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.

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	ACCIDENT STATEMENT
Date Of Report	16/07/2020 17:34
Date Of Accident	16/07/2020 08:50
Exact Location Of Accident	TANGLIN HALT RD QXQ57 CAR PARK ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ90T
Insured/Policyholder	
Name Of Registered Owner	KOH SIEW HAR
NRIC No	SXXXX813D
Email Address	CHRISTABELKOH88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96440958
Alternative Phone No	OTHERS-98620050
Vehicle Particulars	
Manufacturer	BMW
Model	M3-CABRIOLET SMG II
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	10946799
Cover Note Number	

Driver

Name of Driver

CHANG KAM KUAN

NRIC No

SXXXX775H

Date Of Birth

17/07/1948

Occupation

INDOOR

Date Of Driving Pass

26/01/1976

Driving Experience

44 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91598605

Fax Number
Contact Number

EMail Address CHANGKAMKUAN@GMAIL.COM

Address BLK 81 COMMONWEALTH CLOSE #10-127

Postcode 14008

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

2

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)
Passenger 1

NAME: : SANDRA WONG

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 NO

Circumstances of Accident

REFER TO SKETCH PLAN AND CIRCUMSTANCE OF ACCIDENT

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 SLX7373J

Vehicle Make/Model/Colour SUBARU/FORESTER/WHITE

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LEK LUNNA

NRIC/Passport Number

Contact Number 94508544

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
- (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: 16

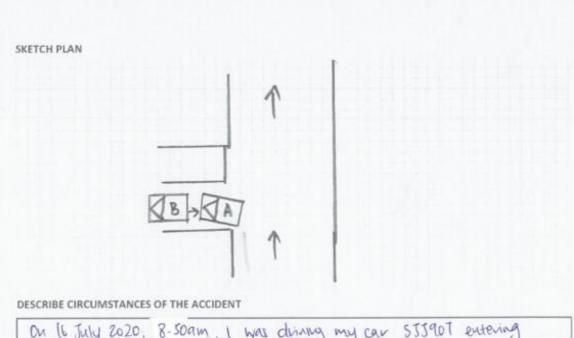
Driver's Signature (If driver is not the po

UEN No: Reporting Centre Personnel's S

NRIC/FIN No.:

Simon Koh Customer Service Advisor Accident & Bodyshop

OBIL



On 16 July 2020, 8-50am, 1 was driving my car SJJ907 entering corpork GXQS7, tanglin half road. At the entrance of the carpork, there were 2 stationary cars in front of me. The first one was
coupoux exest, tanglin half road. At the entrance of the corport,
there were 2 stationary cans in front of me. The first one was
in the midst of parting his car. The second car decided to release towards
me when she named to give more space for the first car to perk.
It is during teas moment, her car suddenly rolled and hit my bout
left pertion of my car. After which, we came out and exchanged
particulais. Er insurance daim.

DECLARATION

I/We declare the foregoing particulars are true in ever

Policyholder's Signature

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

Reporting Centre Personnel's

Simon Koh NRIC/FIN No.: Customer Service Advisor Accident & Bodyshop

Identification Card



HIP: 915 986 05 email. com email. com fevan @ gmail. com

For reporting purpose



Driving License



for reporting only.



Certificate Of Insurance



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CERTIFICATE OF INSURANCE

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CERTIFICATE NUMBER, 10948799

1) VEHICLE REGISTRATION NO.

SUMOT

2) NAME OF INSURED:

FARRET NAME GROWN NAME ICON DIGNETIONS

 EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT. 13-Nov-2019-00:00hours

4) DATE OF EXPIRY OF INSURANCE

124Vov-2020/23/59hipms

S) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any deveraged 50 or over

Provided that the person driving is permitted in accordance with the Borrang or other laws or regulations to drive the Motor Vehicle or has been to permitted and is not excepted by order of a Court of law or by any resisting an excepted; an equalities in that behalf from saving the Motor Vehicle.

And provided for the that the Matte Vehicle is registered under the Read Fulfic Act and its registration under the Read Fulfic Act has not been careaded at the time of account or loss.

Please refer to the galloy document for full beans and conditions.

6) LIMITATIONS AS TO USE*

Use only for social domestic and pleasure purposes and for the insured's bisoness. The Policy does not cover use for the or reward, but on or driving tests, record, percentaging, which by their, speed-testing or the carriage of goods other distribution or connection with any twick or his Shell of use for any surpose in connection with the Monor Rade.

t singlestics are strend inspensive by Section is of the discorr tehedre (Third-Party Risks and Compensation) Am (Chapter 186) and Section 25 of the Road Insertance Act. 1985 (Malaysia), we not in he included under these handbase.

MAMED DRIVER

7) FINANCE COMPANY

AUFA CREDIT PTE UTO

1.7 We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Webides (Twics-Party Risks and Companisation) Act [Chapter 189) and Part M of the Road Transport Act, 1987 (Malaysiau or any amendment, act or acts passed in substitution thereof.

issued in Singapore: 11-Nov-2019 at 17:42hours

Aviva Ltd.

IMPORTANT NOTE:

- Byos was to cancel your policy at any time, you will read to return the cartificate to as:
- You must apport all accidents to the within 2-though of the occurrence only the next working day at our accident
 reporting central regardism of whether you entered to claim to your point or mol, or whether your car in
 demaged or occurrence. Should you fail to do so, Your MCD could be affected and your dainy may be prejudiced.

For the lat of our additions reporting centres, please vert hope shows with a compact affecting a Nativellieth, you may call up at 6323-3322. For assistance including assimance on winds even damage).

Nish t Magniscier Oklef Executive Officer

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





Accident Photo





Accident Photo

