

## 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 Actual 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 ..... 07/12/2022 16:28 (SGT)  
Reported by ..... Both  
Date of Accident ..... 05/12/2022 21:45 (SGT)  
Exact Location of Accident ..... Buangkok Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU8133U

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HENG MEI XIAN  
NRIC No ..... S8620209C  
Email Address ..... JK\_JUNKIAT@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-91833025  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 1500

#### INSURANCE COMPANY

Name of Insurance Company ..... Singapore Life Ltd  
Policy Number / Cover Note Number ..... 11108396

#### DRIVER

Name of Driver ..... NG JUN KIAT  
NRIC No ..... S8211017H  
Date Of Birth ..... 07/04/1982  
Occupation ..... Indoor

Date Of Driving Pass .....	19/02/2009
Driving experience .....	13 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98366186
Alt. Phone Number .....	-
Email Address .....	JK_JUNKIAT@HOTMAIL.COM
Address .....	BLK 212A PUNGGOL WALK #12-741
Address complement .....	-
Postcode .....	821212
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 - 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 .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	KELVIN CHUA
Gender .....	Male

#### 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

ON 05/12/2022 AT 21.45PM, I WAS TRAVELLING STRAIHGT ALONG BUANGKOK LINK, WHEN I REACH JUNCTION OF BUANGKOK LINK AND BUANGKOK CRESCENT I WAS ALIGHT AT THE TRAFFIC LIGHT WAS LLIGHTEN UP IN RED AFTER THE LIGHT HAD TURN GREE. I WAS IN MY PICK UP SPEED PROCESS AND THE CAB DASH (SHC616M) TOWARDS TO TURNING RIGH TTO BUANGKOK CRESCENT WITHOUT STOPPING TO OBSERVED THE TRAFFIC CONDITION.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH TP.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC616M
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 JUN KIAT
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLU8133U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

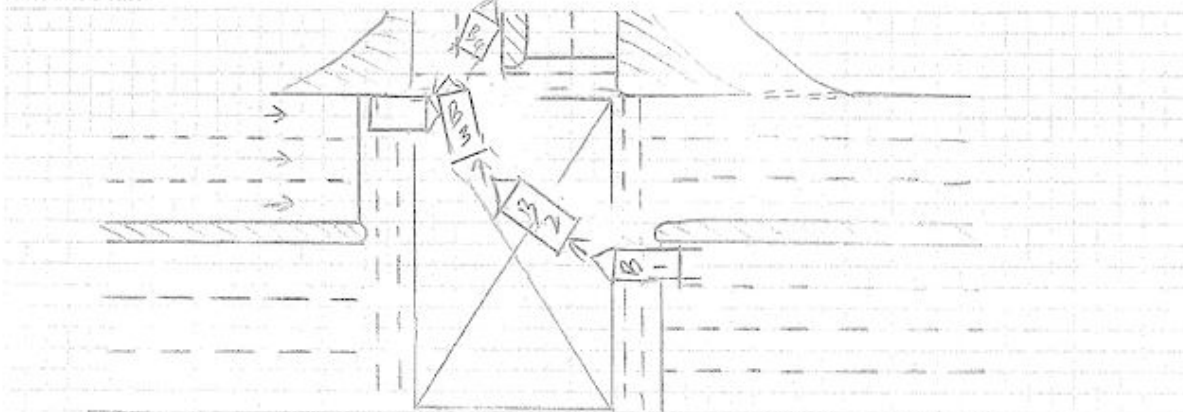
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/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**

