SV0L21110009 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 18/01/2021 15:02 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 1 (18/01/2021 15:02 (SGT))

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 witholding of material facts may allow insurance companies to repudiate

- 9. Information provided mast by as distinct and second as positive 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 the insurance application by interested parties. 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 Submission 18/01/2021 15:02 (SGT) Date of Accident 16/01/2021 11:15 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TWRDS CHANGI(BEFORE LORNIE EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF1254Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner EAST SPARKLE TRADING Company Reg No 5XXXX284C **Email Address** jasonkcapl@gmail.com Mobile Phone No (Phone) +65-92716646 Alternative Phone No +65-92716646

VEHICLE PARTICULARS

Manufacturer Model NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 Variant Exact purpose for which vehicle was being used at time of accident **Employment**

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5081578551-04 Cover Note Number

DRIVER

Name of Driver TOH THIAN TENG NRIC No SXXXX048C Date Of Birth 17/02/1950 Occupation Outdoor

Date Of Driving Pass 27/02/1975 Driving experience 45 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-92716646 Alt. Phone Number Email Address jasonkcapl@gmail.com Address BLK 217 PETIR ROAD #08-387 Address complement Postcode 670217 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **CHOONG SOEI YONG** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο 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? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number XB8429A Vehicle Manufacturer Nissan Vehicle Model NISSAN / CKB45ABTN2 Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

Name of Driver
Contact Number

Address					 -
Address complement	 				 _
Postcode		 			 _
Insurance Company Name	 				 -
Nature Of Damage				 	 -
Details of property damaged in accident					 _
No. Of Passenger (Including Driver)					_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGJ3074G Vehicle Manufacturer Toyota Vehicle Model TOYOTA / WISH 1.8 A Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	TOH THIAN TENG BLK 217 PETIR ROAD #08-387
Address Complement	-
Post Code	670217
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF1254Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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.
- 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 law yers/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' law yers/law firms, may/are permitted to collect, (b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

IDAC KAKI BUKIT (VAC)

23 Kakl Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305



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

Email: vackb@vicom.com.sg

Witnessed by Reporting Centre 1 8 JAN 2021

Sketch Plan

A) GBF 1254Y B.) XB 8429A C) SGJ 30746

escribe Circumstances of	the Accident	
On 16.01.2021	at about 11.15am . 1 was trave	lling along PIE Towards.
hangi (Before lonio	e Road) , I was stationary due to	front troffic. Suddenly
V		
l felt an impact from w	ly rear and my car moved forward hit	the front vehicle.
I was involved in a 3	Yehicles, Chain Wilisipn.	
	Ann Carolla II an april	
laration		
declare the foregoing particulars	s are true in every respect.	IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02
SPARKLE		Singapore 415933 Tel: 67416697 Fax: 6749230!
Reg. No. 53313284C	本席丁	Email: vackb@vicom.com.sg
yholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		1 8 JAN 2021

















