

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 | 01/10/2020 17:30 |
| Date Of Accident | 30/09/2020 16:15 |
| Exact Location Of Accident | CLEMENTI AVE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKD2226B |
| Insured/Policyholder | |
| Name Of Registered Owner | AU LAI PENG |
| NRIC No | SXXXX908J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97966160 |
| Alternative Phone No | OFFICE-97966160 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | BMW |
| Model | 523I |
| 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 | 10933582 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | AU LAI PENG |
| NRIC No | SXXXX908J |
| Date Of Birth | 27/12/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/11/2003 |
| Driving Experience | 16 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97966160 |
| Fax Number | |
| Contact Number | OFFICE-97966160 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 195A PUNGGOL ROAD #09-504 |
| Postcode | 821195 |
| 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? | 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT: T/20201001/2067.

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 | GV8319E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | TAN LAI CHENG |
| NRIC/Passport Number | SXXXX899J |
| Contact Number | 98621143 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AU LAI PENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKD2226B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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.



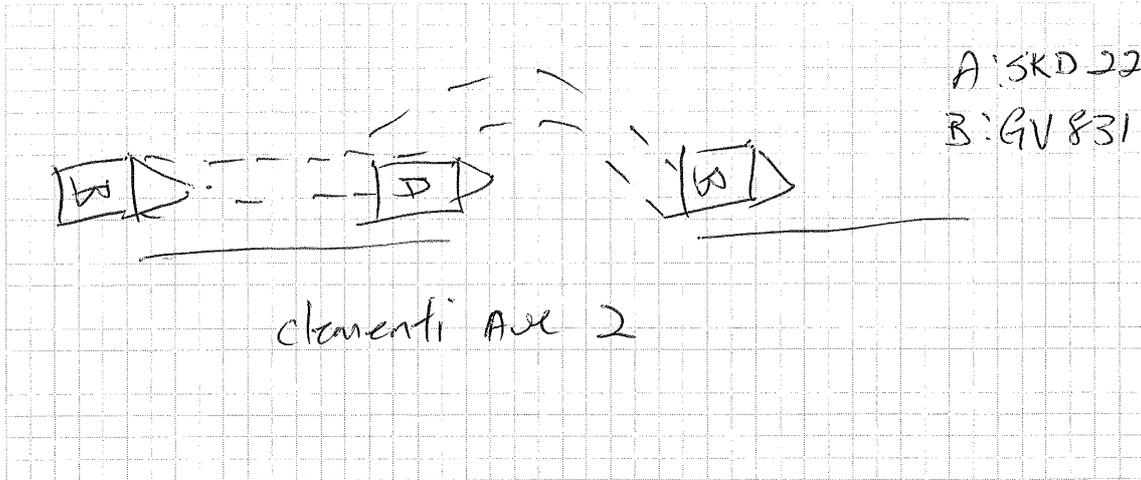
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN

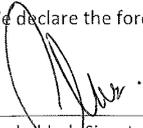


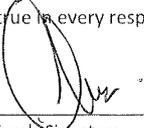
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As police report

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.:

Sketch Plan #4 Pg. 1



SINGAPORE
POLICE FORCE



T/20201001/2067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20201001/2067

