SV0L21200003 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 24/02/2021 14:37 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 1 (24/02/2021 14:37 (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 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.

ACCIDENT STATEMENT

Date of Submission	24/02/2021 14:37 (SGT)
Date of Accident	24/02/2021 14:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF	OWN VEHICLE
Vehicle Registration Number	FBP280A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No ADRIAN TAN QING NIAN SXXXX794E qingnian_92@hotmail.com (Phone) +65-91073312 +65-91073312
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	Yamaha YAMAHA / MT-09 ABS TRACER GT - Private use No - Claiming third party Motorcycle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Comprehensive No 5107189083-02
DRIVER	

Name of Driver NRIC No Date Of Birth	ADRIAN TAN QING NIAN SXXXX794E 14/12/1992
Occupation	Indoor



Page 1 of 14

Date Of Driving Pass	04/07/2016 4 YEARS AND 7 MONTHS Male (Phone) +65-91073312 +65-91073312 gingnian_92@hotmail.com
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91073312
Alt. Phone Number	+65-91073312
Email Address	qingnian_92@hotmail.com
Address	qingnian_92@nothian.com BLK 107 #05-2240 BEDOK NORTH ROAD
Address complement	-
Postcode	460107
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	
GENERAL INFORMATION OF THE AGGICENT	u de Bor
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Tiodd Gariaco	
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?	No
Was any injured conveyed to hospital by ambulance:	•
Managed :	Yes
Number of Passengers (Including Driver)	1
1 July 1 July 1 Loop approached by linknown below (5)	No
soliciting/offering accident claims assistance?	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
If yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
REFER ATTACHED;	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was those any video cantured by Car Calliela:	No ·
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX694C
Vehicle registration remarks	Kia
Vehicle Manufacturer	KIA / CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
Vehicle Model	KIA / CERATO FORTE ROOF 1.0 AT OX ADO DIAD OR
Venicle Model	_
Vehicle Variant	
Vehicle Colour	•
	Private car
Vehicle Category	
Name of Driver	TAN BOON LEONG, NICHOLAS
	SXXXX815B
NRIC No	
Contact Number	(Phone) +65-96948933
	•
Address	•
Address complement	•
Postcode	•



	surance Company Name	-
	ature Of Damage	-
1	Details of property damaged in accident	-
ľ	No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 3. 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 consider an accurate as possible.
- 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. companies
- 6. The report will be flow arded by the insurers of the GIA Records Management Centre established by the General insurance Association of Spoanors (GIA) for architics and 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 here most a make the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

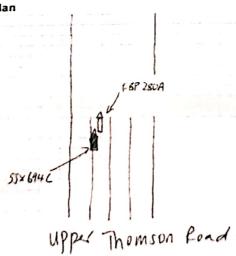
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured under the 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 hourers' law yers/law firms, the Monetary Authority of Singapore and any relevant
- (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 maling 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 GIA 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 above Purposes.

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

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sq

Witnessed by Reporting Centre Personnel 2 4 FEB 2021

Sketch Plan



Accident report SV0L212O0003

At about convince or 24 february 2021, I was studening at a tentre instance. Con Upper Tratesian Road C Roys to Surviva Road. The traffe lights come and audite as far sear ended was and i tell to any left. My take is drapped on the 1014 likell. I then picked the bilke up and took a picked colony with the cluser's perfectly.	A+	aha		nces of	- 1	24	Febru	7/	0 1				
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

IDAC KAKI BUKIT (YAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sq

Witnessed by Reporting Centre Personnel 2 4 FEB 2021