

MVA320002600 / VAC - Kaki Bukit
 ENTRY DATE & TIME: 07/01/2020 10:56
 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 07/01/2020 11:13

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 willful 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 07/01/2020 10:56
 Date Of Accident 04/01/2020 18:15
 Exact Location Of Accident JALAN BUKIT HO SWEE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN790E
 Insured/Policyholder
 Name Of Registered Owner MUHAMMAD AZAM BIN MOHAMED IDRIS
 NRIC No SXXXX534F
 Email Address AMMY.IDRIS@GMAIL.COM
 Mobile Phone No (LOCAL) +65-82471086
 Alternative Phone No OTHERS-82471086
 Vehicle Particulars
 Manufacturer YAMAHA
 Model YBR125
 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 MOTORCYCLE
 Insurance Company
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number 5102008798-01
 Cover Note Number
 Driver
 Name of Driver MUHAMMAD AZAM BIN MOHAMED IDRIS
 NRIC No SXXXX534F
 Date Of Birth 28/07/1991
 Occupation OUTDOOR
 Date Of Driving Pass 15/03/2011
 Driving Experience 8 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-82471086
 Fax Number
 Contact Number OTHERS-82471086
 EMail Address AMMY.IDRIS@GMAIL.COM

Address BLK 899 #06-742 TAMPINES STREET 81
 Postcode 520899
 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? 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name SENGKANG NPC
 Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20200105/2054:

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 SLW6289G
 Vehicle Make/Model/Colour MITSUBISHI / OUTLANDER 2.0 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	MUHAMMAD AZAM BIN MOHAMED IDRIS
Approximate Age	28
Injuries Sustain	
Injured person in which vehicle?	FBN790E
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 899 #06-742 TAMPINES STREET 81
Postcode	542334

Accident Sketch Plan

~~205137-01-01~~**IMPORTANT NOTICE**

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5. Any false statement may be referred to the Police for investigation.
6. The 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 lodgment 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.
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.
- (d) my 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:
 - (i) to all Insurers 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.



Policyholder's Signature
Date & Time:

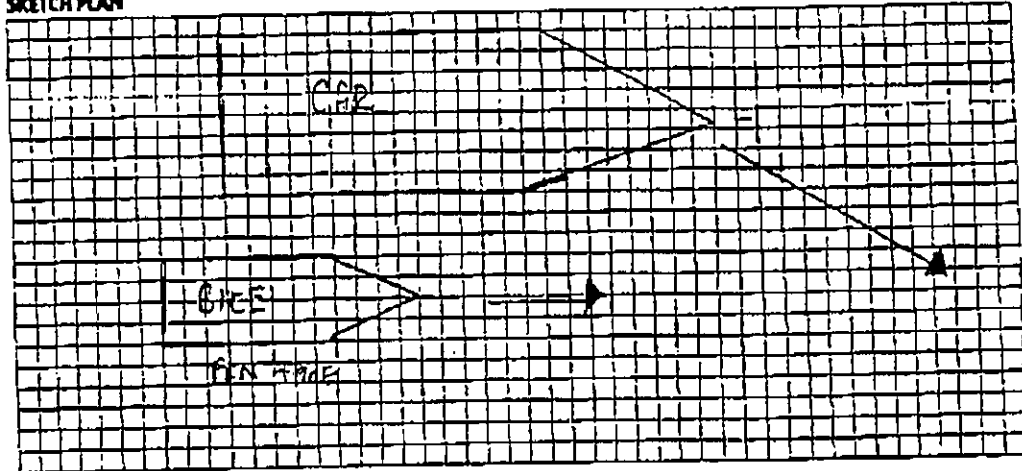
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416897 Fax: 67492305
Email: vackh@vloom.com.sg

Reporting Centre Personnel's Signature
Name: 07 JAN 2020
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
To Police Report -

Ommy. idris@gmail.com

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Ommy
Policyholder's Signature

Date & Time:

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

IDAC KAKI BUKIT (VAC)
25 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacbk@vicom.com.sg

Reporting Centre Personnel's Signature
Name: *07 JAN 2020*
NRIC/FIN No.:

QIA/VC Sketch Plan Form - VS

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