SV0M21630006 / VICOM LTD (VAC) - Sin Ming [575718] ENTRY DATE & TIME: 03/06/2021 18:04 (SGT) SUBMITTED BY: Christina Ong Mul Lan VERSION: 1 (03/06/2021 18:04 (SGT))

# **G** SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

 Please report <u>connectly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

03/06/2021 18:04 (SGT) 03/06/2021 13:59 (SGT) Singapore

BISHAN ST 13 IN BETWEEN BLK 188 AND BLK 187

Singapore

# DETAILS OF OWN VEHICLE

No

Vehicle Registration Number

SLW1594H

ANG CHENG GUAN

benang28@gmail.com

(Phone) +65-96347398

SXXXX925B

+65-96347398

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner NRIC No **Email Address** 

Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

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

Honda Vezel

Private use

No - Claiming third party

Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5097643621-03 (DRIVO PREMIUM)

DRIVER

Name of Driver NRIC No

ANG CHENG GUAN SXXXX925B



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address

Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes Yes

26/12/1967

16/02/2001

+65-96347398

20 YEARS AND 4 MONTHS

BLK 189 #09-435 BISHAN STREET 13

(Phone) +65-96347398

benang28@gmail.com

Collision - Major/Minor Rd

Outdoor

570189

Yes

No

Clear

Dry

No

No

Yes

1

No

No

No

SYSTEM UNABLE TO UPLOAD

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number

YN3447E

Commercial vehicle **CHOO THOW FAN** SXXXX011A

(Phone) +65-97732662

Accident report SV0M21630006

Page 2 of 14

Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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  interested parties.
- By the lodgment 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 pursunal deta/personal information set out in this (form) and any other personal information provided by me or pessessed by my insurer (collectively the "Personal Information") and disclose and transfer such literage at Information to delinistics(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/raw forms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - more ssing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
  - fill investigating the accident and/or my claims,
  - (bi) carrying out and/or dealing with my instructions or responding to any unquiries 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 flexivery 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/faw firms, may/are permitted to collect, use, disclose and/ar 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 havyers/taw firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- [d] my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (b) the information so collected under (d) above may be shared / disclosed:

0.3 JUN 2021

- (i) to all insurers and/or any other thrill parties that assist in evaluating, investigating, control of integrating fraud, regulators, law enforcement and government agencies as reasonably required for the parties as standing.
- (ii) for complying with requirements under any regulations, laws or court orders

Pateryholder's Signature

Date & Tener

Ониот в этреатите

(If driver is not the policybolder)

Date & Jane

Reporting Contro Personnell's Signature Name:

MRIC/HN No.

SKETCH PLAN

A SLW 15944 B YN 34476.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Date & Time

Driver's Signature (If direct sound the pulsishedder)

Date & Time.

Reporting Centra Personnells Signatura NRIGHTIN NO