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN LAI CHENG | ID No. | S7164899J |
| Related Vehicle | GV8319E (Lorry) | Contact No. | 98621143 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | AU LAI PENG | ID No. | S7765908J |
| Related Vehicle | SKD2226B (Car) | Contact No. | 97966160 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING STRAIGHT AT FIRST, THEN I SLOW DOWN AND TURN ON MY RIGHT SIGNAL AND CAME TO A STOP COMPLETELY. WHILE WAITING FOR MY TURN TO TURN RIGHT, I FELT AN IMPACT ON MY REAR. I RESTED AWHILE IN MY VEHICLE AS I WAS FEELING GIDDY THEN I GOT OFF MY VEHICLE. AFTER I GOT OFF, I WALKED TO THE VEHICLE THAT HIT MY VEHICLE, I ASKED THE DRIVER WHAT HAPPENED. THEN THE DRIVER MENTIONED THAT HE LOOKED AWAY FOR AWHILE, THINKING THAT I WILL BE GOING STRAIGHT BUT INSTEAD I STOPPED AND WANT TO TURN RIGHT. HENCE HE COULD NOT REACT IN TIME AND THEN HIT THE REAR OF MY VEHICLE. THERE WAS AN AMBULANCE THAT CAME ACROSS AND THEY ADVISED ME TO CALL FOR THE POLICE. THEN AFTER CALLING THE POLICE, THE POLICE ARRIVED AND TOOK DOWN MY PARTICULARS AND STATEMENT. I ARRANGED MY OWN TOWING AND MY VEHICLE WAS TOWED.

THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20201001/2067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20201001/2067

CONTINUATION OF REPORT

Sketch Plan #6 Pg. 1



SINGAPORE
POLICE FORCE



T/20201001/2067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20201001/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| |
|--|
| Signature Of Officer Recording The Report: TP / WINSTON KOH WEN ZHONG <i>wkz</i> |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476200 |

| |
|---|
| Signature Of Informant: <i>[Handwritten Signature]</i> |
| Date/Time: 01/10/2020 14:04 |
| Classification Of Case:  SINGAPORE POLICE FORCE |

Authentication Stamp
NP168

| |
|-----------------------|
| Signature: <i>wkz</i> |
|-----------------------|

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201001/2070

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20201001/2070

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAN LAI CHENG | ID No. | S7164899J |
| Related Vehicle | GV8319E (Lorry) | Contact No. | 98621143 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | AU LAI PENG | ID No. | S7765908J |
| Related Vehicle | SKD2226B (Car) | Contact No. | 97966160 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

REFERENCING TO REPORT NO. : T/20201001/2067

AFTER THE ACCIDENT, I WENT TO A CLINIC AND HAD A CHECK. I SUFFER SOME PAIN ON MY LEFT ARM AND LEFT SHOULDER AND SOME NUMBNESS ON MY ARM. I WAS GIVEN 3 DAYS MC.

THAT IS ALL.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20201001/2070

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20201001/2070

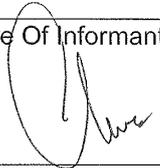
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| |
|---|
| Signature Of Officer Recording The Report: TP / WINSTON KOH WEN ZHONG  |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476200 |

| |
|---|
| Signature Of Informant:  |
| Date/Time: 01/10/2020 14:13 |
| Classification Of Case: |

Authentication Stamp
NP168

| |
|--|
|  SINGAPORE POLICE FORCE |
| Signature:  |



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. 10933582

| | |
|--|---------------------------|
| 1) VEHICLE REGISTRATION NO. | SKD2226B |
| CHASSIS NO. | WBAFP32040C866767 |
| ENGINE NO. | 11337787N52B25AF |
| 2) NAME OF INSURED | |
| FAMILY NAME | AU |
| GIVEN NAME | LAI PENG |
| 3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT | 12-Sep-2020 00:00hours |
| 4) DATE OF EXPIRY OF INSURANCE | 11-Sep-2021 23:59hours |
| 5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE | |
| You and any driver | |
| <p>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.</p> <p>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.</p> <p>Please refer to the policy document for full terms and conditions.</p> | |
| 6) LIMITATIONS AS TO USE* | |
| <p>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.</p> <p><i>* 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.</i></p> | |
| NAMED DRIVER | |
| 7) FINANCE COMPANY | MAYBANK SINGAPORE LIMITED |

