

## 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	14/08/2020 09:20
Date Of Accident	13/08/2020 17:10
Exact Location Of Accident	BEDOK NORTH RD TWRD TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8630K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WILLSON ANG WEISHENG
NRIC No	SXXXX405F
Email Address	WILLSONANG1981@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96473034
Alternative Phone No	OTHERS-96473034

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA / NOAH HYBRID 7-SEATER 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	
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	5114315315
Cover Note Number	

### Driver

Name of Driver	WILLSON ANG WEISHENG
NRIC No	SXXXX405F
Date Of Birth	03/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2003
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96473034
Fax Number	
Contact Number	OTHERS-96473034
EMail Address	WILLSONANG1981@GMAIL.COM

Address	BLK 432D #05-565 YISHUN AVENUE 1 VISTA SPRING @ YISHUN
Postcode	764432
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?	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)	5
Passenger 1	NAME: : GRAB PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : GRAB PASSENGER GENDER: : MALE
Passenger 3	NAME: : GRAB PASSENGER GENDER: : MALE
Passenger 4	NAME: : GRAB PASSENGER GENDER: : MALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ4715L
Vehicle Make/Model/Colour	KIA / CERATO FORTE 1.6(A)SX HATCHBACK
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name INDIA INTERNATIONAL INSURANCE PTE LTD  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name WILLSON ANG WEISHENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SMQ8630K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address BLK 432D #05-565 YISHUN AVENUE 1 VISTA SPRING @ YISHUN  
Postcode 764432

## Accident Sketch Plan

### 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:

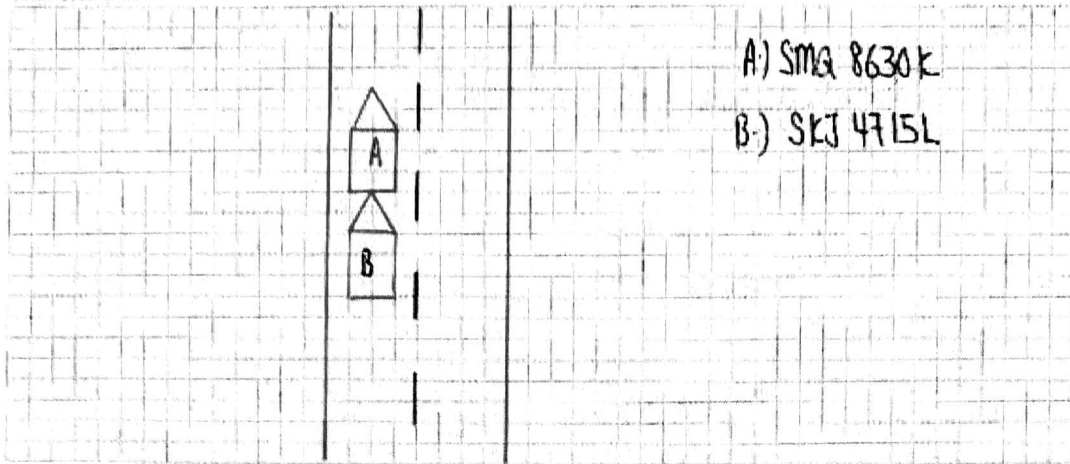
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 14 AUG 2020

# Accident Sketch Plan

## SKETCH PLAN

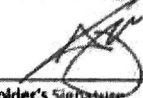


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13.08.2020 at about 5.10pm, I was travelling along Bedok North Road Towards Tampines Avenue 10, I stopped at the Red traffic light. When the traffic light turn green I started to move, suddenly I was violently hit from behind by red colour Kia car Number SKJ 4715L. I came down from my car and found back portion of Toyota Noah 7-seater car Number SMA 8630K was badly damage. I also suffered injury to my neck and lower back. There were 4 other passengers in my vehicle.

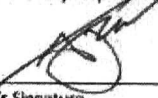
## DECLARATION

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

  
Policyholder's Signature

Date & Time:

(Print Name of Policyholder)

  
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: vacb@vicom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

14 AUG 2020