

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 09/04/2021 16:34 (SGT)
Date of Accident 08/04/2021 21:27 (SGT)
Exact Location of Accident Singapore
Additional Location Information North Buona Vista Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ6905Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MARKY STUDIO
Company Reg No 5XXXXX47C
Email Address dreamcarzleasing@gmail.com
Mobile Phone No (Phone) +65-93629554
Alternative Phone No +65-93629554

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Every
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 658

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GBJ6905Z
Cover Note Number -

DRIVER

Name of Driver THUM HOE MENG
NRIC No SXXXX112G

Date Of Birth	20/11/1976
Occupation	Indoor
Date Of Driving Pass	11/01/2002
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93629554
Alt. Phone Number	-
Email Address	dreamcarzleasing@gmail.com
Address	BLK 93A TELOK BLANGAH STREET 31 #22-159
Address complement	-
Postcode	101093
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	After Rain
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?	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 TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX1881Y
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) -

INJURED PERSONS DETAILS


INJURED 1


Name of injured person THUM HOE MENG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old 44
 Injuries Sustained 2 DAYS MEDICAL LEAVE: MUSCULAR UPPER BACK/NECK
 STRAIN (ONECARE CLINIC TIONG BAHRU PTE LTD)
 Injured person in which vehicle? GBJ6905Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

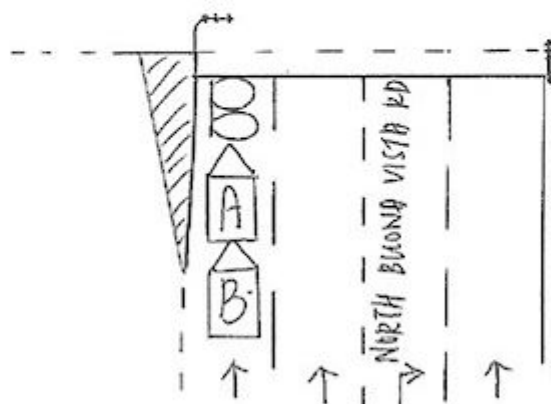
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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 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' 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) 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 lawyers/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 (VICOM LTD)
23 KAKI BUKIT AVENUE 4S(415933)
Witnessed by Reporting Centre Personnel

Sketch Plan



Ⓐ : GBJ6905Z.
Ⓑ : SJX1881Y



Describe Circumstances of the Accident

I was travelling along North Buona Vista Rd. When the traffic light was red, I stopped my vehicle and stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle.

Whole accident was captured by my vehicle built-in video recorder

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

IDAC KAKI BUKIT (VICOM LTD)
 23 KAKI BUKIT AVENUE 4S(415933)
 Witnessed by Reporting Centre Personnel

















OneCare Clinic Tiong Bahru
11A Boon Tiong Road #01-08 Singapore 161011
Tel: 63582568

MEDICAL CERTIFICATE

This is to certify that **THUM HOE MENG MARK (S7638112G)** is under treatment by me.

Unfit For Duty

Outpatient Leave: 2 Days From 09-04-2021 To 10-04-2021

Comments / Diagnosis

Diagnosis: Muscular upper back/neck strain

Certified By:
Dr Aanchal Kadam (M60360j)

Certificate No: MC/797764


Date of Visit: 09-04-2021

Date of Issue: 09-04-2021

Note:

This certificate is not valid for absence from court.

This certificate is electronically generated. No signature is required.

 **OneCare Clinic Tiong Bahru Pte Ltd**
11A Boon Tiong Road TEL 6358 2568
#01-08 S'pore 161011 FAX 6358 2569

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