SV0L214G0005 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 16/04/2021 13:30 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 1 (16/04/2021 13:30 (SGT))

# **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

- 9. Information provided mast by as distinct and second as positive 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 the insurance application by interested parties. 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 16/04/2021 13:30 (SGT) Date of Accident 15/04/2021 18:10 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TWRDS BKE(CHANTEK FLYOVER) Country/State of Loss Singapore

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SMW6688B

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner **LEOW CHEE LOON** NRIC No

SXXXX468F Email Address jasonkcapl@gmail.com

Mobile Phone No (Phone) +65-83239898

Alternative Phone No +65-83239898

VEHICLE PARTICULARS

Model B.M.W. / X6 XDRIVE35I AWD SR DSC NAV HUD LED

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 Private car Transmission Auto

CC 3000

**INSURANCE COMPANY** 

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5118342818

Cover Note Number

DRIVER

Name of Driver LEOW CHEE LOON SXXXX468F

Date Of Birth 03/08/1981 Occupation Indoor Date Of Driving Pass 29/12/2003 Driving experience 17 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-83239898 Alt. Phone Number +65-83239898 Email Address jasonkcapl@gmail.com Address 2 PETIR ROAD #13-07 MAYSPRINGS SINGAPORE 678265 Address complement Postcode 678265 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Jurong Division Headquarters Police Station Phone No (Phone) +65-18007910000 Alt. Police Station Phone No (Fax) +65-68965647 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT No.J/20210415/7049; 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 SLR454L Vehicle Manufacturer Nissan Vehicle Model NISSAN / NOTE 1.2 DIG-S CVT

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver NRIC No	KARIN ONG HUI YI SXXXX958C
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	LEOW CHEE LOON 2 PETIR ROAD #13-07 MAYSPRINGS
Address Complement	-
Post Code	678265
Approximate Age Years Old	39
Injuries Sustained	-
Injured person in which vehicle?	SMW6688B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

#### 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 GA 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.
- 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 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 GA 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 ab↑IDAC↑KAKI BUKIT (VAC)

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 1 6 APR 2021

Sketch Plan

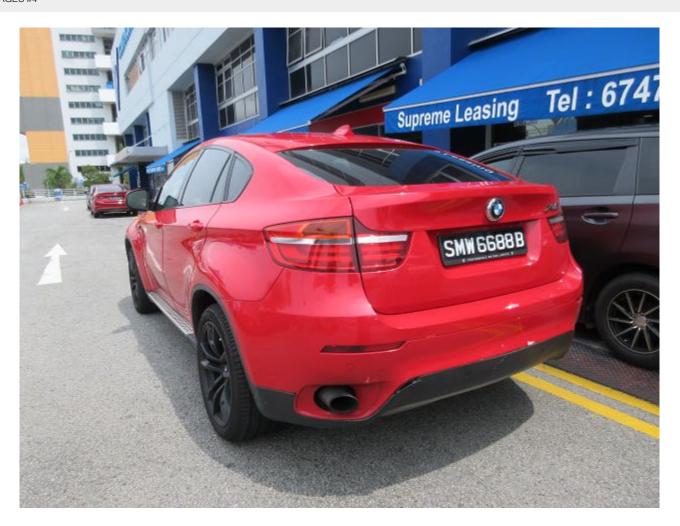


Please	refer	to th	e police	report	(3 20210415 7049	)
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Nella	,		Rell	n		Tel: 67416697 Fax: 674923 Email: vackb@vicom.com.sq
yholder's Sig	nature / D	Date &	Driver's Si & Time	gnature (If dr	river is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
			G IIIB			1 6 APR 2021























1 of 1

# POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000 Report No. J/20210415/7049

Date/Time Report Made	Vide Report No.		Station Diary No.		
15/04/2021 21:16	193,505,000				
Name Of Informant	Address				
LEOW CHEE LOON	2 PETIR ROAD #13-07 SINGAPORE 678265		678265		
ID Type / ID No. NRIC NO / S8126468F	Contact No. Home/Office: Mobile: 83239898				
Nationality SINGAPORE CITIZEN	Email Address leow.cheeloon@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Real estate agent	Male	39	03/09/1981	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 15/04/2021 18:10 - 15/04/2021 18:15	Location Of Incident 2 PETIR ROAD #13-07 SINGAPORE 678265				
D-1-6-1-6-11-				APPENDENCES DE	

Brief details.

I was driving home and just exiting PIE into BKE road. My car plate number SMW6688B a red color BMW was hit on the rear bumper by a white color Nissian car plate SLR 454L driven by Ms Karin Ong Hui Yi S9548958C.

I suffer a whipslap and hit my head to the back of my car seat head rest. I managed to get out of the car to take photos and then signal her to drive to road shoulder to exchange details.

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by		
	SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2021 21:16		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			