

SV0M214J0003 / VICOM LTD (VAC) - Sh Ming (878718)
ENTRY DATE & TIME: 19/04/2021 12:00 (SGT)
SUBMITTED BY: Christina Ong Mei Lan
VERSION: 1 (19/04/2021 12:00 (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 willful 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 19/04/2021 12:00 (SGT)
Date of Accident 17/04/2021 21:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALEXANDRA ROAD TURNING TOWARDS DAWSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH2359K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH TENG HONG
NRIC No SXXXX572A
Email Address chousweelian@gmail.com
Mobile Phone No (Phone) +65-93380391
Alternative Phone No +65-93380391

VEHICLE PARTICULARS

Manufacturer Toyota
Model COROLLA AXIO
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5093816904-03 (COMP)
Cover Note Number -

DRIVER

Name of Driver KOH TENG HONG
NRIC No SXXXX572A



Accident report SV0M214J0003

Pa

Date Of Birth 09/05/1951
 Occupation Outdoor
 Date Of Driving Pass 14/10/1970
 Driving experience 50 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-93380391
 Alt. Phone Number +65-93380391
 Email Address chousweelian@gmail.com
 Address BLK 824 #04-594 YISHUN STREET 81
 Address complement -
 Postcode 760824
 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 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) 4
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN
 Gender Female

PASSENGER 2

Name UNKNOWN
 Gender Male

PASSENGER 3

Name UNKNOWN
 Gender Male

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

I WAS DRIVING ALONG ALEXANDRA ROAD TOWARDS DAWSON ROAD .
 MY VEHICLE CAME TO A STOPPED BEFORE THE ZEBRA CROSSING TO GIVE WAY TO A PEDESTRIAN CROSSING THE ROAD.
 SUDDENLY VEHICLE B CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY STATIONARY VEHICLE.

ATTACHMENT(S)

Accident photos available for attachment? Yes
Were there any video captured by Car Camera? No
Were there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKF7937P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category -
Name of Driver Private car
Contact Number ROYCE TAN
Address (Phone) +65-87957408
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person KOH TENG HONG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SHOULDER AND NECK PAIN INTEND TO SEE THE DOCTOR
LATER ON.
Injured person in which vehicle? SH2359K
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

circumstances of the Accident

We declare the foregoing particulars are true in every respect.

19 APR 2021

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

Witnessed by Reporting Centre
Personnel

SKETCH PLAN

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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.

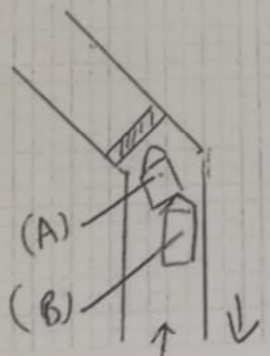
19 APR 2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A- SH 2359K
B- SKF 7937P

DOA - 17/4/21