

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	12/04/2023 15:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/04/2023 08:30 (SGT)
Exact Location of Accident	Mount Vernon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT1909U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWEK WEI CHIAT
NRIC No	SXXXX249C
Email Address	KWEK_W@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97313004
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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	2400

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11093188

DRIVER

Name of Driver	LEOW HUI FEN, ISABELLE
NRIC No	SXXXX411Z
Date Of Birth	22/06/1980
Occupation	Indoor

Date Of Driving Pass	11/10/2000
Driving experience	22 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97531053
Alt. Phone Number	-
Email Address	KWEK_W@HOTMAIL.COM
Address	32 MOUNT VERNON ROAD #01-08
Address complement	-
Postcode	368056
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	1
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)	1
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	-

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 VEHICLE IS STATIONARY WHEN VEHICLE B REVERSED AND COLLIDED INTO MY VEHICLE FRONT PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8942Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LI GEN
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

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

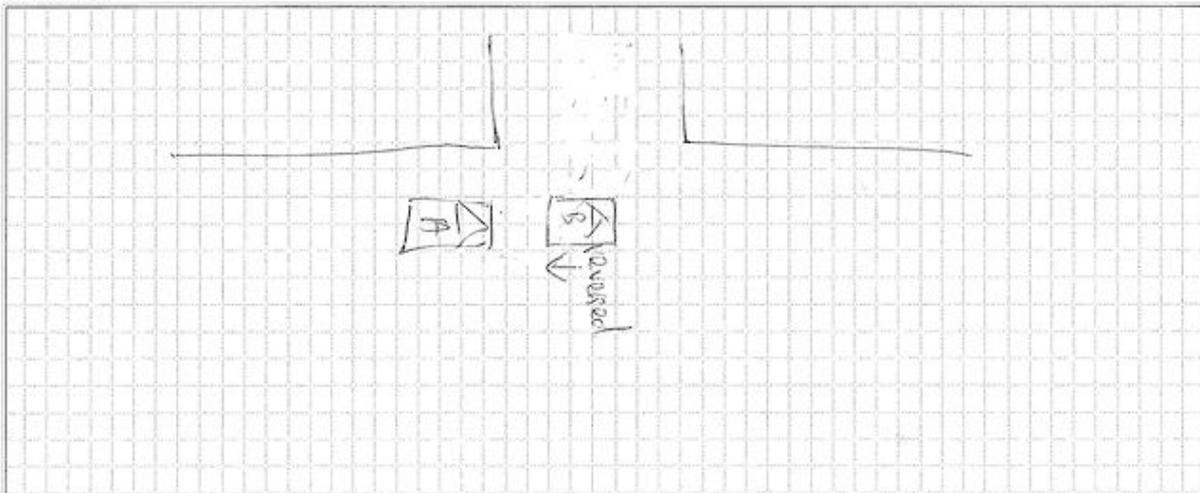
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan



Describe Circumstance of the Accident

My vehicle is staying when vehicle B ~~from the job site~~
reversed and collided into my vehicle's front panels.

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
(Name as in NRIC/ID card)

