

## 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	12/11/2020 14:44
Date Of Accident	11/11/2020 21:15
Exact Location Of Accident	JUNC UPPER CROSS ST & NEW BRIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN4921L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG JOON LEONG
NRIC No	SXXXX815D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85711939
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 XT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / 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	10923614
Cover Note Number	

### Driver

Name of Driver	QIAO LU
NRIC No	SXXXX308B
Date Of Birth	22/09/1984
Occupation	INDOOR
Date Of Driving Pass	14/03/2019
Driving Experience	1 YEAR AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82234629
Fax Number	
Contact Number	
EEmail Address	M.QIAO@HOTMAIL.COM

Address	190 MOULMEIN ROAD #02-03
Postcode	308095
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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

PLEASE REFER TO THE ATTACHED DOCUMENTS AND VIDEO FOOTAGE

#### Attachment(s)

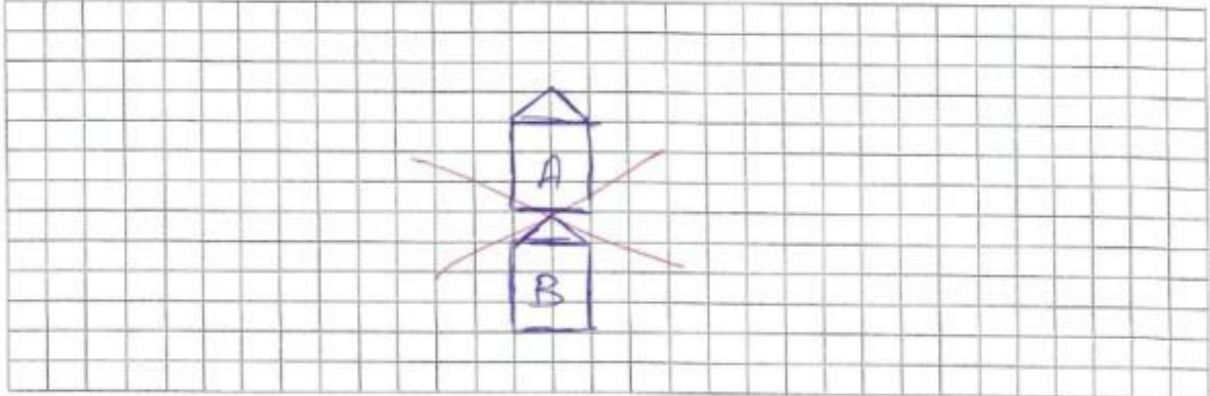
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH2750P
Vehicle Make/Model/Colour	KIA LORRY
Details Of Properties	FRONT PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MANI RAJAKUMAR
NRIC/Passport Number	GXXXXX913W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in front the red light to turn green. And ~~vehicle~~ <sup>vehicle</sup> B hit on my car.

\* VEH A : SKN 4921 L — SUBARU

\* VEH B : GBH 2750P — KIA

## 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:

Reporting Centre Personnel's Signature  
Name: DANIEL

## Accident Sketch Plan

### SKETCH PLAN

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#### 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: 12 Nov 2020

Reporting Centre Personnel's Signature  
Name: DANIEL  
NRIC/FIN NO.: SXXXX518D

## INSURANCE CERT



POLICY NO.: 10923614

### PERIOD OF INSURANCE (both dates inclusive)

FROM: 20-Jun-2020 00:00hours  
TO: 19-Jun-2021 23:59hours

### AGENT'S DETAILS

CODE: 10000001  
NAME: DIRECT (GEN-INS)  
COMPANY NAME: DIRECT (GEN-INS)

### POLICYHOLDER

INSURED:  
FAMILY NAME: Ng  
GIVEN NAME: Joon Leong  
BUSINESS/PROFESSION:

### COVER

PLAN TYPE: Motor Standard  
COVER TYPE: Comprehensive  
PLAN TERM: Annual Plan

### EXCESS

(Excess payable if the claim is admissible)

OWN DAMAGE POLICY EXCESS:  
If repairs at Approved repairers: S\$1,000.00  
If repairs at non-Approved repairers: S\$2,000.00  
YOUNG AND/OR INEXPERIENCED DRIVER EXCESS: S\$2,500.00  
(Aged 24 and below or has held a valid driving license for less than 2 years.)  
**note: in addition to Own Damage Policy Excess if applicable**  
WINDSCREEN EXCESS: S\$100.00  
All excess subject to GST if applicable

### USE INSURED AGAINST

Use for social, domestic and pleasure purposes and for use in connection with the policyholders own business. The policy does not cover use for (i) Hire and rewards, (ii) Racing, pace-making, reliability trial or speed testing, (iii) Driving tuition, (iv) The carriage of goods for hire and reward, (v) Any purpose in connection with the motor trade.