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-Aug-2020 at 21:11hours

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



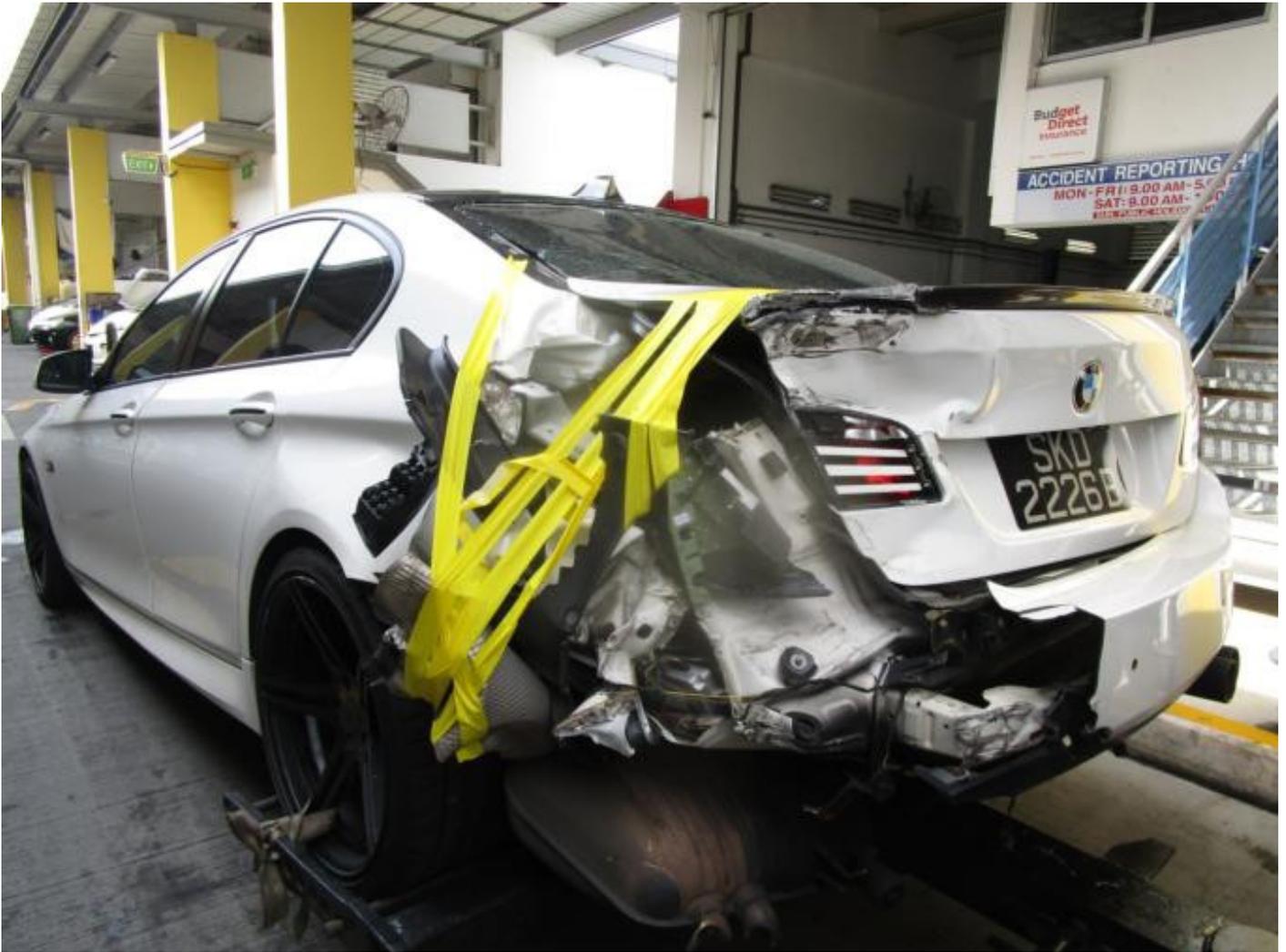
Accident Photo



Accident Photo



Accident Photo



Accident Photo

