

# 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 ..... 20/09/2021 17:09 (SGT)  
Date of Accident ..... 17/09/2021 22:20 (SGT)  
Exact Location of Accident ..... Whampoa Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ1313Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOH MAY YEE, YVONNET  
NRIC No ..... S8201254J  
Email Address ..... yvonnekmy82@hotmail.com  
Mobile Phone No ..... (Phone) +65-96755740  
Alternative Phone No ..... +65-96755740

### VEHICLE PARTICULARS

Manufacturer ..... Porsche  
Model ..... Panamera  
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 ..... 3605

### INSURANCE COMPANY

Name of Insurance Company ..... Aviva Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 11061409  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEONG KAI MENG, JAMES  
NRIC No ..... S8436771J

Date Of Birth .....	05/11/1984
Occupation .....	Indoor
Date Of Driving Pass .....	15/02/2020
Driving experience .....	1 YEAR AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97517778
Alt. Phone Number .....	-
Email Address .....	88motorz@gmail.com
Address .....	BLK 803A KEAT HONG CLOSE #08-146
Address complement .....	-
Postcode .....	681803
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Dry

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	KOH MAY YEE, YVONNE
Gender .....	Female

#### 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

I WAS DRIVING ALONG WHAMPOA DR ON 17/09/2021 AT AROUND 2215 HRS TO 2220HRS, STOPPED AT THE TRAFFIC JUNCTION AS THE TRAFFIC WAS ON RED LIGHT. SUDDENLY, THERE WAS A HUGE IMPACT FROM THE REAR OF MY VEHICLE. VEHICLE B COLLIDED ONTO OUR VEHICLE FROM THE REAR. MY SPOUSE IS INSIDE THE VEHICLE WITH ME AT THE TIME OF ACCIDENT. WE FELT PAIN ON OUR NECK AREA. HENCE, WE WENT TO SEE A DOCTOR THE NEXT DAY.

#### 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 .....	SDL3379C
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	LEONG KAI MENG, JAMES
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMQ1313Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	KOH MAY YEE, YVONNE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMQ1313Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

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 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.



Policyholder's Signature / Date & Time

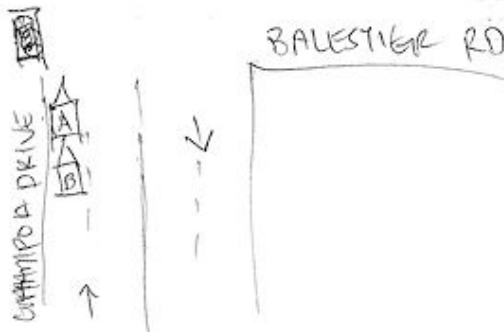
Sketch Plan



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

Witnessed by Reporting Centre Personnel

A - SMQ13134  
B - S2L3379C



## Describe Circumstances of the Accident

I WAS DRIVING ALONG WHAMPORA DRIVE ON 7/09/2021  
 AT AROUND 2215 HOURS to 2220 HRS. I STOPPED AT  
 THE TRAFFIC JUNCTION AS THE TRAFFIC LIGHT WAS  
 ON RED LIGHT. SUDDENLY, THERE WAS A HUGE  
 IMPACT FROM THE REAR OF MY VEHICLE VEHICLE B  
 COLLIDED ONTO OUR VEHICLE FROM THE REAR. MY  
 SPOUSE IS INSIDE ~~WITH~~ THE VEHICLE WITH ME AT  
 THE TIME OF ACCIDENT. WE FELT PAIN ON OUR NECK  
 AREA, HENCE WE WENT TO SEE A DOCTOR THE NEXT  
 DAY.

## 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

Witnessed by Reporting Centre  
Personnel

Scanned with CamScanner





















# AVIVA

## Car Insurance Policy Schedule

**POLICYHOLDER**

INSURED:  
FAMILY NAME Koh  
GIVEN NAME May Yee Yvonne  
BUSINESS/PROFESSION:

**COVER**

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

**EXCESS**

(Excess payable if the claim is admissible)

OWN DAMAGE POLICY EXCESS \$56,500.00  
YOUNG AND/OR INEXPERIENCED DRIVER EXCESS: \$50.00  
(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: \$50.00  
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 \$5 2266.35  
GST @ 7.00% \$5 158.64  
TOTAL DUE \$5 2424.99  
DATE ISSUED 26-Apr-2021 at 13:22hours

**SPECIAL CLAUSE**

Congratulations! Promo code CAR20 is applied successfully. Enjoy 20% off on your car insurance premium.

POLICY NO.: 11061409

**PERIOD OF INSURANCE**  
(both dates inclusive)

FROM: 16-Apr-2021 00:00hours  
TO: 15-Apr-2022 23:59hours  
ENDORSEMENT EFFECTIVE DATE: 23-Apr-2021

**AGENT'S DETAILS**

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

**CAR INSURED**

MAKE & TYPE OF BODY: PORSCHE PANAMERA 3605cc  
REGISTRATION NO.: SMO1313Y  
SUM INSURED: Market Value inclusive of COE  
YEAR OF REGISTRATION: 2011  
OFF-PEAK CAR: No  
MODIFICATIONS TO YOUR CAR: No  
WHICH DO NOT COMPLY WITH AND/OR ARE NOT APPROVED BY LTA:

**ADDITIONAL COVERS**

Loss of Use  
No Claims Discount Protector

**WHO MAY DRIVE YOUR CAR**

You and any driver aged 30 or over

**NO CLAIMS DISCOUNT**

NCD%: 30

**BREAKDOWN ASSISTANCE**

If your car breakdown and you need assistance, please call our hotline at 6339 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

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