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.	
	ACCIDENT STATEMENT
Date Of Report	27/08/2020 15:06
Date Of Accident	27/08/2020 10:05
Exact Location Of Accident	AT BLK 327 JURONG EAST ST 31 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV3187S
Insured/Policyholder	
Name Of Registered Owner	LEE WEI HAN BRANDON
NRIC No	SXXXX698I
Email Address	BLWHYY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98226516
Alternative Phone No	OFFICE-98226516

Vehicle Particulars

HYUNDAI Manufacturer

Model ELANTRA AD 1.6 GLS AT

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?

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

Insurance Company

Name of Insurance Company **AVIVA LTD**

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 10880723

Cover Note Number

Driver

Name of Driver LEE WEI HAN BRANDON

NRIC No SXXXX698I Date Of Birth 24/10/1995 Occupation **OUTDOOR Date Of Driving Pass** 23/03/2016

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98226516

Fax Number

Contact Number OFFICE-98226516 **EMail Address** BLWHYY@GMAIL.COM

BLK 374 BUKIT BATOK ST 31 31 #03-224 Address

Postcode

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 - MAJOR/MINOR RD

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

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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

Attachment(s)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1 PC7545T

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

GOODS VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 11

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:

- 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/low firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (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
- 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.
- 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 Signatura Date & Time: 25

Driver's Signatur (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN vehicle A SLV 31875 vehicle B PC 75457 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT AT The mention Date of time of accident 22/08/2020 about 10.05,00 I was 327 Trung east street 31 open Sopere carpert I yes removing into my carporle lot and about to complete partine there was vehicle driving through straight so I stopped and after the white have passos though AI inch out to let vehicle Bi Pc 7545T I San So I manage to stopped and pushick 7545T confinue driving Straight allited and my found right portion. I have video footage my while Stopped Wen I Sow Vehicle B But uchicle B confinme driving founds any vehicle and hit on DECLARATION I/We declarenthe foregoing particulars are true in every respect. Folicyholder's Signature Driver's Senature Reporting Ce Name: Date & Time: (If driver is not the policyholder) Date & Time: NRIC/FIN No.:



Arrest Mr., 4 Sharton Way

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE NOTOR VENICLIS (1980-ARRY VISCS) RULES, 1988 EPIDERATION OF MALAYSIA)
THE NOTOR VENICLIS (HERD-ARRY VISCS) AND COMPRISATION) ACT ICAT 188 OR THE REVISIO EDITION)
FRUITALIC OF SWIGAPORE)
FRUITANIC OF SWIGAPORE) OR ANY AMERICANENC, ACT OR ACTS MISSED IN SUBSTITUTION THEREOF

CERTIFICATE NUMBER, 10880723

SIV31875

LEE WE HAN BRANDON

28-Dec-2019 00:00hours

27-Dec-2020 23 59hours

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

FAMILY NAME GIVEN NAME

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

4) DATE OF EXPIRY OF INSURANCE

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

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

The only for social, correctic and pleasure purposes and for the insured's business. The Policy does not cover use for him or reward, furtion or driving tests, recing, pace-making, reliability study, speed-testing or the carriage of goods other than samples in connection with the Motor Irade.

Limitations rendered insperative by Section 8 of the Motor vehicles (Third-Party Absts and Compensation) Act (Chapter 189) and Section 95 of the Seed Transport Act, 1987 (Malaysia), are not to be included under these headings.

NAMED DRIVER

7) FINANCE COMPANY

STANDARD CHARTERED BANK SINGAPORE

1/ 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 185) and Part IV of the Road Transport Act, 1987 (Maiaysia), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 27-Nov-2019 at 13:33hours

If you want to cancel your policy at any time, you will need to return the certificate to us.

Tour mast report all accidents to Us within 24 hours of the occurrence or by the next working day at our accident reporting centre regardess 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 are justiced.

For the list of our accident reporting centres, please visit https://www.avva.com.sg/Car/lepairers. Afternatively you may call us at 6833 2222 for assistance lincluding assistance on windscreen clamage).

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

Aviva Ltd.

Nishit Majmudar Chief Executive Officer

Driving License



Accident Photo





Accident Photo



Accident Photo



