

MVA319115941 / VAC - Kaki Bukit  
ENTRY DATE & TIME: 02/09/2019 15:15  
SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

## 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 Report	02/09/2019 15:15
Date Of Accident	31/08/2019 17:55
Exact Location Of Accident	UPPER THOMSON RD TWRDS SEMBAWANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3640U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANDY TAN JIAWEI
NRIC No	S9510990Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88000863
Alternative Phone No	OTHERS-88000863

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111939224
Cover Note Number	

### Driver

Name of Driver	ANDY TAN JIAWEI
NRIC No	S9510990Z
Date Of Birth	04/04/1995
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88000863
Fax Number	
Contact Number	OTHERS-88000863
Email Address	NOEMAIL

Address	BLK 190 #14-297 PUNGGOL CENTRAL
Postcode	820190
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : GRAB PASSENGER GENDER: : MALE
Passenger 2	NAME: : GRAB PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : GRAB PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : GRAB PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN ATTACHED;

#### 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	SBH65Y
Vehicle Make/Model/Colour	MERCEDES BENZ / E200 AVG (R18 LED)
Details Of Properties	
Vehicle Category	PRIVATE CAR

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Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This form must be submitted by the Police Officer and to the Accident Relief Centre.
3. Information provided must be as truthful and accurate as possible. Any misrepresentation or withholding of material facts may allow insurers 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 insured or companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the Club Records Management Scheme established by the General Insurance Association of Singapore (GIA) for indexing and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the processing of this personal information to the extent set out in the report being made available to others.
8. Consent under the Personal Data Protection Act (PDPA)
9. 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 may involve disclosure of certain personal data shown on the front of the delivery of the same as well as on the external cover of envelope/postal parcels; and/or
    - (v) complying with applicable law in considering, 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 the purpose(s) of the above Purpose(s);
  - (c) my Personal Information may/are be disclosed to any of the insurers and/or their related persons or servants or agents, including their lawyers/law firms, who may be involved in the processing of my claims, for the purpose(s) of the above Purpose(s);
  - (d) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (e) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (f) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (g) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
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  - (o) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (p) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (q) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (r) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (s) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (t) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (u) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (v) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (w) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (x) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (y) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);
  - (z) my Personal Information may/are be disclosed to any relevant government agency/authority, for the purpose(s) of the above Purpose(s);

Insured Person's Name  
Date & Time

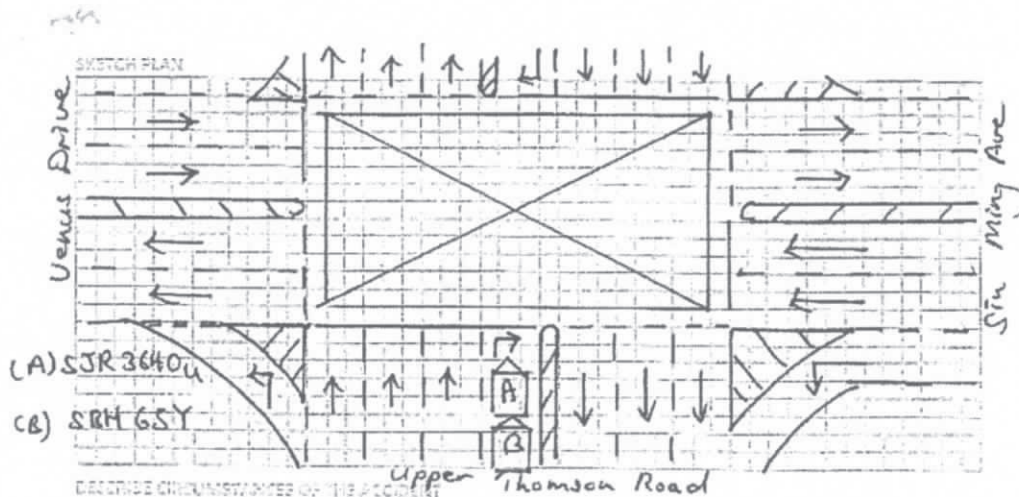
Insured Person's Signature  
If Insured Person is not the policyholder  
Date & Time

IDAC KAKI BUKIT (VAC)  
23 KAKI BUKIT AVE 4

Tel: 67416697  
Fax: 67492305  
Email: vac@singnet.com.sg



# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/08/2019 at about 1755 hrs at along Upper Thomson Road before Junction of Sin Ming Ave. I was travelling on the extreme Right Lane along Upper Thomson Road towards Sembawang and when coming towards the above mentioned junction, I come to a stop behind few vehicles while waiting to make a Right turn into Sin Ming Ave. Suddenly I felt a great impact from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my vehicle (A) causing damages to my vehicle. I have 4 passengers inside my vehicle.

We Please note that your statement may have to go through a legal process to establish a Cause of Accident. Under your own responsibility, please ensure your statement is true and correct.

## SIGNATURE

Signature of the Driver/Owner/Insured Person

*[Signature]*

Printed Name of the Driver/Owner/Insured Person

Date of Signature

Signature of the Witness

Date of Signature

**IDAC KAKI BUKIT(VAC)**  
23 KAKI BUKIT AVE 4  
Singapore 415933

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