Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 10/01/2020 09:46

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	10/01/2020 09:07
Date Of Accident	08/01/2020 19:00
Exact Location Of Accident	TANGLIN ROAD OUTSIDE OF CHINA EMBASSY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGY4056Z
Insured/Policyholder	
Name Of Registered Owner	MA YUGANG
NRIC No	SXXXX422C
Email Address	YUGANGMA@IEEE.ORG
Mobile Phone No	(LOCAL) +65-93363548
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	BMW
Model	318I SEDAN LED NAV
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	10802269
Cover Note Number	
Driver	
Name of Driver	MA YUGANG
NRIC No	SXXXX422C
Date Of Birth	13/07/1968
Occupation	INDOOR
Date Of Driving Pass	11/04/2006
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93363548
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	YUGANGMA@IEEE.ORG

Address	APT BLK 25 LORONG 3 TOA PAYOH #34-16
Postcode	319583
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)	2
Passenger 1	NAME: : REN YUCONG GENDER: : FEMALE

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

PLEASE REFER TO THE SKETCH PLAN

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	SLC4124S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GRACIE WEE BEE CHENG
NRIC/Passport Number	SXXXX925I
Contact Number	96355862
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

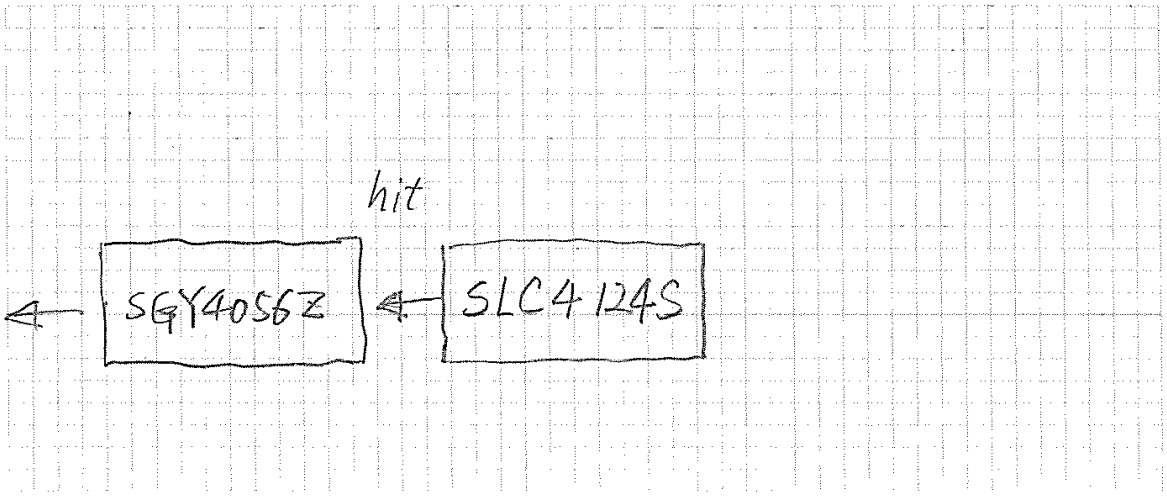
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 10/Jan/2020	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SGY4056Z	ACCIDENT DATE & TIME: 8th/Jan/2020. 19:00
CONTACT NUMBER: 93363548	E-MAIL ADDRESS: yugangma@ieee.org
LOCATION: Tanglin Rd. outside of China Embassy.	

At about 7pm ~~oth~~ on 8th Jan 2020, I drove my car SGY4056Z on Tanglin road to Orchard road slowly. The traffic ~~is~~ was heavy. suddenly My car was knocked by SLC4124S from back.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

( ) Claim Own Policy (√) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 10/Jan/2020	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

POLICY NO.: 10802269

PERIOD OF INSURANCE
(both dates inclusive)

FROM:	**19-Feb-2020 00:00hours**
TO:	**18-Feb-2022 23:59hours**

AGENT'S DETAILS

CODE:	**10000001**
NAME:	**DIRECT (GEN-INS)**
COMPANY NAME:	**DIRECT (GEN-INS)**

POLICYHOLDER

INSURED:

FAMILY NAME	Ma
GIVEN NAME	Yugang
BUSINESS/PROFESSION:	Medical/ Researcher/ Scientist

COVER

PLAN TYPE:	Motor Standard
COVER TYPE:	Comprehensive
PLAN TERM:	Dual-Year Plan

EXCESS
(Excess payable if the claim is admissible)

OWN DAMAGE POLICY EXCESS	
If repairs at Approved repairers:	S$300.00
If repairs at non-Approved repairers:	S$600.00
YOUNG AND/OR INEXPERIENCED DRIVER EXCESS:	S$2,500.00

(Aged 24 and below or has held a valid driving license for less than 2 years.)
note: in addition to Own Damage Policy Excess if applicable

WINDSCREEN EXCESS:	S$100.00

All excess subject to GST if applicable

USE INSURED AGAINST

Use for social, domestic and pleasure purposes and for use in connection with the policyholders own business. The policy does not cover use for (i) Hire and rewards, (ii) Racing, pace making, reliability trial or speed testing, (iii) Driving tuition, (iv) The carriage of goods for hire and reward, (v) Any purpose in connection with the motor trade.

PREMIUM CALCULATION

PREMIUM	S$ 1447.45
GST @ 7.00%	S$ 101.32
TOTAL DUE	S$ 1548.77
DATE ISSUED	09-Jan-2020 at 15:20hours

CAR INSURED

MAKE & TYPE OF BODY:	BMW 318 I SPORTS 1.5 1499cc
REGISTRATION NO.:	SGY4056Z
SUM INSURED:	Market Value inclusive of COE
YEAR OF REGISTRATION:	2016
OFF-PEAK CAR:	No
MODIFICATIONS TO YOUR CAR WHICH DO NOT COMPLY WITH AND/ OR ARE NOT APPROVED BY LTA:	No

ADDITIONAL COVERS

No Claims Discount Protector

WHO MAY DRIVE YOUR CAR

You only

NO CLAIMS DISCOUNT

(This NCD amount is specific to your Aviva policy only)

NCD%:	50
Safe Driver Discount%:	5

BREAKDOWN ASSISTANCE

If your car breakdown and you need assistance, please call our hotline at 6333 2222

POLICY OWNERS' PROTECTION SCHEME (PPF)

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg).

Accident Photo

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