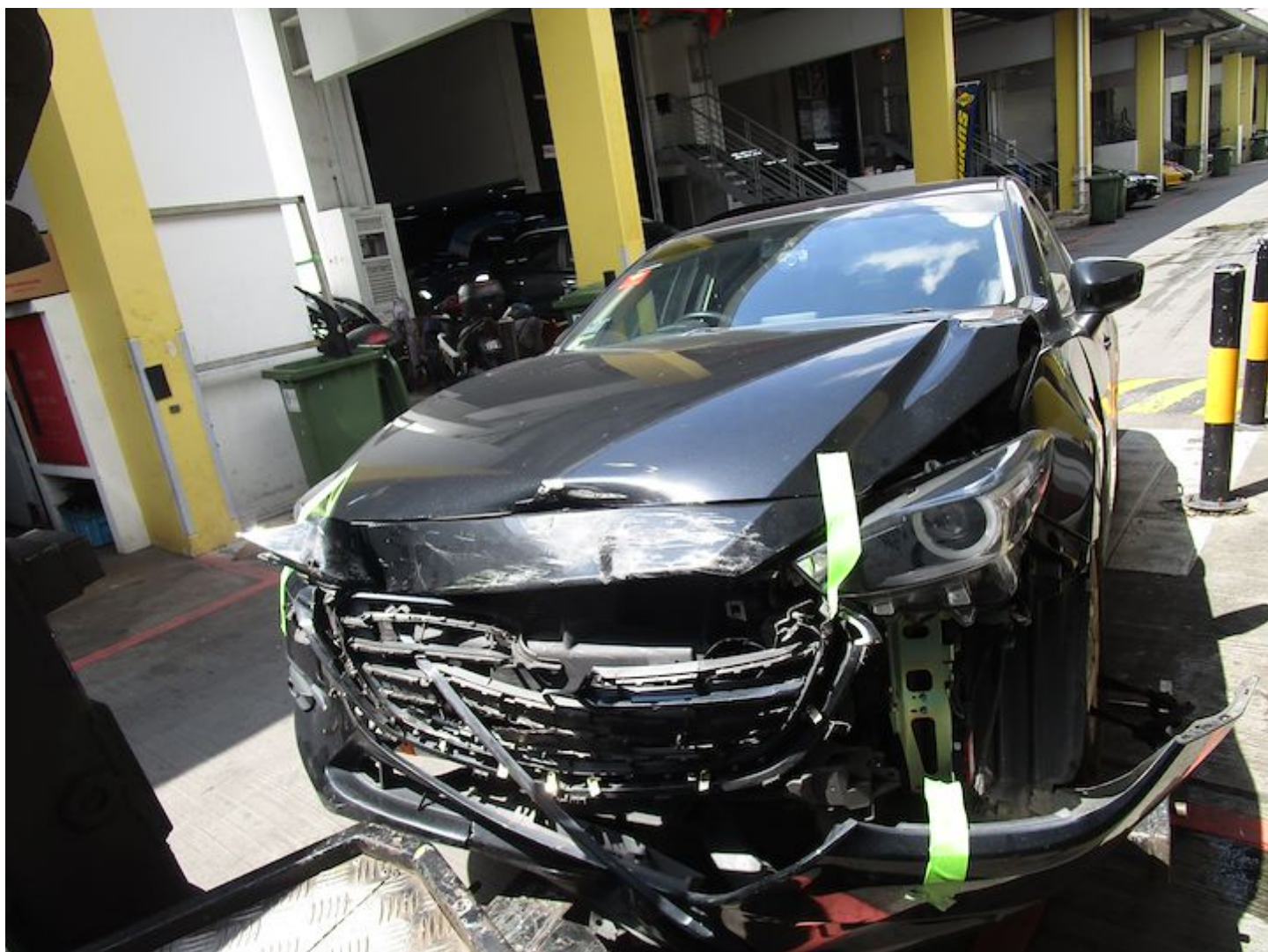






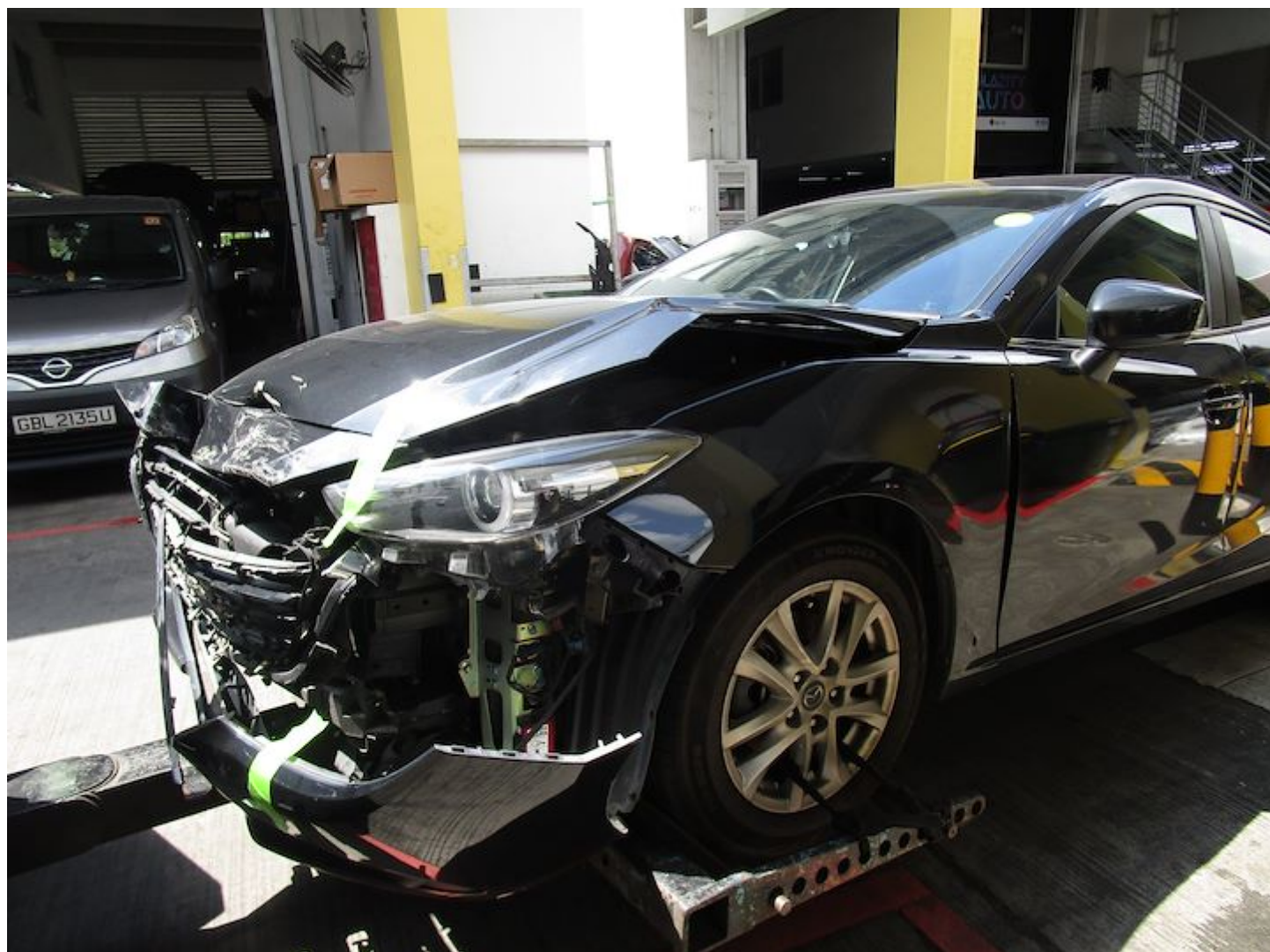




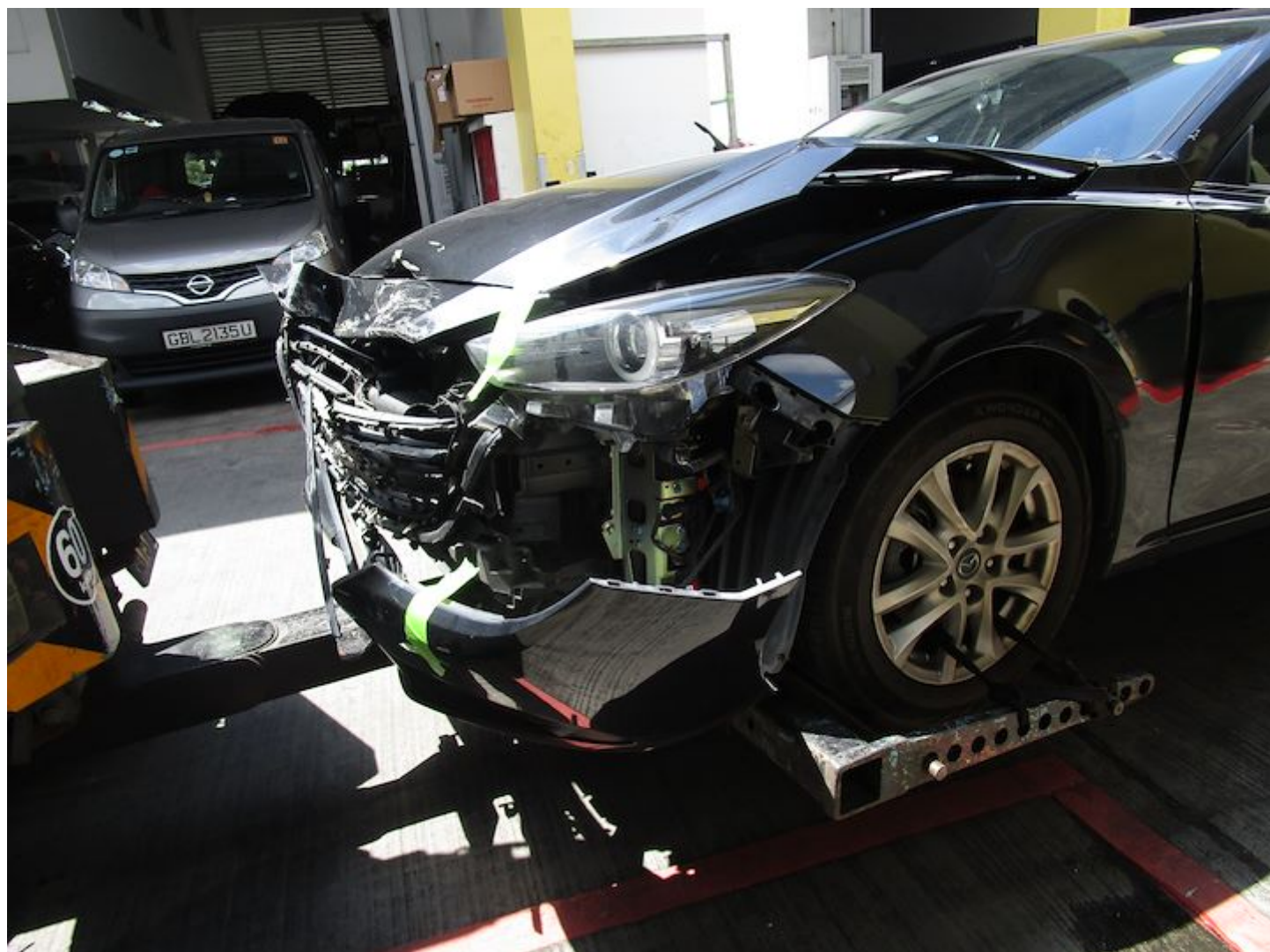


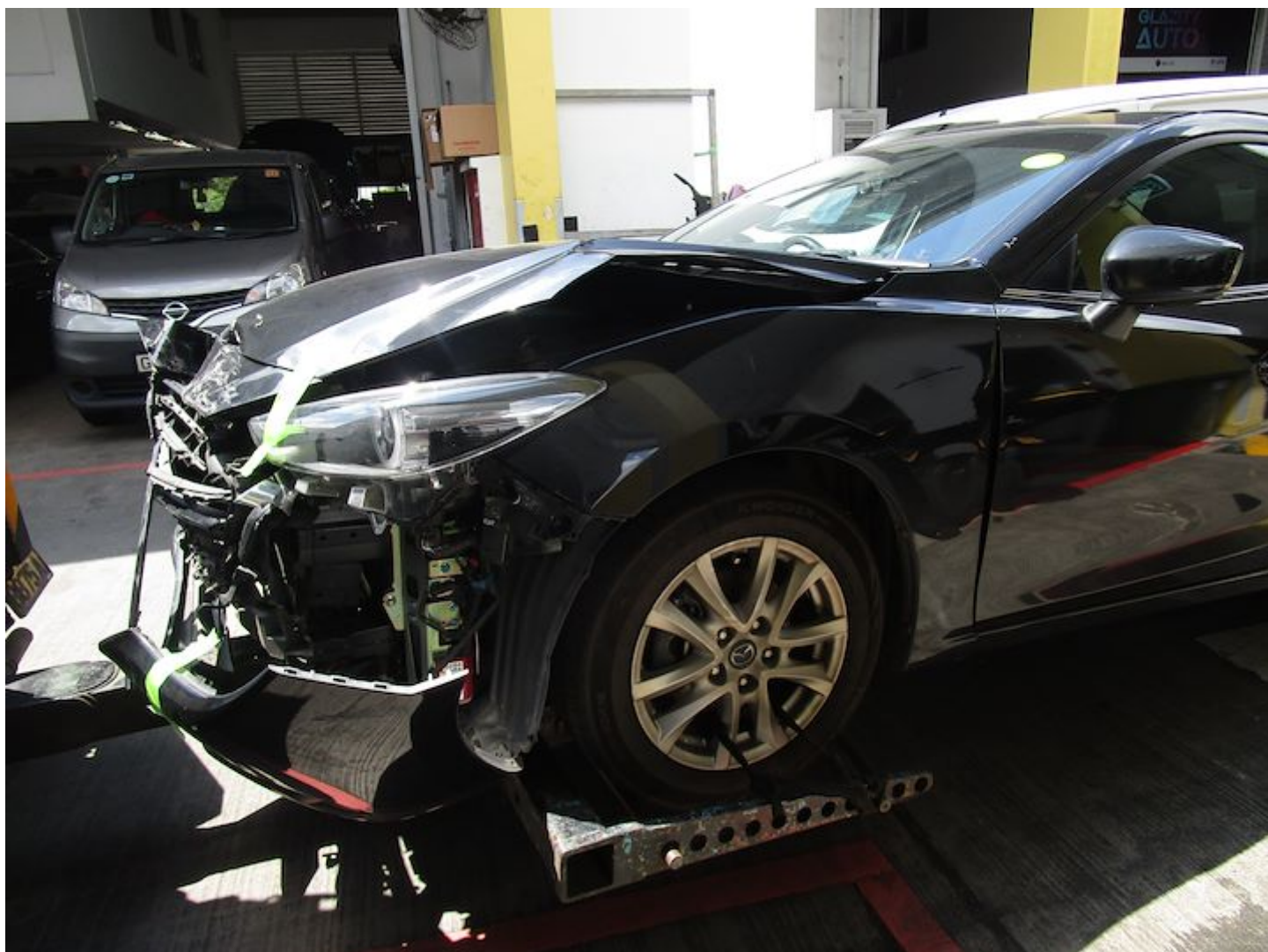




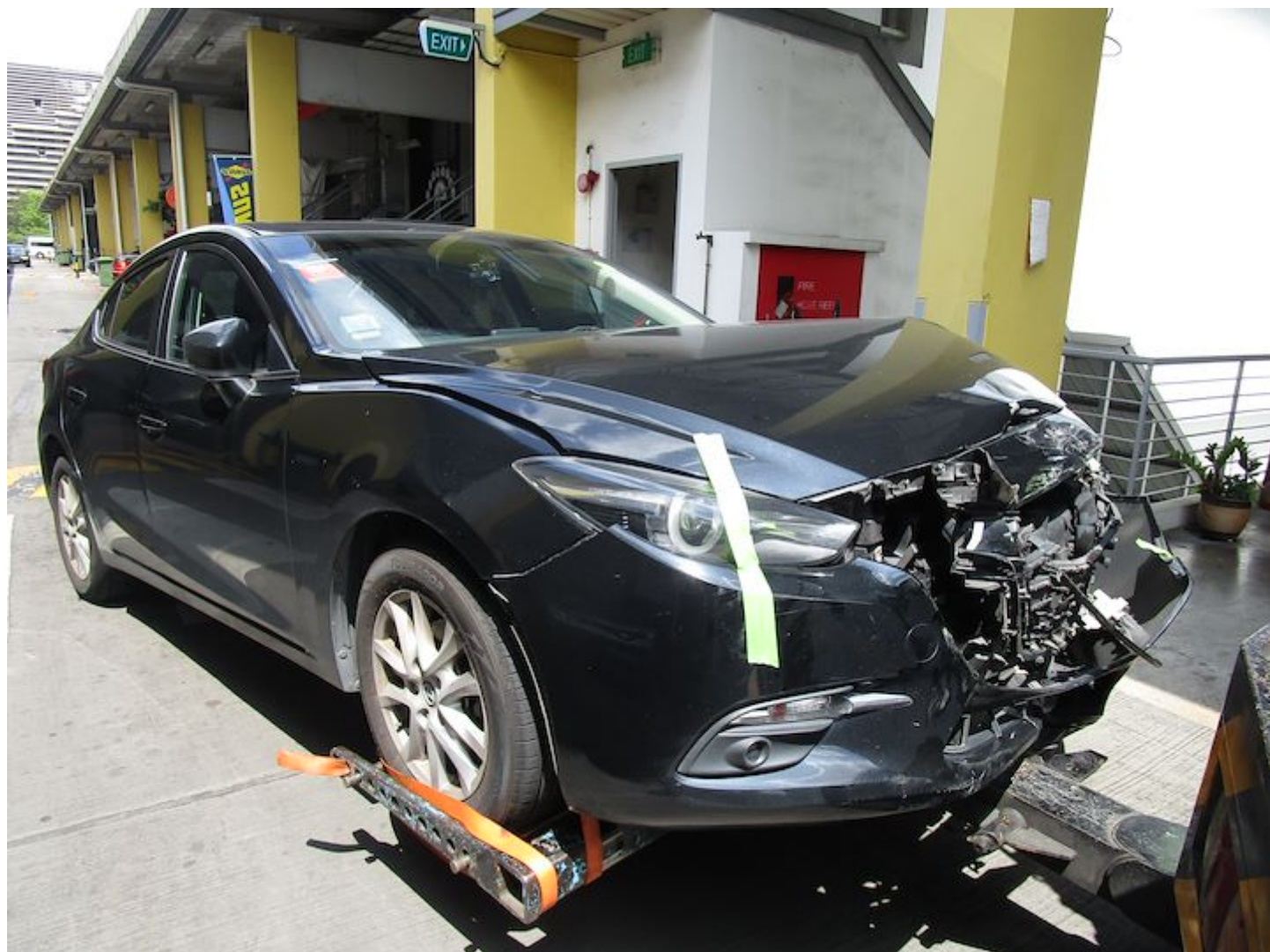


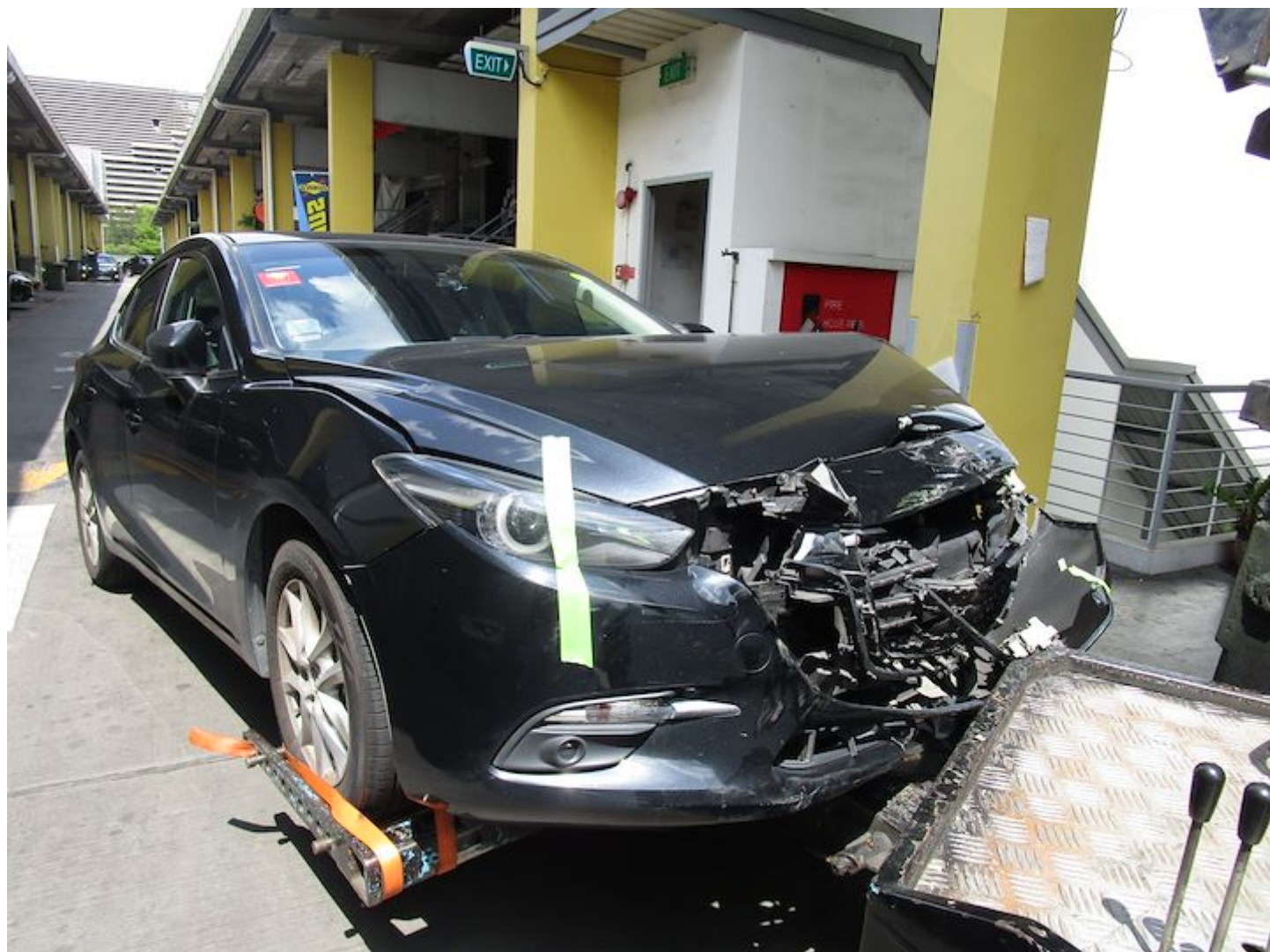




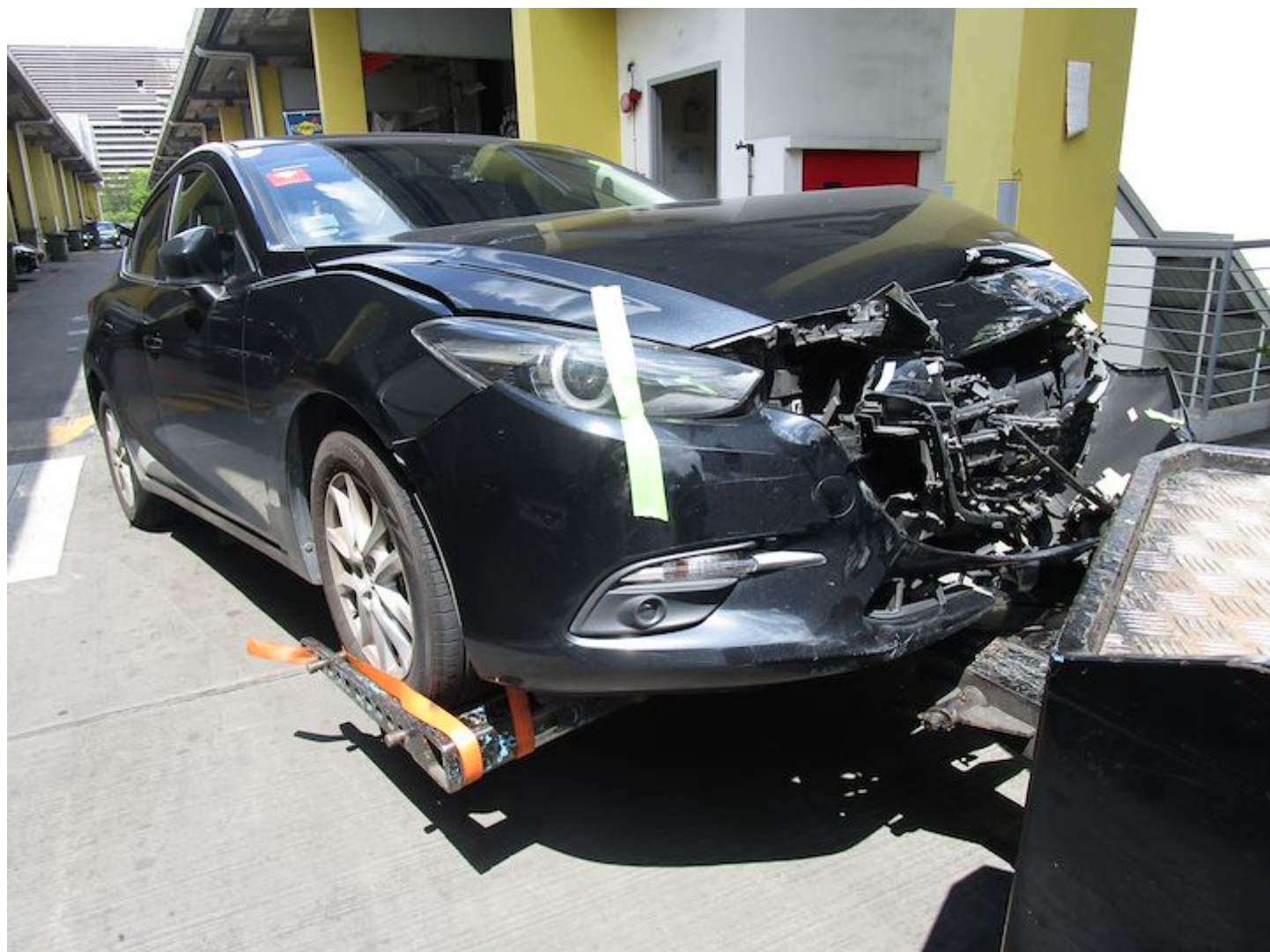


















AVIVA LIFE ASSURANCE COMPANY LIMITED, INCORPORATED IN THE REPUBLIC OF SINGAPORE

## CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED IN ACCORDANCE WITH THE MOTOR VEHICLES (THIRD PARTY) ACT (CHAPTER 162) AND THE ROAD TRANSPORT ACT (CHAPTER 167) OF SINGAPORE.  
 THIS CERTIFICATE IS ISSUED IN ACCORDANCE WITH THE MOTOR VEHICLES (THIRD PARTY) ACT (CHAPTER 162) AND THE ROAD TRANSPORT ACT (CHAPTER 167) OF SINGAPORE.  
 THIS CERTIFICATE IS ISSUED IN ACCORDANCE WITH THE MOTOR VEHICLES (THIRD PARTY) ACT (CHAPTER 162) AND THE ROAD TRANSPORT ACT (CHAPTER 167) OF SINGAPORE.

CERTIFICATE NUMBER: 11108396

- 1) VEHICLE REGISTRATION NO. **SLM138U**
- 2) NAME OF INSURED  
 POLICY NAME **SLM138U**  
 GREEN NAME **SLM138U**
- 3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT **14-Dec-2021 00:00hrs**
- 4) DATE OF EXPIRY OF INSURANCE **14-Dec-2022 23:59hrs**

### 5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

to and your own

I warrant that the person(s) entitled to drive the vehicle is/are licensed to drive the vehicle in Singapore and that the person(s) is/are not disqualified from driving the vehicle.

