MVA319137622 / VAC - Kaki Bukit ENTRY DATE & TIME: 17/10/2019 10:38 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	17/10/2019 10:38
Date Of Accident	16/10/2019 13:10
Exact Location Of Accident	JUNC OF CLEMENTI ROAD X KENT RIDGE CRESCENT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFD89C
Insured/Policyholder	
Name Of Registered Owner	TAY TIEN CHENG
NRIC No	S1829794I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82549889
Alternative Phone No	OTHERS-82549889
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5110828320
Cover Note Number	
Driver	

Name of Driver TAY TIEN CHENG

 NRIC No
 \$1829794I

 Date Of Birth
 27/09/1967

 Occupation
 INDOOR

 Date Of Driving Pass
 13/04/1993

Driving Experience 26 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82549889

Fax Number

Contact Number OTHERS-82549889

EMail Address NOEMAIL

Address BLK 138C #22-135 YUAN CHING ROAD

Postcode 613138

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 CHAIN COLLISION

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : PANOTKOL KITCHAIXANKOL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

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 SMD3808S

Vehicle Make/Model/Colour B.M.W. / 318I EDITION MSPT NAV FOG LIGHT

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS1303C

Vehicle Make/Model/Colour B.M.W. / 530I LED NAV

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAY TIEN CHENG

Approximate Age

Injuries Sustain NECK/LOWER BACK/SHOULDER PAIN

Injured person in which vehicle? SFD89C
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address BLK 138C #22-135 YUAN CHING ROAD

Postcode 613138

Accident Sketch Plan

SKETCH PLAN

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- 5. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 shall be collectively referred to as the "insurers"), the insurers lawyers/law firms, the Monetery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - processing, handling end/or dealing with my dains 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 end/or dealing with my disins (unlientively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this addition; and the insurers' iswyers/faw firms, may/are permitted to collect, use, disclose and/or proposes my Personal information for one or more of the above Purposes; and
- (1) 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 lawyans/aw firms), which may be sited outside of Singaporo, for one or more of the chove Purposes.
- [6] Try 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:
 - to all insurars 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.

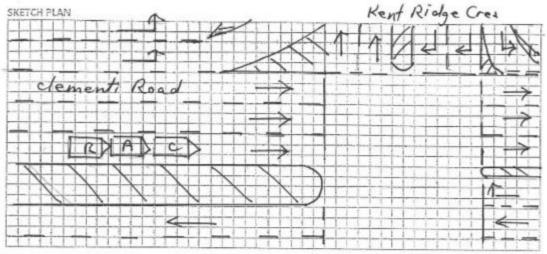
Polityholder's Signature Date & Time:

Oriver's Signature (if driver is not the policyholder) Date & Time: IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sq

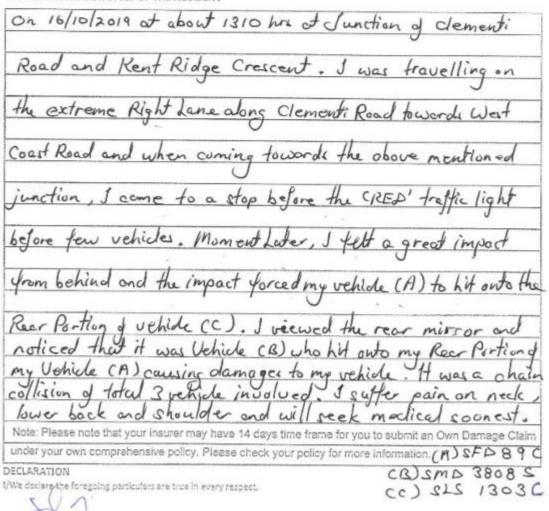
Reporting Contro Personnel's Signature

Name: NRIC/FIN No.1

1 7 OCT 2019



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



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

Control Detectors from 55

IDAC KAKI BUKIT (VAC)
Report 25 Kerki Bukitr Akes 4 #02-02
Name: Singapore 415933
NPISE 87416697 Fax: 67492305
Email: vackb@vicom.com.eg



















