

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 Submission 21/07/2021 10:22 (SGT)
Date of Accident 19/07/2021 14:30 (SGT)
Exact Location of Accident 907 E Coast Rd, Singapore 459107
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ7346A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG YONG HUA
NRIC No SXXXX792E
Email Address ngysyh@gmail.com
Mobile Phone No (Phone) +65-97806790
Alternative Phone No +65-97806790

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C200
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1796

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 10985266
Cover Note Number -

DRIVER

Name of Driver NG YONG HUA
NRIC No SXXXX792E

Date Of Birth	30/11/1987
Occupation	Indoor
Date Of Driving Pass	09/01/2007
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97806790
Alt. Phone Number	+65-97806790
Email Address	ngsyh@gmail.com
Address	BLK 54 MARINE TERRACE #13-41
Address complement	-
Postcode	440054
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

MY CAR A IS SMJ7346A, AS CAR A IS APPROACHING STILL ROAD FROM EAST COAST SLIP ROAD, CAR A STOPPED BEFORE THE DOTTED GIVEWAY LINE AS THERE IS ONCOMING TRAFFIC. THEN, CAR B, TAXI SHA2731K FAILED TO STOP IN TIME AND HIT MY VEHICLE REAR.

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	SHA2731K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

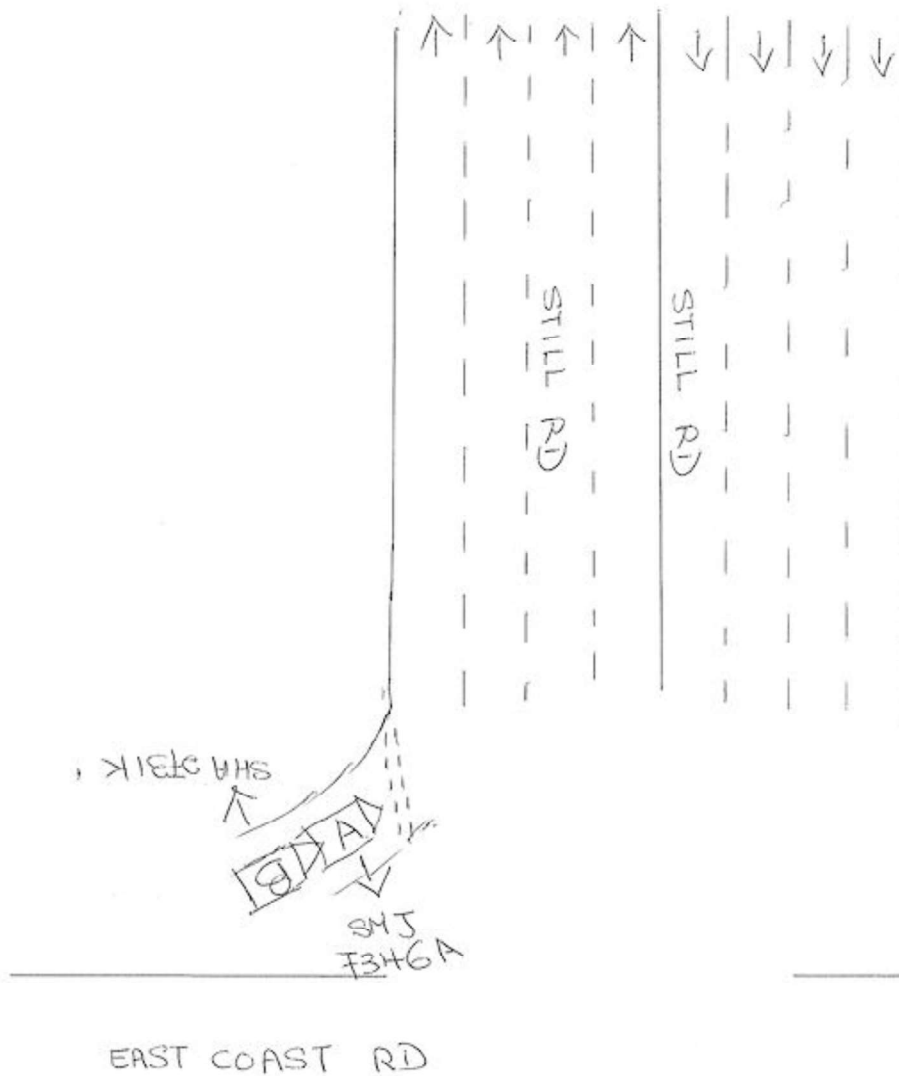
Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person NG YONG HUA
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMJ7346A
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

197/2021
14:30 PM
SMJ F346A
2/2



SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to 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, give, use, store, and/or process my personal data/personal information set out in this [form] and any other personal information provided by me, possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to the workshop who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall collectively referred to as the "Insurers"), the Insurers' law firms/law firms, the Monetary Authority of Singapore and any other government agency/authority (such as the police) for the purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my and victims' or responding to any enquiries by me;
 - (iv) administering my claims including the routing of correspondence, statements, invoices, reports or notices to my workshop and/or disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of an envelope or 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 the accident and the Insurers' law firms/law firms may/are permitted to 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 (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

JH

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Person / Personnel

Refer to Attached

Describe Circumstances of the Accident

My car A is SM57346A. As Car A is approaching Still Road from East Coast Road sliproad, CAR A stopped before the dotted giveaway line as there is oncoming traffic. Then, Car B, taxi SHA 2731K failed to stop in time and hit my vehicle rear.

