SV0L213J0002 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 23/03/2021 17:13 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 1 (23/03/2021 17:13 (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 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 23/03/2021 17:13 (SGT) Date of Accident 17/03/2021 09:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG WOODLANDS AVE 1 & WOODLANDS DRIVE 16 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY4956F

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MHG CARS LEASING PTE. LTD. Company Reg No 2XXXXX202D **Email Address** vack23@gmail.com Mobile Phone No (Phone) +65-87843567 Alternative Phone No +65-87843567

VEHICLE PARTICULARS

Model TOYOTA / SIENTA HYBRID 7-SEATER 1.5G CVT Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5114800104-01 Cover Note Number

DRIVER

Name of Driver LIM SOO BIOW@LIM YU RONG SXXXX903D

Date Of Birth	01/08/1959
Occupation	Outdoor
Date Of Driving Pass	13/05/2013
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	(Phone) +65-82235981
Email Address	
	jeremylimsoobiow@gmail.com
Address	103 HENDERSON CRESCENT #14-56
Address complement	-
Postcode	150103
s the driver the policyholder?	No
f No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	-
nsurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
	2.9
OTHER INFORMATION	
OTTEN IN ONWATION	
A/	
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?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	GRAB PASSENGER
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
<u> </u>	No
f yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
At traffic junction of woodland Ave 1 and woodland Drive 16. After	the light turn green, I was driving straight along Woodlands Ave 1 at
around 9pm,I was driving grab and have a passenger on broad. Su	uddenly I heard a loud bang coming from my left region of my vehicle
Which I stopped and confronted the vehicle owner that had hit my	vehicle. He admitted he had hit on my left side and specifically the
side mirror. It was dark, after taking photos we exchange contact n	umbers and left the scene. On the following day morning I noticed
there was damaged on the door region as well. I decided to file this	s claim as other party isn't willing to settle the event private He
nsisted there no damage on his car.	
ATTACHMENT(S)	

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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' 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 GIA to their third party service providers or agents (including the law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

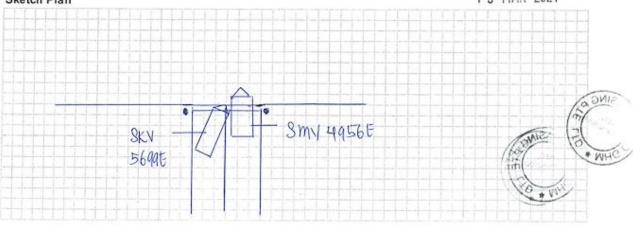
IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

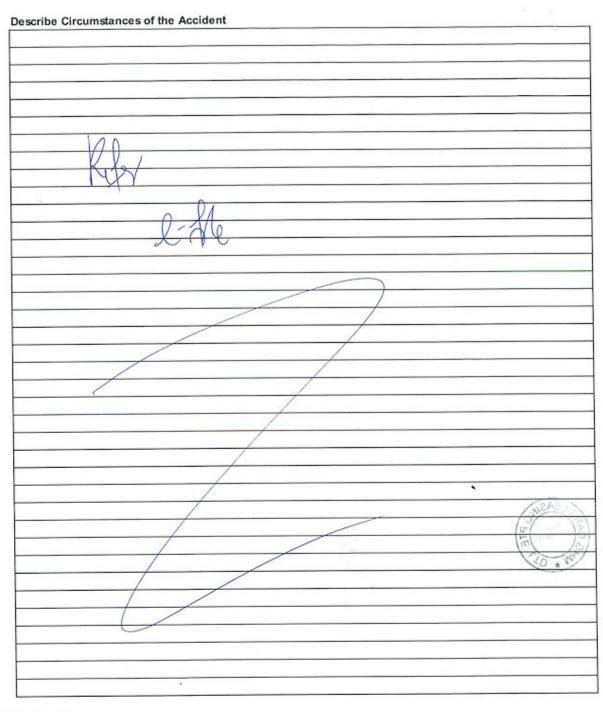
1 9 MAR 2021

Sketch Plan

2019162020



Kindland Armue of



SING Seclaration

the foregoing particulars are true in every respect.

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

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel 1 9 MAR 2021





