

SV0K21170002 / VIGOM LTD (VAC) - Bukit Batok (650549)
ENTRY DATE & TIME: 29/01/2021 09:50 (SGT)
SUBMITTED BY: Tan Kiew Joe
VERSION: 1 (29/01/2021 09:50 (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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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
Date of Accident 29/01/2021 09:50 (SGT)
Exact Location of Accident 28/01/2021 13:54 (SGT)
Additional Location Information Jin Bahar, Singapore
Country/State of Loss JALAN BAHAR TWDS BOON LAY
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ8807K
INSURED/POLICYHOLDER
Is company?
Name Of Registered Owner
Company Reg No
Email Address
Mobile Phone No
Alternative Phone No
..Yes
FISH PODIUM
5XXXX980J
FISHPODIUM@GMAIL.COM
(Phone) +65-97378839
+65-97378839

VEHICLE PARTICULARS

Manufacturer
Mod Nissan
Variant Nv200
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?
Vehicle Category Employment
No - Claiming third party
Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118951326(COMP)
Cover Note Number

DRIVER

Name of Driver CHOO KIM WAH
RIC No 9XXXX300

Date Of Driving Pass 23/08/2012
Driving experience 8 YEARS AND 5 MONTHS
Gender Male
Mobile Number (Phone) +65-97378839
Alt. Phone Number
Email Address FISHPODIUM@GMAIL.COM
Address BLK 618 CHOA CHU KANG NORTH 7 #12-429
Address complement
Postcode 680618
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Employee
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 Raining
Road Surface Wet

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

PASSENGER 1

Name UNKNOWN
Gender Female

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 TO STATEMENT 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 XD7793T
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Goods vehicle

04/02 2021 11:07AM FAX 67602724

Hing Lee motor car

0002/0003

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

SKETCH PLAN #2

Describe Circumstances of the Accident

The big car (car B) hit my rear portion.

Declaration

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
29/1/2021

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 650545
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722
Email: vacbb@singnet.com.sg

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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 Reports 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' 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 making of correspondence, statements, invoices, reports or notices to me, which would 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) any 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 firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



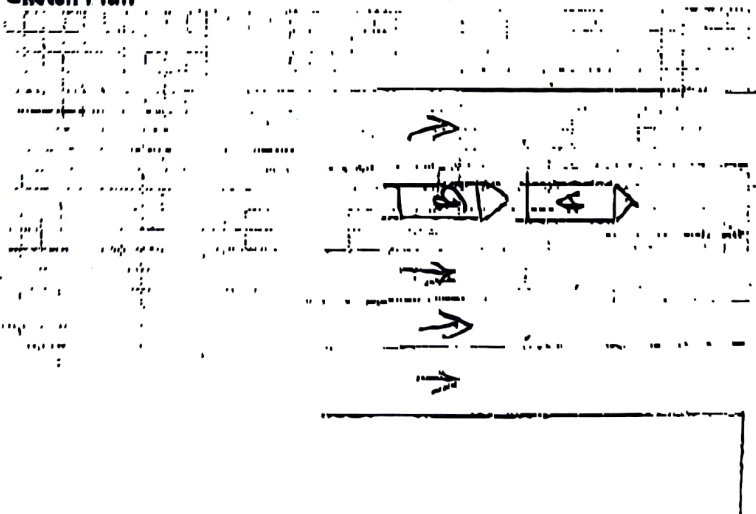
Policyholder's Signature / Date & Time

Sketch Plan

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

29/1/2021

UDAC BUKIT BATOK (VAC)
511 Bukit Batok St 21
Singapore 650055
Tel: 6537 9427 / 6530 3312
Fax: 6589 0722
Email: vacbbs@singnet.com.sg
Witnessed by Reporting Centre Personnel



A GBJ 8807K
B XD 7793T