

## 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.

## SINGAPORE ACCIDENT STATEMENT

### ACCIDENT STATEMENT

Date Of Report	07/08/2020 16:19
Date Of Accident	06/08/2020 21:15
Exact Location Of Accident	BEDOK NORTH ROAD TOWARDS BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ291E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAZES HO
Co Reg No	5XXXX423A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82002007
Alternative Phone No	OFFICE-82002007

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	5087997934-02 (CLASSIC)
Cover Note Number	

### Driver

Name of Driver	TONG PAK LAM
NRIC No	SXXXX904I
Date Of Birth	01/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82002007
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 811A UPPER EAST COAST ROAD  
 Postcode 466608  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 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? 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: : PASSENGER  
 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name THOMSON NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

#### 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 SJR7885D  
 Vehicle Make/Model/Colour HYUNDAI AVANTE  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver NG YA LUN ADRIAN  
 NRIC/Passport Number SXXXX741E  
 Contact Number 91870723  
 Address

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

Name

**DETAILS OF INJURED PERSON 1**

Approximate Age

TONG PAK LAM

Injuries Sustain

37

PAIN AND NUMBNESS ON CHEST, RIGHT SHOULDER, RIGHT WRIST,  
RIGHT SIDE OF BACK AND RIGHT SIDE OF NECK

Injured person in which vehicle?

SJJ291E

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

NO

Address

811A UPPER EAST COAST ROAD

Postcode

466608

## SKETCH PLAN

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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.

GRAZES NO

*[Handwritten Signature]*

*[Handwritten Mark]*



Policyholder's Signature  
Date & Time:

07 AUG 2020

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

Reporting Centre Personnel's Signature

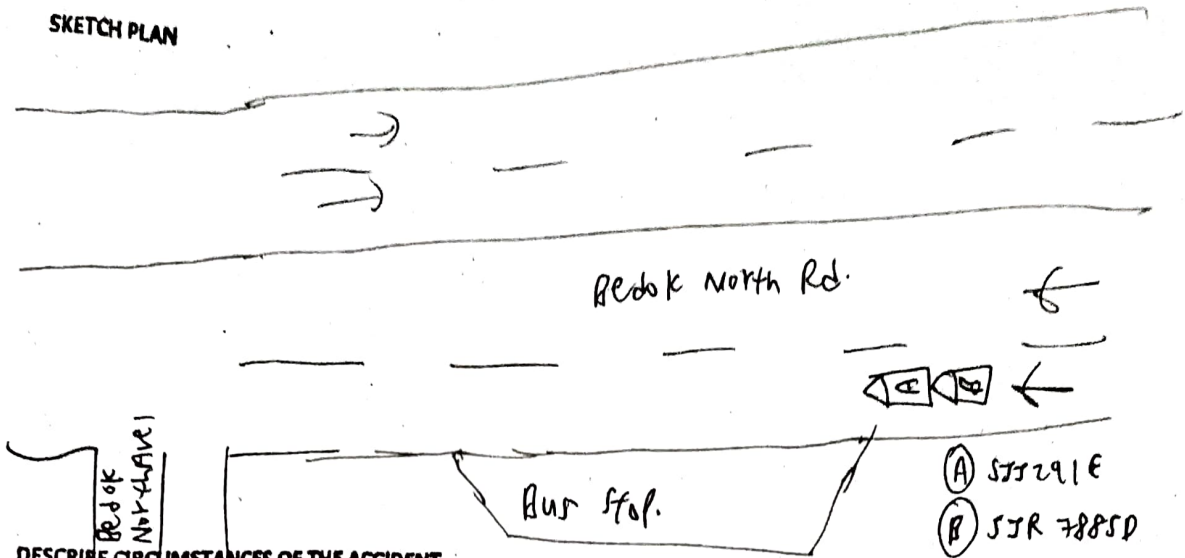
Name:

NRIC/IN No.:

NG WING KIN JAMES  
admin.vac@vicom.com.sg



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police report.

DECLARATION

(We declare the foregoing particulars are true in every respect.

GRAZES HO

Policyholder's Signature

Date & Time:

07 AUG 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NAIC/IN No.:

NG WING KIN JAMES

admin.vac@vicom.com.sg