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 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries estimation of witholding of material facts may allow insurance companies to reputing 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 24/02/2021 14:37 (SGT) Date of Accident 24/02/2021 00:30 (SGT) Exact Location of Accident Singapore Additional Location Information **UPPER THOMSON ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP280A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ADRIAN TAN QING NIAN NRIC No S9246794E Email Address qingnian_92@hotmail.com Mobile Phone No (Phone) +65-91073312 Alternative Phone No +65-91073312

VEHICLE PARTICULARS

Manufacturer Model YAMAHA / MT-09 ABS TRACER GT 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 No - Claiming third party your vehicle? Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5107189083-02

Cover Note Number

DRIVER

Name of Driver ADRIAN TAN QING NIAN NRIC No S9246794E Date Of Birth 14/12/1992 Occupation Indoor

Date Of Driving Pass 04/07/2016 Driving experience 4 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91073312 Alt. Phone Number +65-91073312 Email Address qingnian 92@hotmail.com Address BLK 107 #05-2240 BEDOK NORTH ROAD Address complement Postcode 460107 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 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) 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? Nο 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? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJX694C

Vehicle Manufacturer Kia Vehicle Model KIA / CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver TAN BOON LEONG, NICHOLAS NRIC No S9638815B Contact Number (Phone) +65-96948933 Address Address complement



Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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

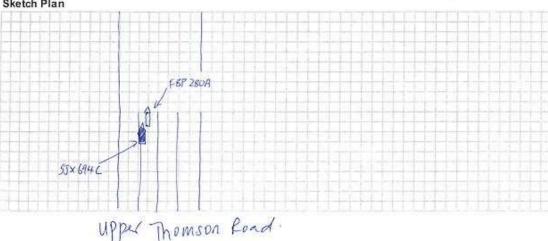
Driver's Signature (If driver is not the policyholder) / Date & Time

23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg

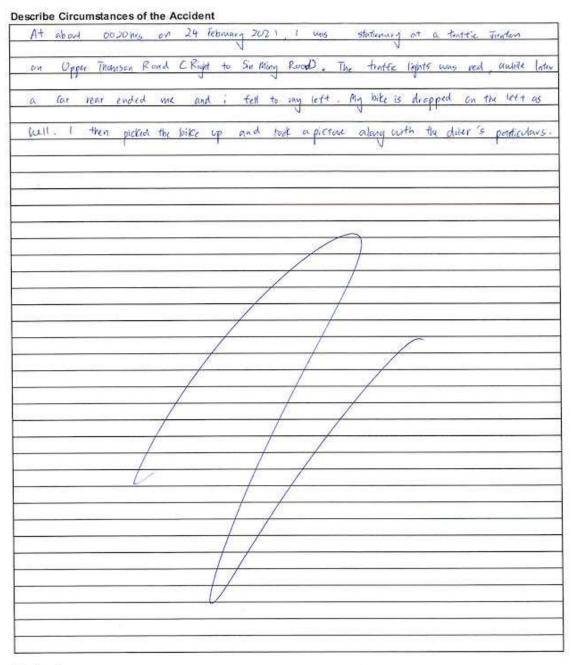
IDAC KAKI BUKIT (VAC)

Witnessed by Reporting Centre Personnel 2 4 FEB 2021

Sketch Plan



Accident report SV0L212O0003



Declaration

We declare the foregoing particulars are true in every respect.

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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.9g

Witnessed by Reporting Centre Personnel

2 4 FEB 2021

















