SV0M214F000B / VICOM LTD (VAC) - Sin Ming [575718] ENTRY DATE & TIME: 15/04/2021 16:57 (SGT) SUBMITTED BY: Christina Ong Mui Lan VERSION: 1 (15/04/2021 16:57 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

- 3. Information provided must be as trumin and accurate as possible. Any willin misrepresentation or witholding of material racts 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.

ACCIDEN	T STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	15/04/2021 16:57 (SGT) 15/04/2021 06:39 (SGT) Singapore JUNCTION ALONG AMK AVE 1 GOING INTO CTE Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SKL4209X
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No DENISE HENG HUI LENG (XING HUILING) SXXXX570F nontiscordar@yahoo.com (Phone) +65-92236315 +65-92236315
Manufacturer Model Variant 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 Transmission CC	Mercedes C180 - Private use No - Claiming third party Private car Auto 1800
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd Comprehensive No 5117172054 (DRIVO CLASSIC)
DRIVER	
Name of Driver NRIC No	DENISE HENG HUI LENG (XING HUILING) SXXXX570F

Date Of Birth	18/08/1977
Occupation	
Date Of Driving Pass	Indoor
Driving experience	27/03/2007
Gender	14 YEARS AND 1 MONTH
Mobile Number	Female
Alt. Phone Number	(Phone) +65-92236315
	+65-92236315
	nontiscordar@yahoo.com
Address	BLK 315B #18-319 ANG MO KIO STREET 31
Address complement	-
Postcode	563315
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	
Incurance Company of Other Vehicle Owned by Driver	•
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	6 W. J
Weather Conditions	Collision - Head to Rear
Road Surface	Clear
Trodu Gunace	Dry
OTHER INFORMATION	
CHENIN CAMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
	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	
SELVED ST. SELSE NOTION	
Was the accident reported to the police?	Na
Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yoo, against whom:	•
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CIRCUMSTANCES OF ACCIDENT	
DECED TO OTATEMENT ATTAQUED	
REFER TO STATEMENT ATTACHED.	
ATTACL (APAITIC)	
ATTACHMENT(S)	
Are accident photos available for attachment?	Vac
Was there any video captured by Car Camera?	Yes No
Was there any audio recorded?	No
	NO
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMW952C
Vehicle Manufacturer	
Vehicle Model	Audi
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Dukunta any
Name of Driver	Private car
NRIC No	CHUA YONG KIAT
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SXXXX616J

(Phone) +65-88660020

Address

NRIC No $\,$

Contact Number

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	DENISE HENG HUI LENG (XING HUILING)
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle? Were seat belts worn?	SKL4209X
Was this injured conveyed to hospital by ambulance?	Yes No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and ecosont that ;

- (ii) by rector, by workshop and the General histrance Association of Singapore ("GIA") may large permitted to collect, use, disclose analog process by personal data/persocial information set out in this (form) and any other personal information provided by meror possessed by my insurer (collectively the "Personal Information") and enclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s)) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the bisiners lawyers/law firms, the Monotary Authority of Singapore and any relevant government agency/authority (such as the pulses), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the sottlement of the claims and any necessary investigations relating to the claims:
- (ii) stynistigating the accident ancier my claims;
- (iii) cutrying out and/or dealing with my instructions or responding to any condities by me:
- (ii) administraing my claims (inclinding the mailing of correspondence, statements, involves, reports or notices to me, which could involve disclosure of certain personal data about me to bring about dislivery of the same as were as on the external cover of envelopeshable packages); and or
- (v) complying with applicable law in administration, processing, panding and/or dealing with my claims.
- (co-colvely the "Purposes")
- (b) as insurer(s) who have insured vehicle(s) involved in this accident and the insurers law yers/law firms, may/ere permitted to collect, van. disclose notifier process by Parsonal Information for one or more of the above Parsonal and
- (c) my Personal Information may/can be disclosed by any of the histories and/or CIA to their tend party service providers or agents (including their lawyersnaw form), which may be slied outside of Singapore, for one or more of the above Purposes.

C ÁH	15 APR 2021	15 APR.	<i>202₁</i>	
Northead Signature / Date Time IS Signature / Date Sketch Plan	& Oriver's Signature (Br. & Time / C/	Triver is not the po cyholder) / Y / M	Date Willessea by Personnel	y Reporting Centre
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