SV0M212Q0003 / VICOM LTD (VAC) - Sin Ming [575718] ENTRY DATE & TIME: 26/02/2021 16:07 (SGT) SUBMITTED BY: Christina Ong Mui Lan VERSION: 1 (26/02/2021 16:07 (SGT))



SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process,
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 Information provided must be as truthful and accurate as possible. Any wind misrepresentation or windowing or material radia may allow misrepresentations.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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.
 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	26/02/2021 16:07 (SGT)
Date of Accident	19/02/2021 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SENGKANG EAST DR (T-JUNCTION OF SENGKANG
	EAST WAY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1374K	

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG LEONG HOO
NRIC No	S7576503G
Email Address	topace hoo@hotmail.com
Mobile Phone No	(Phone) +65-98326460
Alternative Phone No	+65-98326460

VEHICLE PARTICULARS

Manufacturer Model	Mazda Cx-5
Variant	_
Exact purpose for which vehicle was being used at time of	
accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Reporting only
Vehicle Category	Drivata car

INSURANCE COMPANY

Name of leasures and Comments	
Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0002791 (COMP)
Cover Note Number	-

DRIVER

Name of Driver	ONG LEONG HOO
NRIC No	S7576503G
Date Of Birth	27/02/1975

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode s the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	Outdoor 19/03/1996 24 YEARS AND 11 MONTHS Male (Phone) +65-98326460 +65-98326460 topace_hoo@hotmail.com BLK 183C RIVERVALE CRESCENT #06-231 - 543183 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	No Collision Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Nas the accident reported to the police? Nas notice of intended Prosecution given? f yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
RIGHT INDICATOR LIGHT SWITCHED ON. JPON APPROACHING THE TRAFFIC LIGHT JUNCTION, THE T RIGHT. WHILE TURNING RIGHT, VEHICLE B DROVE PAST ALC	
STOPPED FURTHER UP IN FRONT. MY VEHICLE TOO CAME TO A STOPPED AS THE TRAFFIC LIG CONTACT AT ALL BETWEEN MY VEHICLE AND VEHICLE B.	SHT TURNED RED ALONG SENGKANG EAST WAY. THERE IS NO
REMARKS: I RECEIVED A LETTER FROM MY INDIA INSURANC	IT REPORT AT IDAC. ALL INFORMATION WERE GIVEN TO ME BY
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes

Was there any video captured by Car Camera?
Was there any audio recorded? No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJZ245E



Vehicle Manufacturer	-
Vehicle Model	-
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)	-



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

Lunderstand, acknowledge, agree and consent that :

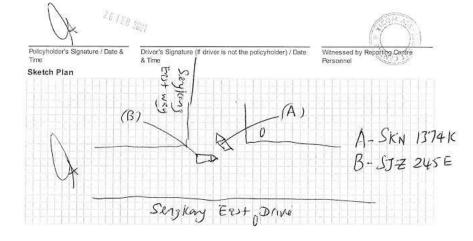
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively information) and disclose and transfer such Personal Information in 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 "insurer's" 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 mo, 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.



OF CONTRACTOR OF	
	SHITTIP STORY
declare the foregoing particulars are true in every respect.	(TO) (
yholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel













