Issue 05-05-2009 APT BLK 260C SENGKANG EAST WAY #09-454 SINGAPORE 543260 NRIC NO: \$8383136C Date: 28/11/201 Date: 28/11/2016



Avwa Ltd., 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807, Tel: (65) 6827 9966 WMW.avwa.com sg

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION
THE MOTOR VEHICLES, 1996 EDITION
THE MOTOR VEHIC

CERTIFICATE NUMBER, 10919487

1) VEHICLE REGISTRATION NO.

SJQ1070H

2) NAME OF INSURED

Family Name Given Name

NG YEAN KEONG

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT

25-May-2019 00:00hours

4) DATE OF EXPIRY OF INSURANCE

24-May-2020 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver aged 30 or over

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or loss.

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

NAMED DRIVER

7) FINANCE COMPANY

MAYBANK SINGAPORE LIMITED

I/We hereby Certify that the policy to which this Certificate relates 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 in Singapore: 24-May-2019 at 13:18hours

Aviva Ltd.

IMPORTANT NOTE:

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You must report all accidents to Us within 24 hours of the occurrence or by the next working day at our accident rou must report all accidents to us within 24 hours of the occurrence of by the next working day at our accident reporting centre regardless of whether you intend to claim on your own policy or not, or whether your car is reporting centre regardless of whether your car is damaged or not. Should you fail to do so, Your NCD could be affected and your claim may be prejudiced.

For the list of our accident reporting centres, please visit https://www.aviva.com.sg/CarRepairers. Alternatively, you may call us at 6333 2222 for assistance (including assistance on windscreen damage).

Nishit Majmudar Chief Executive Officer

ORIGINAL