And I warrant that the person(s) is/are not disqualified from driving the vehicle in Singapore and that the person(s) is/are not disqualified from driving the vehicle in Singapore.

Policyholder: 2200 policyholder's details are not disclosed.

### 6) LIMITATIONS AS TO USE\*

The policy is not to be used for any purpose other than the purpose of the policy. The policy is not to be used for any purpose other than the purpose of the policy. The policy is not to be used for any purpose other than the purpose of the policy.

\* Limitations as to use are specified in the Motor Vehicles (Third Party) Act (Chapter 162) and the Road Transport Act (Chapter 167) of Singapore.

### NAMED DRIVER

POLICY NAME **SLM138U**  
 GREEN NAME **SLM138U**

### 7) FINANCE COMPANY

FINITE OVERSEA-ASIA LIMITED

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) Act (Chapter 162) and Part IV of the Road Transport Act, 1967 (Chapter 167), and any amendments, acts or acts passed in substitution thereof.

Issued in Singapore: 06-Dec-2021 at 22:56hours

Aviva Ltd.

#### IMPORTANT NOTE:

- If you want to cancel your policy at any time, you will need to inform the relevant parties.
  - You must report all accidents to the relevant parties within 24 hours of the occurrence or by the next working day after the accident. Reporting must be made as soon as you are able to do so. Your policy may be voided if you do not report an accident as soon as you are able to do so.
- For further details of our claims reporting process, please visit [www.aviva.com.sg/claims](http://www.aviva.com.sg/claims). Alternatively, you may call us at **6333 2222** for assistance in reporting an accident.

Remya Pillay  
Chief Executive Officer

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately.

GENERAL