

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 16/11/2021 15:51 (SGT)
Date of Accident 15/11/2021 13:20 (SGT)
Exact Location of Accident 23 Pavilion Grove, Singapore 658615
Additional Location Information OUTSIDE 23 PAVILION GROVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH2121A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GRACE LEE ZI ZI
NRIC No SXXXX526D
Email Address writetograce2121@gmail.com
Mobile Phone No (Phone) +65-92975536
Alternative Phone No +65-92975536

VEHICLE PARTICULARS

Manufacturer Porsche
Model 911
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 2981

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 10993865
Cover Note Number -

DRIVER

Name of Driver GRACE LEE ZI ZI
NRIC No SXXXX526D

Date Of Birth	01/08/1992
Occupation	Indoor
Date Of Driving Pass	18/05/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92975536
Alt. Phone Number	+65-92975536
Email Address	writetograce2121@gmail.com
Address	23 PAVILION GROVE
Address complement	-
Postcode	658615
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN AND POLICE REPORT FOR ACCIDENT DETAILS.

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	GBH1187Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

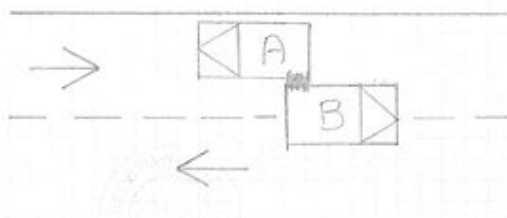
(collectively the "Purposes")

- (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.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

VEH A: 9MH2121A

VEH B: 6BH1187Y

Describe Circumstances of the Accident

Please refer to the police report no. T/20211116/7000

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

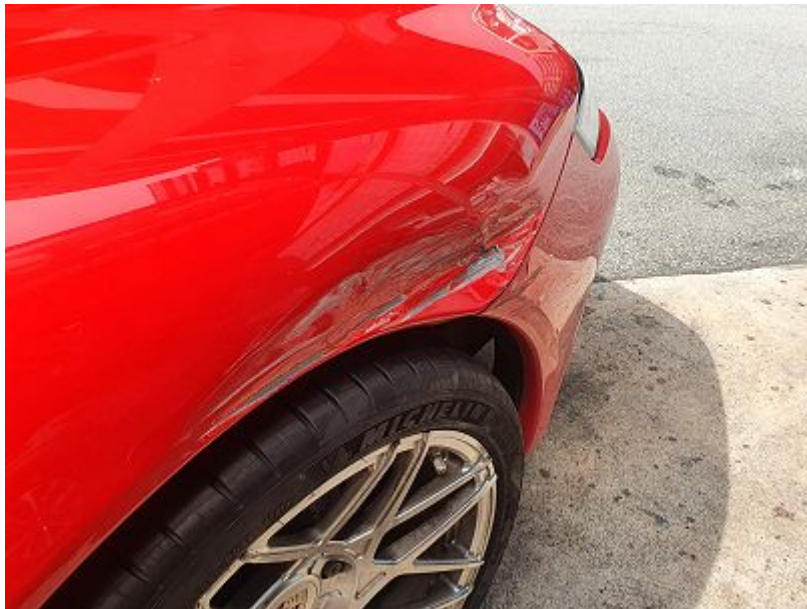


Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20211116/7000

1 of 3

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

Report No. T/20211116/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2021 00:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GRACE LEE ZI ZI			Address: 23 PAVILION GROVE SINGAPORE 658615		
ID Type / ID No.: NRIC NO / S9227526D			Contact No.: Home/Office: Mobile: 92975536		
Nationality: SINGAPORE CITIZEN			Email: leezizi18@gmail.com		
Sex: Female	Age: 29	Date of Birth: 01/08/1992	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales supervisor			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2021 13:20	Type of Location: Car Park
Location: PAVILION GROVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH1187Y	Lorry	TOYOTA		Silver		0
SMH2121A	Car	PORSCHE	911 Targa 4 Tip	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20211116/7000

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

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Report No. T/20211116/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH2121A	AVIVA LTD	10993865	02/09/2021	01/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	GRACE LEE ZI ZI		ID No. S9227526D
Related Vehicle	NIL		Contact No. 92975536
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of NIL

Brief Details.

Hit and run car accident happened at my house gate area, 23 Pavillion Grove Singapore 658615. I have found the video footage captured by my house outdoor camera and my car front camera has 24hr camera that captured the incident too. I only realised the damage at night 950pm and nobody has contacted me on the damage till now 12:01am.



SINGAPORE POLICE FORCE

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



T/20211116/7000

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Report No. T/20211116/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
16/11/2021 00:04

Classification Of Case:



Aviva Ltd., 4 Shenton Way, #01-01 SSK Centre 2, Singapore 068871 Tel: 65 6827 9966 www.aviva.com.sg

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (Chapter 189)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT 1987 (Chapter 189)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT 1987 (Chapter 189)
 REPEAL OF PARTS OF THE ACT
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT 1987 (Chapter 189)
 REPEAL OF PARTS OF THE ACT

CERTIFICATE NUMBER: 10993865

- 1) VEHICLE REGISTRATION NO. SMH2121A
- 2) NAME OF INSURED
 FAMILY NAME LEE
 GIVEN NAME ZI ZI GRACE
- 3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT 02-Sep-2021 00:00hours
- 4) DATE OF EXPIRY OF INSURANCE 01-Sep-2022 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver aged 30 or 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: 16-Aug-2021 at 18:17hours

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.

Pearlyn Phau
Chief Executive Officer

ORIGINAL