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 witholding of material facts may allow insurance companies to repudiate

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the research of 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	27/09/2021 14:42 (SGT)
Date of Accident	26/09/2021 12:25 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	TWDS GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV6744C	

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN ZHONG LIANG
NRIC No	S9546022D
Email Address	hanzhongliang95@hotmail.com
Mobile Phone No	(Phone) +65-96567937
Alternative Phone No	+65-96567937

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1600

INSURANCE COMPANY

Name of Insurance Company Type of Coverage	Aviva Ltd Comprehensive
Fleet Policy	No
Policy Number	11022727
Cover Note Number	-

DRIVER

Name of Driver	HAN ZHONG LIANG
NRIC No	S9546022D

Date Of Birth 09/12/1995 Occupation Indoor Date Of Driving Pass 16/12/2015 Driving experience 5 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96567937 Alt. Phone Number +65-96567937 Email Address hanzhongliang95@hotmail.com Address 109 LORONG 1 TOA PAYOH #07-304 Address complement Postcode 310109 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **KESSLER TEO** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: G/20210926/7024. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

GBA5270A

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PERIYASAMY DEVENDRAN
Contact Number	(Phone) +65-84969300
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	HAN ZHONG LIANG Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV6744C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

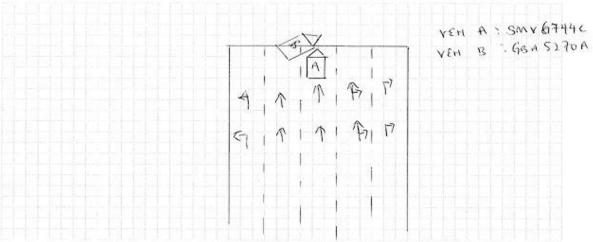
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- The 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.
- 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 :
 - 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



ON JEM	SEPT	J-021	कीक	ABONT		222	hour	S , 1	WMS	772	AVEL	anh	ALONA
Sims a	the E	Tovar	40.05	4317	YMA	6	ntin	My	Fais	OVE	(KE	122	en
TEO , N	RIC:	599	1291	04Z)	WH	61/	THE T	MAFF	c Li	67145	15	Chet	N6 10 19
TO RED	·S\	100EV	r-1	VEH.	B	5008	aveo	1057	o M	YE	ANIE	CIMA	WE.
0301110	<u> </u>	WMS	6.0	/eN	3	DAYS	90	MC	84	TAN	TOCK	< S€	NA
N 7:920H	_ .												
									- HUGH				
										1115-0-0		111 = 151 174	S
				X=1=000000									000000000000000000000000000000000000000