Declaration

(We declare the foregoing particulars are true in every respect)

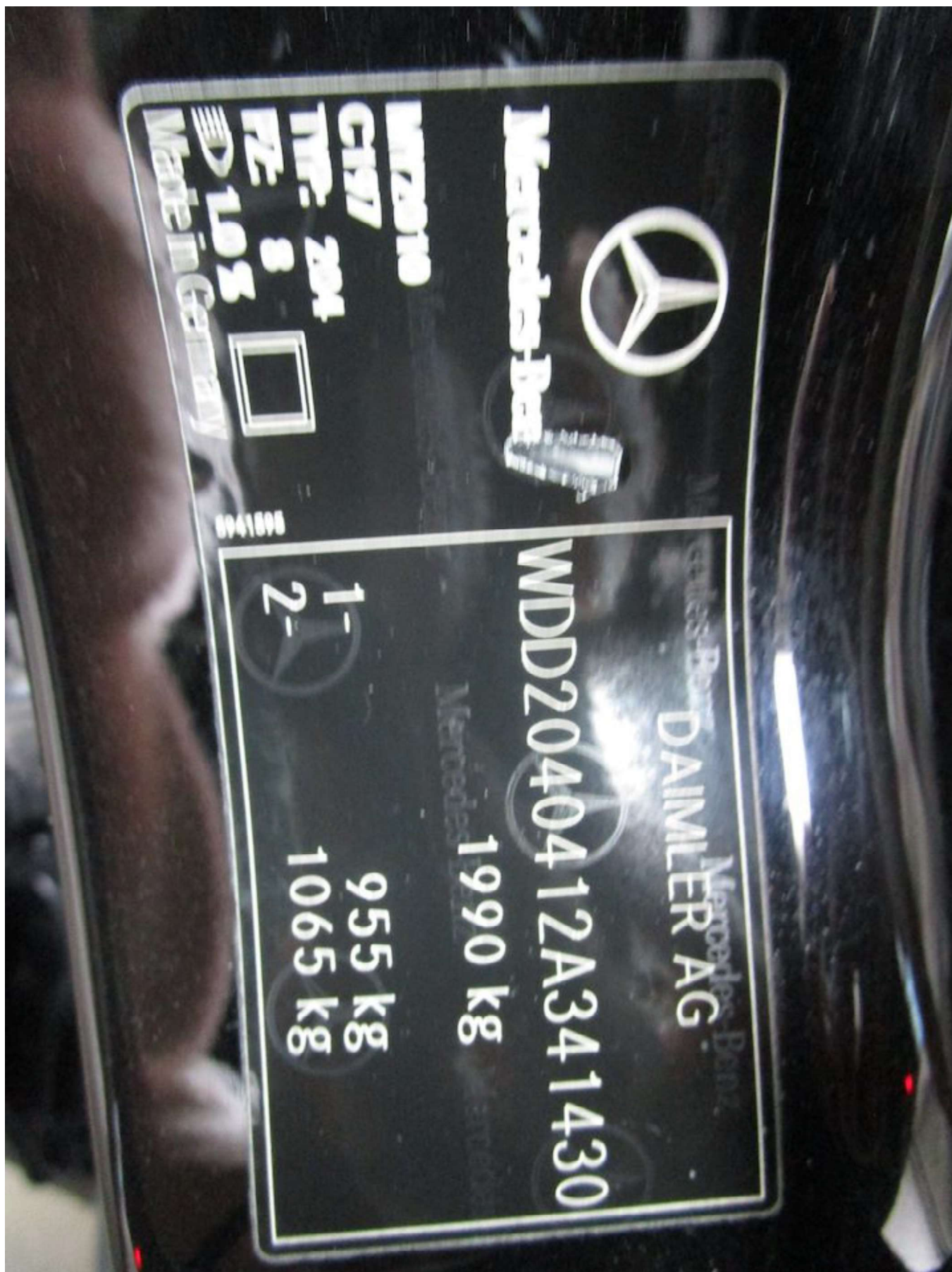


Policyholder's Signature Date & Time

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

Witnessed by Reporting Officer's Signature























➤ POLICYHOLDER

INSURED:
FAMILY NAME: Ng
GIVEN NAME: Yong Hao
BUSINESS/PROFESSION: Others - Indoor Middle Lvl Mgmt.

➤ COVER

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

➤ EXCESS

(Excess payable if the claim is claimable)

OWN DAMAGE POLICY EXCESS: S\$300.00
YOUNG AND/OR INEXPERIENT 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 reward, (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\$ 1054.31
GST @ 7.00%: S\$ 73.80
TOTAL DUE: S\$ 1128.11
DATE ISSUED: 12-Jul-2021 at 01:48hours

➤ SPECIAL CLAUSE

This Car policy includes 2 complimentary riders (worth \$107): Loss of Use and Loss of Keys for the current period of insurance. Offer is valid for Aviva Group Insurance customers with active policies and their immediate family members only.

POLICY NO.: 10985266

PERIOD OF INSURANCE (both dates inclusive)

FROM: 13-Jul-2021 00:00hours
TO: 12-Jul-2022 23:59hours

AGENT'S DETAILS

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

➤ CAR INSURED

MAKE & TYPE OF BODY: MERCEDES-CLASS C 180 COMPRESSION
1796cc
REGISTRATION NO: SMJ7346A
SUM INSURED: Market Value including GST
YEAR OF REGISTRATION: 2010
OFF-PEAK CAR: No
MODIFICATIONS TO YOUR CAR: No
WHICH DO NOT COMPLY WITH AND/OR ARE NOT APPROVED BY LTA.

➤ ADDITIONAL COVERS

Free Loss of Keys*
Free Loss of Use*

➤ WHO MAY DRIVE YOUR CAR

NG
KAI HONG

➤ NO CLAIMS DISCOUNT

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

NCD%: 20

➤ 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 or 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