

Accident Sketch Plan

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. 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.

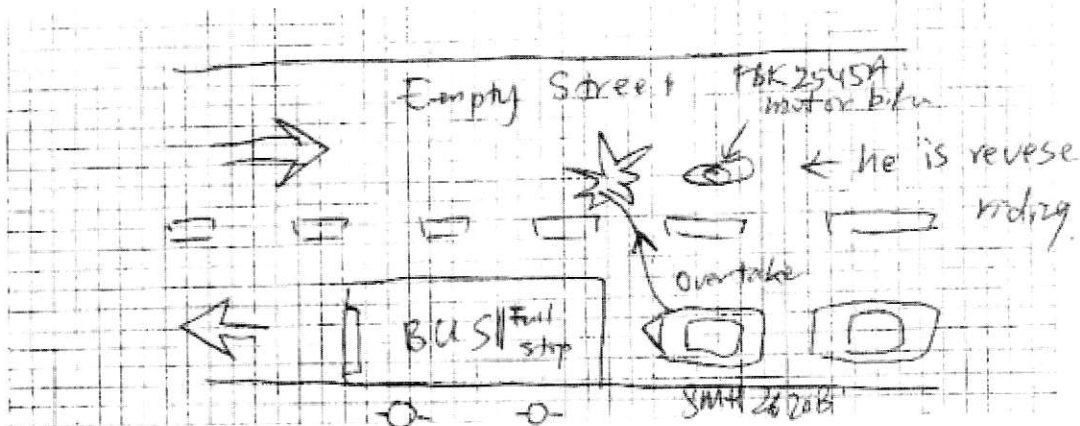
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@idac.com.sg

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 11 MAR 2020

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving the car at south Buona Vista Rd, there's a Bus stopped in front for quite long, while the opposite way is totally empty.

Then I decided to overtake it. when I drove out the car, on the opposite side a motor bike appear behind me with at least 30-40 kmh

then it hit my right front side of the car, and the motor rider was not fallen down, and no injury occurred.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver'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: 67482305
Email: vac@idac.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 11 MAR 2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



E/20200311/7020

1 of 2

POLICE REPORT (NP299)

Report No. E/20200311/7020

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 11/03/2020 13:54	Vide Report No.	Station Diary No.
Name Of Informant HUANG YILONG	Address 6 BISHAN STREET 25 #03-16 SINGAPORE 573975	
ID Type / ID No. NRIC NO / S8856682C	Contact No. Home/Office:	Mobile: 97625253
Nationality SINGAPORE CITIZEN	Email Address Yilong.huang@live.com	
Occupation Managing director/Chief executive officer	Sex Male	Age 31
Institution/School Name	Language English	Date of Birth 06/10/1988
		Race Chinese
Date/Time Of Incident 11/03/2020 09:30 - 11/03/2020 09:45	Location Of Incident 6 BISHAN STREET 25 #03-16 SINGAPORE 573975	

Brief details.

my car was hitted by a motor bike in south buona vista road. the motor bike was riding in the wrong direction.it caused my car broken. And the driver refused to admit the fault.
the counter party name: SYED ALWI BIN HOOD AL-JUFFRY. S7932484A

Subjects Involved			
Victim			
Person Name	HUANG YILONG		
ID Type	NRIC NO	ID No	S8856682C

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time 11/03/2020 13:54
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



E/20200311/7020

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200311/7020

Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Managing director/Chief executive officer	Address Type	
Address	6 BISHAN STREET 25 #03-16 SINGAPORE 573975	Mobile No	97625253
Is Informant A Victim?	Yes		
Person Name	HUANG YILONG (Informant)		

Signature Of Officer Recording The Report. Not applicable	Signature Of Informant. The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter. Not applicable	Date/Time. 11/03/2020 13:54
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S65500206 / GST Reg. No. M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA320030958 Vehicle Registration No: SMH2620B
Name (as shown in NRIC) : HUANG YILONG NRIC/FIN/Passport No : S8856682C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 6 BISHAN STREET 25 #03-16 Singapore(573975)
Contact (Tel) : _____ Mobile No. : 97625253
Email Address : _____
Date of Accident : 11.03.2020 Time of Accident : 09.45
Place of Accident : SOUTH BUONA VISTA RD
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UPDATE; TO OWN DAMAGE CLAIM. EXCESS \$1.1K. ATTACHED
POLICE REPORT. PREFER WORKSHOP NAME IS: **STK AUTO (S)**
PTE LTD OFFICE HANDPHONE NO:63860669 NAME:LINDA

FILE BY SIT1

Policyholder / Driver's Signature
Date: 12.03.2020

IDAC VICOM KAKI BUKIT

Reporting Centre Personnel's Signature
Name: SIT1
NRIC/FIN No.:
Date: 12.03.2020