

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	04/03/2020 15:01
Date Of Accident	04/03/2020 07:45
Exact Location Of Accident	KPE TWDS AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD6683K
Insured/Policyholder	
Name Of Registered Owner	JAMILAH BINTE OSMAN
NRIC No	S1806010H
Email Address	DUMILLA67@MAIL.COM
Mobile Phone No	(LOCAL) +65-97916704
Alternative Phone No	OFFICE-97916704

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT PLUS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10965707
Cover Note Number	

Driver

Name of Driver	JAMILAH BINTE OSMAN
NRIC No	S1806010H
Date Of Birth	28/07/1967
Occupation	INDOOR
Date Of Driving Pass	02/12/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97916704
Fax Number	
Contact Number	OFFICE-97916704
Email Address	DUMILLA67@MAIL.COM

Address	BLK 187A RIVERVALE DRIVE #03-850
Postcode	541187
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	CHAIN COLLISION
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	3
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

I WAS DRIVING ON THE SAID ROAD CRUISING AT A NORMAL SPEED. IN THE MIDST OF DRIVING, I FELT A HUGE IMPACT FROM THE REAR OF MY CAR. I ALIGHTED FROM MY CAR AND DISCOVERED THAT VEHICLE B HAD COLLIDED ONTO THE REAR OF MY CAR. I ALSO DISCOVERED THAT A THIRD VEHICLE C HAD ALSO COLLIDED ONTO VEHICLE B.

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	SJD8161B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC3185A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan


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.

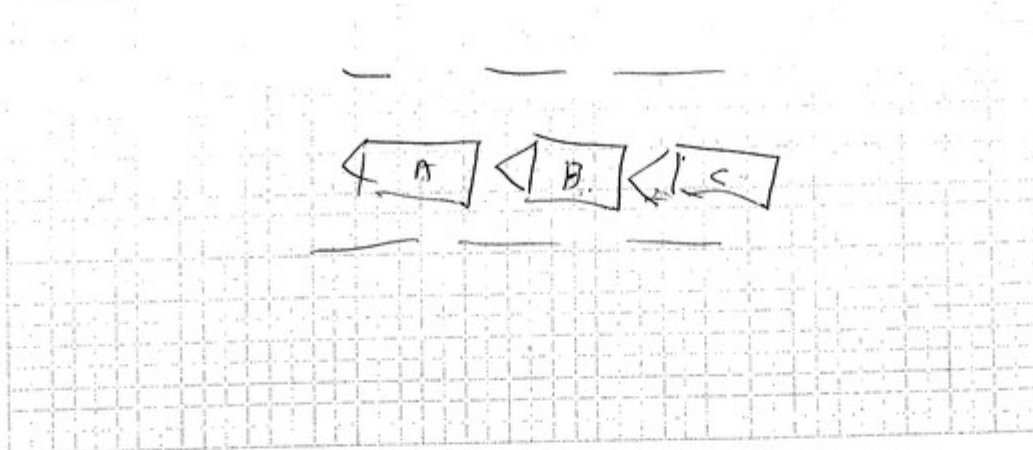


Policyholder's Signature
Date & Time:

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

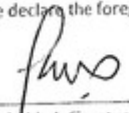
I was driving on the said road cruising at a normal speed.

In the midst of driving, I felt a huge impact from the rear of my car.

I alighted from my car and discovered that vehicle B had collided onto the rear of my car. I also discovered that a third vehicle C had also collided onto vehicle B.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S1806010H**
 Name: **JAMILAH BTE OSMAN**
 Birth Date: **28 Jul 1967**
 Issue Date: **02 Dec 2005**

001385804A

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S1806010H**
 Name: **JAMILAH BTE OSMAN**
 ڤاميله بنت عثمان
 Race: **MALAY**
 Date of Birth: **28-07-1967** Sex: **F**
 Country of Birth: **SINGAPORE**

For Insurance Reporting And
Claim Purposes Only

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg
 PASS DATE: **02 Dec 2005**

NP 428A

Licence No: S1806010H

2260751


 NRIC No: **S1806010H**
 Blood Group: **B+** Date of issue: **10-08-1994**
APT BLK 187A RIVERVALE DRIVE #03-850
SINGAPORE 541187
 NRIC No: **S1806010H** Date: **22/04/2011** No: **6755284**



Aviva Ltd., 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807. Tel: (65) 6827 9966 www.aviva.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. 10965707

1) VEHICLE REGISTRATION NO.

SGD6683K

2) NAME OF INSURED

FAMILY NAME
GIVEN NAME

OSMAN
JAMILAH BTE

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

21-Feb-2020 00:00hours

4) DATE OF EXPIRY OF INSURANCE

20-Feb-2021 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 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 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

NAMED DRIVER

7) FINANCE COMPANY

EFIZZIG CREDIT PTE LTD

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: 19-Feb-2020 at 13:02hours

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).

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

Nishit Majmudar
Chief Executive Officer

ORIGINAL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

