### 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 Report	20/01/2020 15:22
Date Of Accident	18/01/2020 22:05
Exact Location Of Accident	ANG MO KIO AVENUE 2 TOWARDS SERANGOON
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE5616Y
Insured/Policyholder	
Name Of Registered Owner	HOE WAN SIN
NRIC No	S7418000J
Email Address	HOEWANSIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86688050
Alternative Phone No	OFFICE-63155545
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company **AVIVA LTD** 

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 10752268

Cover Note Number

**Driver** 

Name of Driver HOE WAN SIN NRIC No S7418000J Date Of Birth 15/06/1974 Occupation **INDOOR Date Of Driving Pass** 07/10/1994

**Driving Experience** 25 YEARS AND 3 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-86688050

Fax Number

OFFICE-63155545 Contact Number

**EMail Address** HOEWANSIN@GMAIL.COM Address 24 HILLSIDE DRIVE #02-02

Postcode 548943

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 - CHANGE/CROSS LANE

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

2

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: : CATHERINE KHOO

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

**Circumstances of Accident** 

SEE ATTACHED SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

1

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC3819A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver LEE THYE HONG

NRIC/Passport Number S0092799F Contact Number 91261123

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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### Sketch Plan Pg. 1

### SKETCH PLAN

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  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

Dave & Time: 20/1122

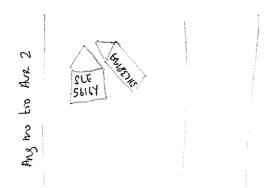
2.50pm

Oriver's Signature (If driver is not the policyholder) Date & Time: AUTOLUTION INDUSTRIAL PTE LIU 9 UBI ROAD 4 INGAPORE 108623 15, 6450 9666 FAX: 6846 7

Reporting Centre Personnel's Signature Name: CHUA CHE YEV

NRIC/FIN No.: JXXXXX033B

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

18/01/2020. 1007pm. Driving on lestmost lane of any motio avenue 2.
Taxi driver an middle lane swerred suddenly into my lane to pick
W Shans Darfenders.
His left hout of the tax hit my be right down of the car.
I made an emogency stop.
No one was hut. No public prot properly was damaged.
I was wearing seat bett with my parager siting went to me.
My cardan and car body in Louis, wheel im, head law are
My cardon and car body in dours, wheel im, heading are damaged (dented & scratched). (R) minor was initially bent in.
Unable to open I close my dive 's dow properly.
The other dire is a taxi dure. Mr Lee Thye Hong 500927994
vehicle SHC 381914 blue Company Delgro (arb. (tel 91262/1/23)
Mr dee has ocpressed his wish to settle privately & ashorted in
was lis fault.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Tirne: 20/1000 2.50pm Driver's Signature (If driver is not the policyholder) Date & Time: 9 UBI ROAD 4 NGAPORT 108623

Reporting Centre Personnel's Signature Name: CHW CHT 14N
NRIC/FIN No.: \$XXXXX033\$



Avvaittd , 4 Shenton Way, #01-01 SGX Centra 2, Singapore 068867, fel (66) 6827 9966, www.avva.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
(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**CERTIFICATE NUMBER. 10752268** 

1) VEHICLE REGISTRATION NO.

**SLES616Y** 

2) NAME OF INSURED

FAMILY NAME

HOE

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

27-Jul-2018 00:00hours

4) DATE OF EXPIRY OF INSURANCE

26-Jul-2020 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver

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 the Motor Vehicle.

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

HL BANK

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: 01-Jul-2018 at 18:09hours

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
  reporting centre regardless of whether you intend to claim on your own policy or not, or 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

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately.

ORIGINAL

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7418000J

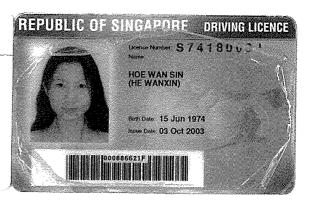


HOE WAN SIN (HE WANXIN)

何宛欣

Race CHINESE Date of birth 15-06-1974 Country/Place of birth SINGAPORE

87**418000**J



5240187



Date of issue 20-11-2013

24 HILLSIDE DRIVE #02-02 SINGAPORE 548943 NRIC No: \$7418000J Date: 02/10/2015

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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A