DECLARATION

I/We declaye the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

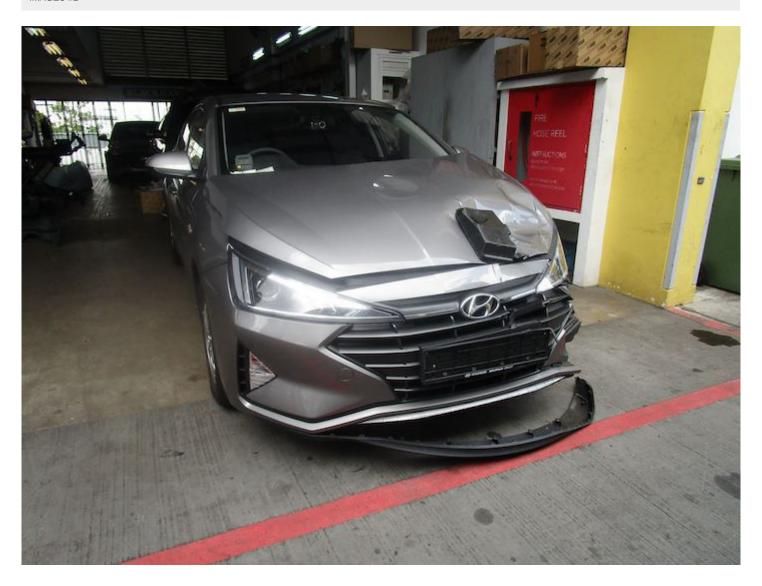
Driver's Signature

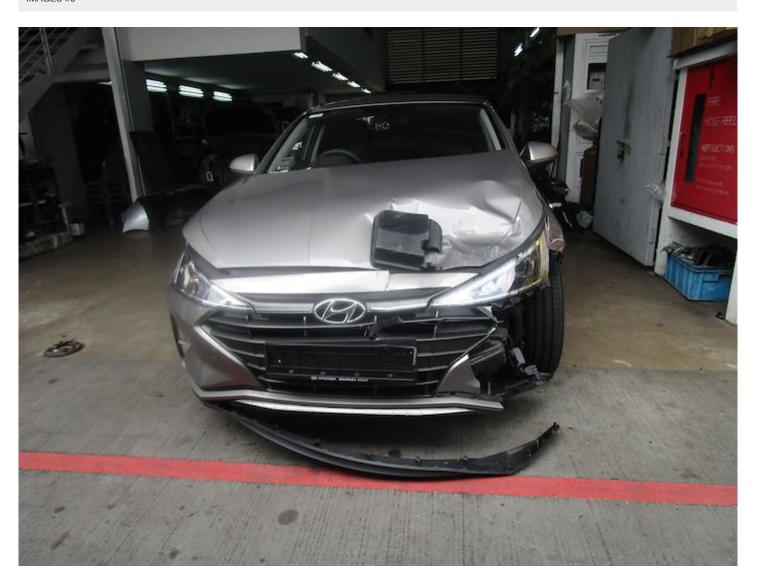
(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:













1 of 2

Report No. G/20210926/7024

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Vide Report No.		Station Diary No.	
)A PAYOH #07-30	4 SINGAPORE
13,713,723,0		Mobile: 96567937	
Email Address			
Sex	Age	Date of Birth	Race
Male	25	09/12/1995	Chinese
Language English			
Location Of Incident Sims Ave			
	Address 109 LOR 310109 Contact Home/C Email A hanzhor Sex Male Languag English Location	Address 109 LORONG 1 TO 310109 Contact No. Home/Office: Email Address hanzhongliang95@ Sex Age Male 25 Language English Location Of Inciden	Address 109 LORONG 1 TOA PAYOH #07-30 310109 Contact No. Home/Office: Mobile: 96567937 Email Address hanzhongliang95@hotmail.com Sex Age Date of Birth Male 25 09/12/1995 Language English Location Of Incident

Brief details.

On 26th sept 2021 at about 12.25pm, I was travelling along sims are towards geylang with my friend (Kessler Teo, NRIC: S9912964Z) when the traffic lights is changing to red when suddenly GBA 5270 A suddenly swerved into my lane and we collided. I was given 3 days of Mc by Tan Tock Seng Hospital.

Subjects Involved	
Victim	
Person Name HAN ZHONG LIANG	
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2021 18:17
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210926/7024

ID Type	NRIC NO	ID No	S9546022D
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	Financial/Investment adviser	Address	109 LORONG 1 TOA PAYOH #07-304 SINGAPORE 310109
Mobile No	96567937	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2021 18:17
Officer In-Charge Of Case:	Classification Of Case:



Awa Ltd. 4 Shenton Way, #61-01 SGX Centre 2, Singapore 968807. Tel: 165) 6827-9966. Ivvan awa com sg

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSM)
THE MOTOR VEHICLES (HIRD-PARTY RISKS) RULES, 1959 (REDERATION OF MALAYSM)
THE MOTOR VEHICLES (HIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION)
(REPUBLIC OF SINSAPORE)
THE MOTOR VEHICLES (HIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION
(REPUBLIC OF SINSAPORE) OR ANY AMENOMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

CERTIFICATE NUMBER. 11022727

1) VEHICLE REGISTRATION NO.

CHASSIS NO. ENGINE NO.

KMHD841CMLU100900 G4FGLU122530

2) NAME OF INSURED

FAMILY NAME GIVEN NAME

ZHONG HANG HAN

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT

16-Oct-2020 00:00hours

4) DATE OF EXPIRY OF INSURANCE

15-Oct-2021 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

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

DBS BANK LTD

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: 12-Oct-2020 at 12:47hours

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