

## 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             | 02/04/2020 16:50                                   |
| Date Of Accident           | 02/04/2020 13:10                                   |
| Exact Location Of Accident | JUNCTION OF UPPER BUKIT TIMAH ROAD & OLD JURONG RD |
| Country/State of Loss      | SINGAPORE                                          |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLT2124R             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | POON WENG KUEN       |
| NRIC No                     | SXXXX916C            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-90588576 |
| Alternative Phone No        | OTHERS-90588576      |

### Vehicle Particulars

|                                                                              |              |
|------------------------------------------------------------------------------|--------------|
| Manufacturer                                                                 | TOYOTA       |
| Model                                                                        | WISH         |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE |
| 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          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5115179500 (CLASSIC)                   |
| Cover Note Number         |                                        |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | POON WENG KUEN        |
| NRIC No              | SXXXX916C             |
| Date Of Birth        | 16/12/1955            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 22/07/1975            |
| Driving Experience   | 44 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90588576  |
| Fax Number           |                       |
| Contact Number       | OTHERS-90588576       |
| Email Address        | NOEMAIL               |

|                                                     |                            |
|-----------------------------------------------------|----------------------------|
| Address                                             | BLK 466 #13-172 SEGAR ROAD |
| Postcode                                            | 670466                     |
| 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   | COLLISION - HEAD TO REAR |
| 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)                                                     | 2                      |
| Passenger 1                                                                                 | NAME: : GRAB PASSENGER |
|                                                                                             | GENDER: : FEMALE       |

#### Details of Police Action

|                                           |                                                                         |
|-------------------------------------------|-------------------------------------------------------------------------|
| Was the accident reported to the police?  | YES                                                                     |
| If Yes, Please state which Police Station |                                                                         |
| Police Station Name                       | BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE                                 |
| Police Station Address                    | ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-6659999 - FAX NO: 66655793                                 |
| Was notice of intended Prosecution given? | NO                                                                      |
| If Yes, against whom?                     |                                                                         |

#### Circumstances of Accident

REFER STATEMENT (ATTENDED BY: JAMES NG)

#### Attachment(s)

|                                               |                    |
|-----------------------------------------------|--------------------|
| Are accident photos available for attachment? | YES                |
| Was there any video captured by Car Camera?   | YES                |
| Remarks/ Reasons:                             | CANNOT BE UPLOADED |
| Was there any audio recorded?                 | NO                 |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                     |
|-----------------------------|---------------------|
| Vehicle Registration Number | GBE4302C            |
| Vehicle Make/Model/Colour   | TOYOTA DYNA / WHITE |
| Details Of Properties       |                     |
| Vehicle Category            | COMMERCIAL VEHICLE  |
| Name of Driver              | KOO KIAN HUAT       |
| NRIC/Passport Number        | SXXXX171E           |
| Contact Number              | 98687357 / 84681889 |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

02 APR 2020

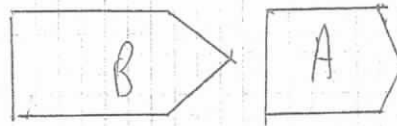
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

NG WING KIN JAMES  
admin.vac@vicom.com



SKETCH PLAN



A: SLT2124R  
B: GBE4302C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
Police  
Report.

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:

Reporting Centre Personnel's Signature  
Name:

NRIC/EIN No. NG WING KIN JAMES

admin.vac@vicom.com.sg



02 APR 2020

Annex D

NOTICE OF REPORTING

This is to confirm that Poon Weng Kuen, NRIC/FIN: S1160916C has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more than 3 days of Medical Leave
- iv) Government property damage
- v) Hit and Run Accident

Incident happened on 02/04/2020 at about 1310hrs, T-junction of Upper Bukit Timah Road and Old Jurong Road (Near old fire station). I (V1) had made a stop as it was red light when suddenly a vehicle from behind (V2) collided onto my vehicle (V1)

Involving the following vehicles:

V1) SLT2124R (Toyota Wish) driven by Poon Weng Kuen, NRIC/FIN: S1160916C, HP: 90588576

V2) GBE4302C (Toyota Dyna Lorry) driven by Koo Kian Huat, NRIC/FIN: S2679171E, HP: 98687357, 84681889

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Muhammad Hanis

Date: 02/04/2020 Time: 1630hrs

S/D Ref: 105

Police Post/Unit: Bukit Batok NPC

BUKIT BATOK NPC  
21 BUKIT BATOK EAST AVENUE 4  
SINGAPORE 659840  
TEL: 1800-665 9999

