

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 Submission	09/02/2021 09:35 (SGT)
Date of Accident	07/02/2021 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADELL ROAD TWRDS BRADELL RD EAST(AT ENTRANCE OF BCA ACADEMY/BCA BRADELL CAMPUS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR339A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KAY SOON
NRIC No	SXXXX840E
Email Address	johnkstan@yahoo.co.uk
Mobile Phone No	(Phone) +65-96676966
Alternative Phone No	+65-96676966

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / VEZEL HYBRID 1.5X AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113909439-01
Cover Note Number	-

DRIVER

Name of Driver	TAN KAY SOON
NRIC No	SXXXX840E
Date Of Birth	09/11/1971

Occupation	Outdoor
Date Of Driving Pass	18/12/1989
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96676966
Alt. Phone Number	+65-96676966
Email Address	johnkstan@yahoo.co.uk
Address	64 SENGKANG SQUARE #04-30 LA FIESTA
Address complement	-
Postcode	544702
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5612B
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / TOYOTA HIACE VAN TURBO 5 DR MANUAL
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 TAN KAY SOON
Address 64 SENGKANG SQUARE #04-30 LA FIESTA
Address Complement -
Post Code 544702
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMR339A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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' 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, 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), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

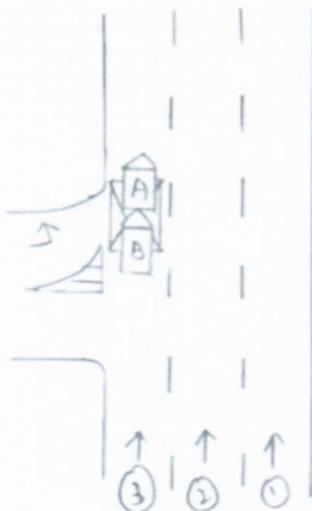
Driver's Signature (If driver is not the policyholder) / Date & Time

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

Witnessed by Reporting Centre Personnel

09 FEB 2021

Sketch Plan



A = JMR 339A

B = GBE 5612B

Braddell Road

towards Braddell Road East

(At Entrance of BCA Academy /
BCA Braddell Campus)

Describe Circumstances of the Accident

Refer to attached

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

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

Witnessed by Reporting Centre Personnel

09 FEB 2021

On 07.02.2021 at about 12:15 hours along Braddell Road towards Braddell Road East (At Entrance of BCA Academy / BCA Braddell Campus). I was travelling straight on lane 3 at the above mentioned location and when the front vehicle slowed down and stopped, hence I followed suit.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SMR 339A

Vehicle (B): GBE 5612B

A handwritten signature or set of initials in blue ink, appearing to be 'ON' or similar, located to the right of the vehicle information.