

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	30/11/2019 16:45
Date Of Accident	29/11/2019 18:10
Exact Location Of Accident	AT OPEN CARPARK OF B/744 BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4484K
Insured/Policyholder	
Name Of Registered Owner	CHEN BAOCHENG JIMMY
Co Reg No	52929929A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93697885
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 DX AT
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076020753-03
Cover Note Number	
Driver	
Name of Driver	TAN POH SENG JIMMY(CHEN BAOCHENG JIMMY)
NRIC No	S7704471Z
Date Of Birth	13/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1997
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93697885
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 256A SUMANG WALK #16-611
 Postcode 821256
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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? YES
 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) 2
 Passenger 1 NAME: : LINT LINT HTWE
 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 ATTACHED;

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH OWNER/DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKR5908Z
 Vehicle Make/Model/Colour TOYOTA / TOYOTA COROLLA ALTIS 1.6L CVT
 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	TAN POH SENG JIMMY(CHEN BAOCHENG JIMMY)
Approximate Age	
Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	GBE4484K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 256A SUMANG WALK #16-611
Postcode	821256

SKETCH PLAN

A letter report containing the details of the accident to appropriate claims protectors.

This Form must be completed by the Policyholder and for this Purpose.

If information provided must be truthful and accurate as possible. Any intentional misrepresentation or withholding of material facts may allow insurance companies to deny claim policy liability.

The user and acceptance of this form by insurance companies does not an admission of policy liability on the part of the insured companies

Any false reporting may be referred to the Police for investigation.

The report will be forwarded by the Insurer to the Data Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.

By the submission of this report to the insurer, you hereby consent to the providing of this report at the centre and to copy it of the report being made available at said centre.

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 from;

(iv) administering my claims (including the sending of correspondence, statements, invoices, receipts or notices to me, which could involve a disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/postal packaging); and/or

(v) complying with applicable laws administered, supervising, monitoring and/or dealing with data collection for its "Purposes".

(b) I, the insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may lawfully collect, use, disclose and/or process my Personal Information for the above stated purposes.

(c) My Personal Information may be passed back to the Insurers and/or GIA to fulfil their obligations to provide or respond to requests from my lawyer/law firm, other insurers, Government agencies, or courts.

(d) "Personal Information" refers to all existing and future information that can identify or link to me and includes my identification documents, contact details, etc.

(e) The information collected under this document is private, confidential,

(f) I will instruct others for any other like persons not involved in collecting, managing, handling, disseminating and releasing, law enforcement and government agencies as reasonably required for the purposes stated, or

(g) for complying with requirements under any regulations, laws or court orders.



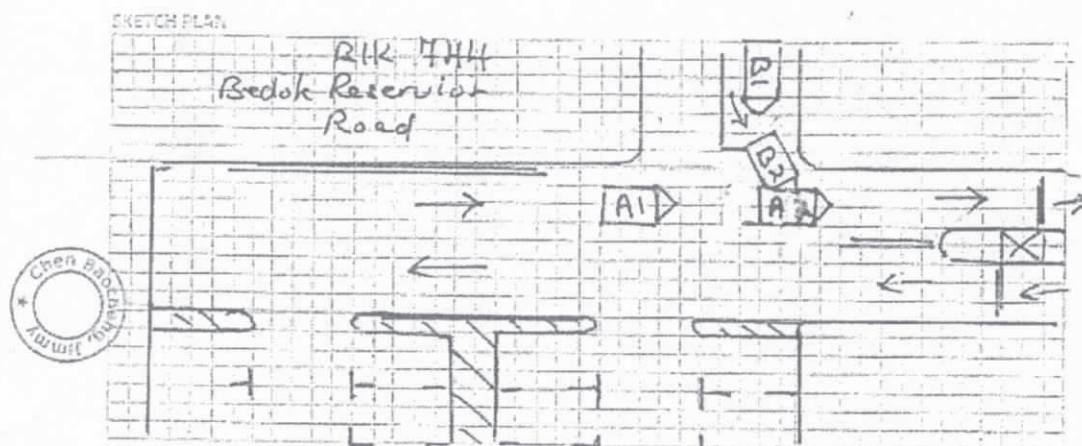
 Director, National Security Agency
 Washington, D.C. 20505
 Date: 11/1/88

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #D2-02
Singapore 415935
Tel: 674 16897 Fax: 674 82305
Email: vackb@vac.com.sg

1. 2019년 12월 31일 현재까지의 실적
 2. 2020년 12월 31일 현재까지의 실적
 3. 2021년 12월 31일 현재까지의 실적

30 NOV 2019

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/11/2019 at about 1810 hrs at Open Car Park of Blk 744 Bedok Reservoir Road. I was driving on the above mentioned car park driveway towards the exit of the car park and suddenly a Vehicle (B) on my left exiting out from the side driveway without stopping and without giving way to my on coming vehicle hence collided onto my left Rear Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) GBE 4484 K
(B) SKR 5908 Z

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare that the above information is true and correct.

Policyholder's Signature
Date & Time

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

IDAC KAKI BURIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: ivac@idacvent.com.sg

Reporting Centre Personnel's Signature

Name

NR/GT/11/11

30 NOV 2019