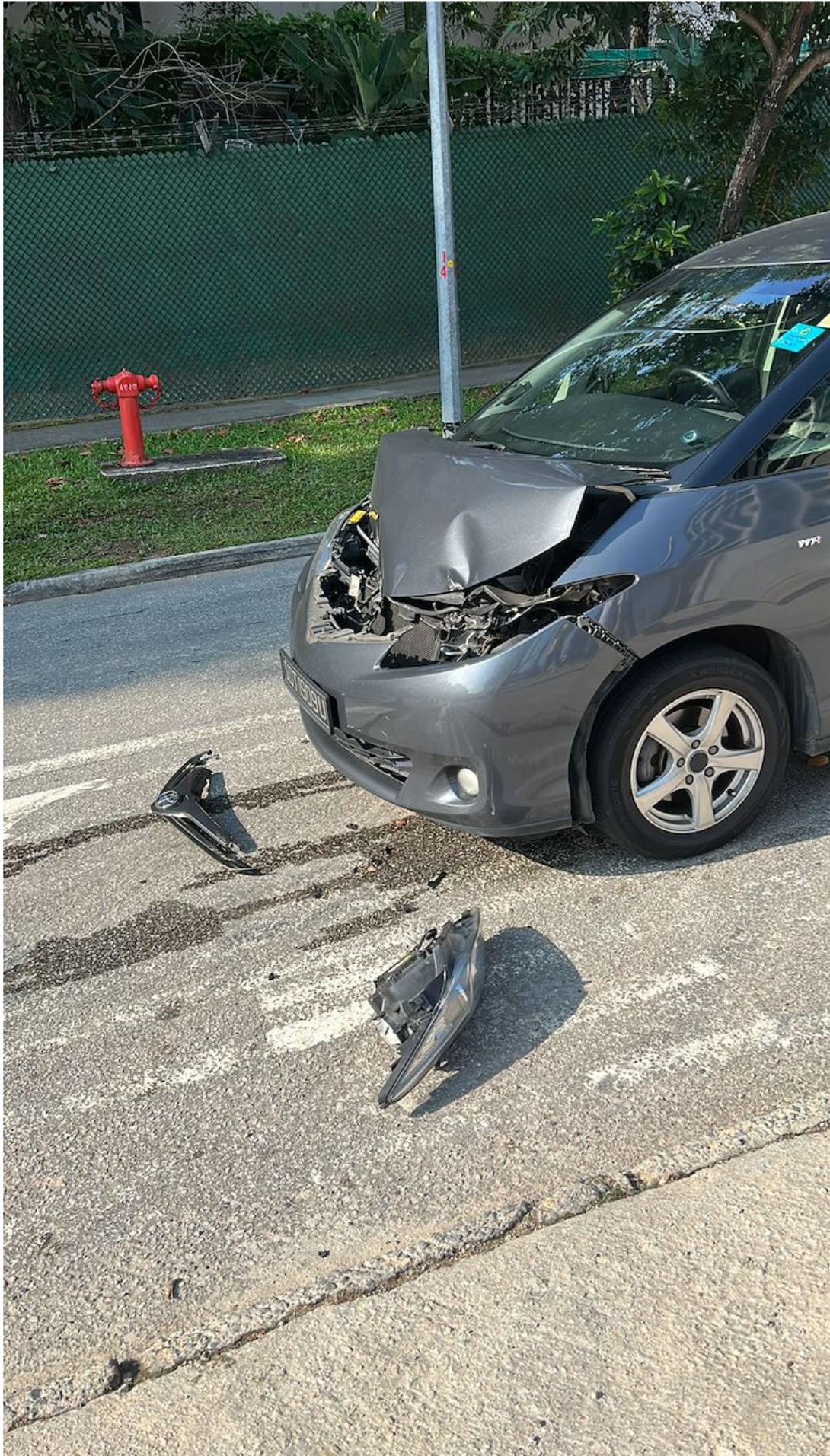










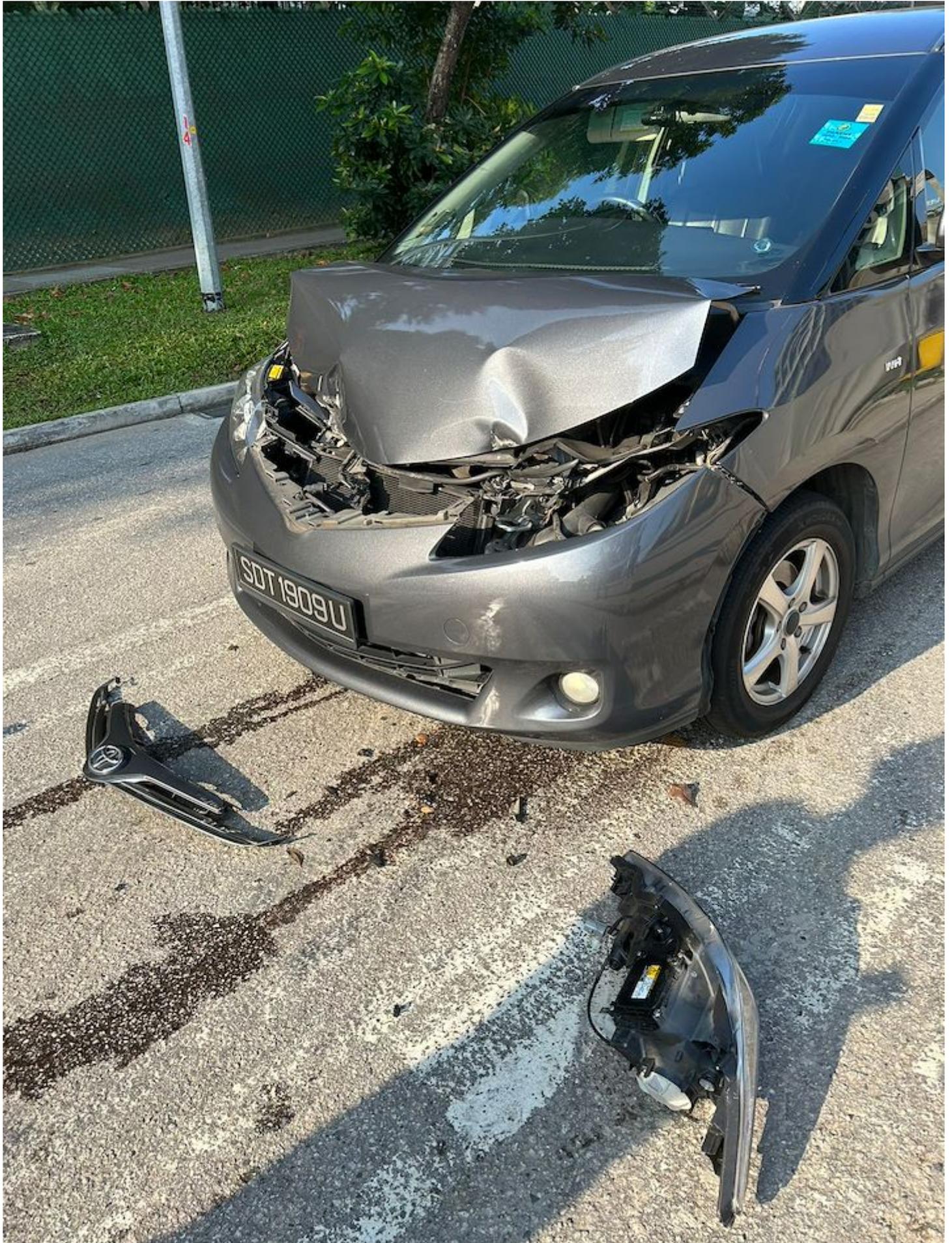














Car Insurance

Policy Schedule

POLICYHOLDER

INSURED:
FAMILY NAME: Kwek
GIVEN NAME: Wei Chiat

COVER

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

EXCESS

OWN DAMAGE POLICY EXCESS: S\$3,000.00
YOUNG AND/OR INEXPERIENCED 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 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: S\$ 894.87
GST @ 7.00%: S\$ 62.64
TOTAL DUE: S\$ 957.51
DATE ISSUED: 16 Oct-2022 at 09:46hours

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.: 11093188

PERIOD OF INSURANCE: (both dates inclusive)

FROM: 19-Nov-2022 00:00hours
TO: 18-Nov-2023 23:59hours

AGENT'S DETAILS

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

CAR INSURED

MAKE & TYPE OF BODY: TOYOTA PREVIA 2.4 8-SEATER
2362cc
REGISTRATION NO.: SDT1909U
SUM INSURED: Market Value inclusive of COE
YEAR OF REGISTRATION: 2010
OFF-PEAK CAR: No
MODIFICATIONS TO YOUR CAR WHICH DO NOT COMPLY WITH AND/OR ARE NOT APPROVED BY LTA: No

ADDITIONAL COVERS

Free Loss of Keys*
Free Loss of Use*

WHO MAY DRIVE YOUR CAR

You and any driver aged 30 or over

NO CLAIMS DISCOUNT

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

NCD%: 10

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 websites (www.gia.org.sg or www.sdic.org.sg).

ORIGINAL

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Company Reg. No. 196900499K GST Reg. No. MR-8500166-8