

## 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	25/09/2020 11:34
Date Of Accident	24/09/2020 09:30
Exact Location Of Accident	ENTRANCE TO KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4330S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP TONG XIANG
NRIC No	SXXXX715Z
Email Address	TXYAP83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94881270
Alternative Phone No	OTHERS-94881270

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 X (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	10956531
Cover Note Number	

### Driver

Name of Driver	YAP TONG XIANG
NRIC No	SXXXX715Z
Date Of Birth	23/07/1983
Occupation	INDOOR
Date Of Driving Pass	23/02/2004
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94881270
Fax Number	
Contact Number	OTHERS-94881270
Email Address	TXYAP83@GMAIL.COM

Address	BLK 209B PUNGGOL PLACE #03-1294
Postcode	822209
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : YAP XIN YU 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

I WAS TRAVELING ALONG ENTRANCE TO KPE. WHEN VEHICLE IN FRONT OF ME BRAKED, I ALSO STOPPED MY VEHICLE IN TIME AND MY VEHICLE WAS STATIONARY. SUDDENLY VEHICLE B CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEHICLE. WHOLE ACCIDENT WAS CAPTURED BY MY VEHICLE BUILT-IN VIDEO RECORDER.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV4162G
Vehicle Make/Model/Colour	
Details Of Properties	
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 INJURED PERSON 1	
Name	YAP TONG XIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJU4330S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	YAP XIN YU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJU4330S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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 #2

### SKETCH PLAN



Entrance To KPE

④ SJU 4330 S  
⑤ SLV 4162 G.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along entrance to KPE. When vehicle in front of me braked, I also stopped my vehicle in time and my vehicle was stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle.

Whole accident was captured by my vehicle built-in video recorder.

### 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's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan #3



Aviva Ltd., 4 Shenton Way, #01-01 SFS Centre 2, Singapore 068817 Tel: (65) 6377 9966 www.aviva.com.sg

## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (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: 10956531

#### 1) VEHICLE REGISTRATION NO.

SJU43305

#### 2) NAME OF INSURED

FAMILY NAME  
GIVEN NAME

YAP  
TONG XIAN3

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

02-Jan-2020 15:15hours

#### 4) DATE OF EXPIRY OF INSURANCE

01-Jan-2021 00:00hours

#### 5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver aged 20 and 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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

NAMED DRIVER

#### 7) FINANCE COMPANY

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: 02-Jan-2020 at 15:15hours

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/CenRepairs>. Alternatively, you may call us at **6333 2222** for assistance, including assistance on windscreen damage.

Nahit Majmudar  
Chief Executive Officer

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

ORIGINAL



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



## Driving License



## Driving License

