

MVA312145654 / VAC - Kaki Bukit
 ENTRY DATE & TIME: 04/11/2019 12:59
 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 04/11/2019 14:11

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 04/11/2019 12:59
 Date Of Accident 25/10/2019 11:00
 Exact Location Of Accident ALONG PUNGGOL ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ895H
 Insured/Policyholder
 Name Of Registered Owner YEW AH CHYE
 NRIC No S1332987G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90028138
 Alternative Phone No OTHERS-90028138
 Vehicle Particulars
 Manufacturer YAMAHA
 Model MIO 125 MX CVT
 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
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category MOTORCYCLE
 Insurance Company
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number 5106393403
 Cover Note Number
 Driver
 Name of Driver YEW AH CHYE
 NRIC No S1332987G
 Date Of Birth 28/08/1958
 Occupation INDOOR
 Date Of Driving Pass 06/10/1978
 Driving Experience 41 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90028138
 Fax Number
 Contact Number OTHERS-90028138
 EMail Address NOEMAIL

Address BLK 153 #03-494 SERANGOON NORTH AVENUE 1
 Postcode 550153
 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 SIDE SWIPE
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20191031/2060;

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 SLV7344D
 Vehicle Make/Model/Colour MAZDA3 SEDAN 1.5 AT EU6
 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 Passanger (Including Driver)

Accident Sketch Plan

SKETCH PLANIMPORTANT NOTICE

1. Please read carefully the details of the services provided by the firm's lawyers.
2. This form must be completed by the Policyholder or Policyholder's Representative.
3. Information provided must be truthful and accurate as possible. Any untrue or misleading information may allow a future complaint to be submitted to the relevant authorities.
4. The date and completion of this form by signature constitutes an acknowledgment of the accuracy of the information provided.
5. This is not a contract and is not a basis for investigation.
6. The report will be forwarded by the insurers, at the General Insurance Association of Singapore established by the General Insurance Association of Singapore (GIA) for storage and that report of this report will not be made available upon publication by interested parties.
7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the entire and exclusive of the insurers made available electronically.

I. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, ratify and consent that:

- (a) My insurer, my solicitor and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information included in this (form) and any other personal information provided by me or processed 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):
 - (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) informing and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making 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 sums as well as on the material cover of envelopes/mails/packets); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purpose(s)").
- (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 Purpose(s); 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 Purpose(s).
- (d) my Personal Information will also be collected and used to compile my 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, conducting or managing fraud, regulatory, 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.

Yew ah Chye
Policyholder's Signature
Date & Time:

Yew ah Chye
Driver's Signature
(or driver's authorized representative)
Date & Time:

IDAC KAKI BUKIT (VAC)
25 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@idac.com.sg
Regarding Vehicle Accident Investigation
Name:
MR/MS/MRS:

Accident Sketch Plan

SECRET

Ref. attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no T/2491031/2060

DECLARATION

DECLARATION
I/we declare the foregoing particulars are true in every respect

Yen ah chye

Հովհաննէս Լեւոնի Ընթերցարան

Figure 4. Test:

Yew ah Chye

1974/10/16/01

הנהגת הרכב

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ISDAG KAKI BUKIT (YAG)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

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finn@zmkbgp.widom.com.sg

11. **NAME** _____
 12. **DATE** _____

REFERENCES

Accident Sketch Plan

