MVA120074323 / VAC - Build Batok ENTRY DATE & TIME: 29/08/2020 15:31 SUBMITTED BY. Ng Wing Kin James

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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

ACCIDENT STATEMENT

Date Of Report

29/08/2020 15:31

Date Of Accident

29/08/2020 12:00

**Exact Location Of Accident** 

JUNCTION OF JURONG EAST MRT AND JEM

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMJ7529P

Insured/Policyholder

Name Of Registered Owner

DEREK SCOTT KHOO YAM SEONG

NRIC No

SXXXX326B

**Email Address** 

NOEMAIL

Mobile Phone No

(LOCAL) +65-96156317

Alternative Phone No.

OTHERS-96156317

Vehicle Particulars

Manufacturer

VOLKSWAGEN

Model

SCIROCCO 1.4 TSI

Exact Purpose for which vehicle was being used at

PRIVATE USE

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 CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

**Policy Number** 

5109649108 (CLASSIC)

Cover Note Number

Driver

Name of Driver

DEREK SCOTT KHOO YAM SEONG

NRIC No

SXXXX326B

Date Of Birth

30/09/1965

Occupation

INDOOR

Date Of Driving Pass

Driving Experience

16/02/1990

30 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96156317

Fax Number

Contact Number

OTHERS-96156317

**EMail Address** 

NOEMAIL

Address

BLK 105 #12-09 BUKIT PURMEI ROAD

Postcode

090105

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

COLLISION - CHANGE/CROSS LANE

Type Of Accident Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

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:

: SON

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 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?

EDETAILS OF OTHER VEHICLE PROPERTY SH

Vehicle Registration Number

SMR2377B

Vehicle Make/Model/Colour

MERCEDES BENZ / SILVER

**Details Of Properties** Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

PEK KOON HENG, RONNIE

Contact Number

SXXXX6731 86131960

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 11

## SKETCH PLAN

## IMPORTANT NOTICE

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  interested partles.
- 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:
  - 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 BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722

Tel: 6560 3312 Fax: 6569 0722 Email: vacbb@singnet.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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  A : SMJ7529P  B: SMR2377B  DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  A + Junction of JE MPT drop off & JEM at 11:57 and was involved in an a collision with a Merc ADOD  (B) SMR2377B.  I was Citterry out towards (and D when the other vehicle wasting to Junn into JEM cut into my path.  This result in a downer to my front right wheel arch a realigible dawner to his rear had left wheel arch a realigible dawner to his rear had left wheel arch a realigible dawner to his rear had left wheel arch a replication of the policyholder)  Philipholder's Signature (If driver is not the policyholder)  Date & Time:  Day 08 DODO  Described Toward (Indiversing the control of the policyholder)  Date & Time:  NECLIARATION NO.:			
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