### PREMIUM CALCULATION

PREMIUM: S\$ 1994.92  
GST @ 7.00%: S\$ 139.64  
TOTAL DUE: S\$ 2134.56  
DATE ISSUED: 17-Jun-2020 at 23:40hours

### CAR INSURED

MAKE & TYPE OF BODY: SUBARU FORESTER 2.0 XT 1994cc  
REGISTRATION NO.: SKN4921L  
CHASSIS NO.:  
ENGINE NO.:  
SUM INSURED: Market Value inclusive of COE  
YEAR OF REGISTRATION: 2014  
OFF-PEAK CAR: No  
MODIFICATIONS TO YOUR CAR WHICH DO NOT COMPLY WITH AND/OR ARE NOT APPROVED BY LTA: No

### ADDITIONAL COVERS

Additional Personal Accident  
Loss of Use

### WHO MAY DRIVE YOUR CAR

You and any driver aged 30 or over

### NO CLAIMS DISCOUNT

(This NCD amount is specific to your Aviva policy only)

NCD%: 10

### BREAKDOWN ASSISTANCE

If your car breakdown and you need assistance, please call our hotline at 6333 2222

### POLICY OWNERS' PROTECTION SCHEME (PPF)

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

ORIGINAL

Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 • Tel: (65) 6827 9966 • Website: [www.aviva.com.sg](http://www.aviva.com.sg)  
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

Accident Photo





Accident Photo



Accident Photo





Accident Photo



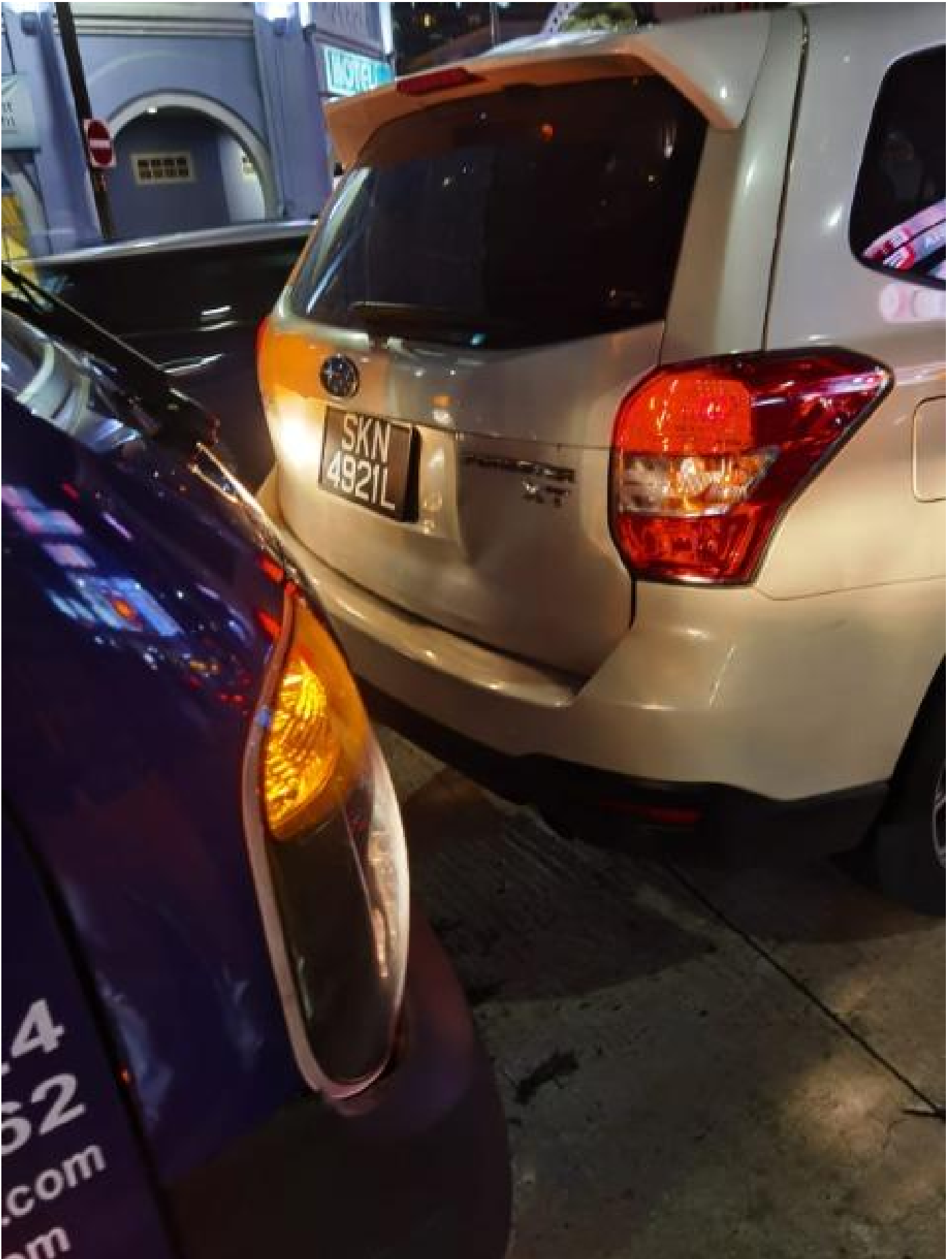
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