

SV0L2145000B / VICOM LTD (VAC) - Kaki Bukit [415933]
ENTRY DATE & TIME: 05/04/2021 14:12 (SGT)
SUBMITTED BY: Siti Fadhlon Abdul Kader
VERSION: 1 (05/04/2021 14:12 (SGT))

Your NCD will be affected due to late reporting

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

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 -

TEO WENG KIAT(ZHANG YONGJIE)

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|--|--|
| Date Of Birth | 15/01/1973 |
| Occupation | Outdoor |
| Date Of Driving Pass | 07/07/1990 |
| Driving experience | 30 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91169966 |
| Alt. Phone Number | +65-91169966 |
| Email Address | ja777ck@yahoo.com |
| Address | BLK 719 #09-43 TAMPINES STREET 72 TAMPINES STARLIGHT |
| Address complement | - |
| Postcode | 520719 |
| 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 | - |

SKETCH PLAN

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- © The information is forwarded to the Bureau of the Civil Service Management Centre established by the General Insurance Association

SKETCH PLAN #2

Describe Circumstances of the Accident

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|------------------------|
| Refer to Police Report |
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