# **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.

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   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 22/01/2022 10:21 (SGT) Date of Accident 20/01/2022 18:05 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information ALONG AYE (BEFORE SOUTH BUONA VISTA EXIT) Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Private hire

Private hire

Auto

1500

No - Claiming third party

Vehicle Registration Number SI P6335T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner VFM PTE. LTD. Company Reg No 201523773K **Email Address** clifford@drivethru.com.sq

Mobile Phone No (Phone) +65-84177722 Alternative Phone No

+65-84177722

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel 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 CC

**INSURANCE COMPANY** 

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty

Fleet Policy

Policy Number 5114049469-02

Cover Note Number

DRIVER

Name of Driver TAN SENG PIO LUKE NRIC No S6838740Z

Date Of Birth 02/10/1968 Occupation Outdoor Date Of Driving Pass 20/12/1985 Driving experience 36 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-93875080 Alt. Phone Number Email Address lukesp75@gmail.com.sg Address **BLK 15 YISHUN INDUSTRIAL STREET 1** Address complement #01-06 Postcode 768091 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name MS ERVINNA Gender Female 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 PLEASE SEE ATTACHED SKETCH PLANS ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP5498J Vehicle Manufacturer Isuzu

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Name of Driver	LI CHENG
Work Permit No	05783519Z
Contact Number	(Phone) +65-96571876
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SMH7403D Vehicle Manufacturer Kia Vehicle Model Cerato Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver WONG SUI WEI NRIC No S7029822H Contact Number (Phone) +65-94509210 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 Gender Phone No Address Address Complement Post Code	TAN SENG PIO LUKE Male (Phone) +65-93875080
Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	- SLIGHT SWELLING ON LEFT HAND SLP6335T
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No

#### SKETCH PLAN

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- 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.
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- 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 inderstand, acknowledge, agree and consent that ;

- (3) 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;
- (i) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) 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
- (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.

Policyholder's Signature / Date & Time

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

ate Witnessed by Reporting Centre Personnel

Sketch Plan

R: SLP6335 T

6: 2624622

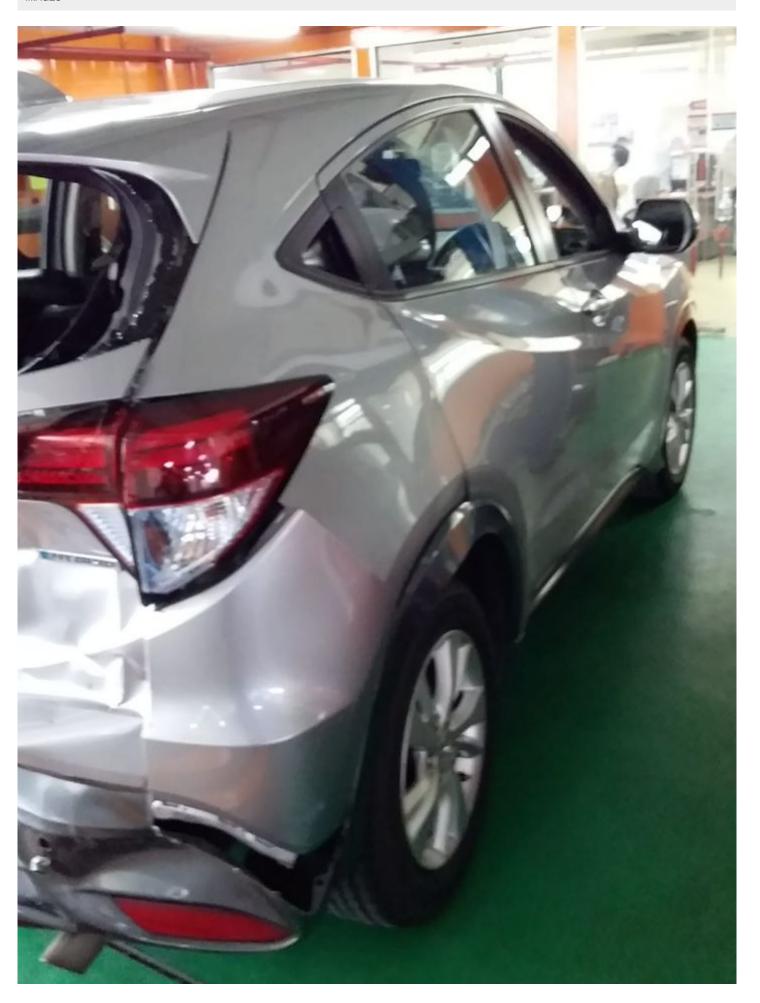
S12m 5033

Describe Circumstances of the Accident	
On 20 Jan 2022 at about 1205 hrs, whilst I was driving	20
along the AYS (before the South Buona Vista exit) on the	4
170 11-0 -1 -1 -1 -1 -1 -1	. tix
a car infront of time brake suddonly and I applied my h	cator
I ranged to stopped the car in time. However, the vehic	
I L. Mars (NOT) II I I I I	icle.
That is all.	
	377
	1,395
	20120-02-0
☐ Claim OD ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting	Only
Please forward a copy of my efile accident report to:	
My workshop:	
Smail address :	
Myself email :	
Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim ur	vlor
our own policy. Kindly check with your own Insurer for more information.	iuci
our own poncy. Kindry check with your own insuler for more information.	
Declaration	
Ma declars the forcesing particulars are true in supply respect	
We declare the foregoing particulars are true in every respect.	

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

Policyholder's Signature / Date & Time

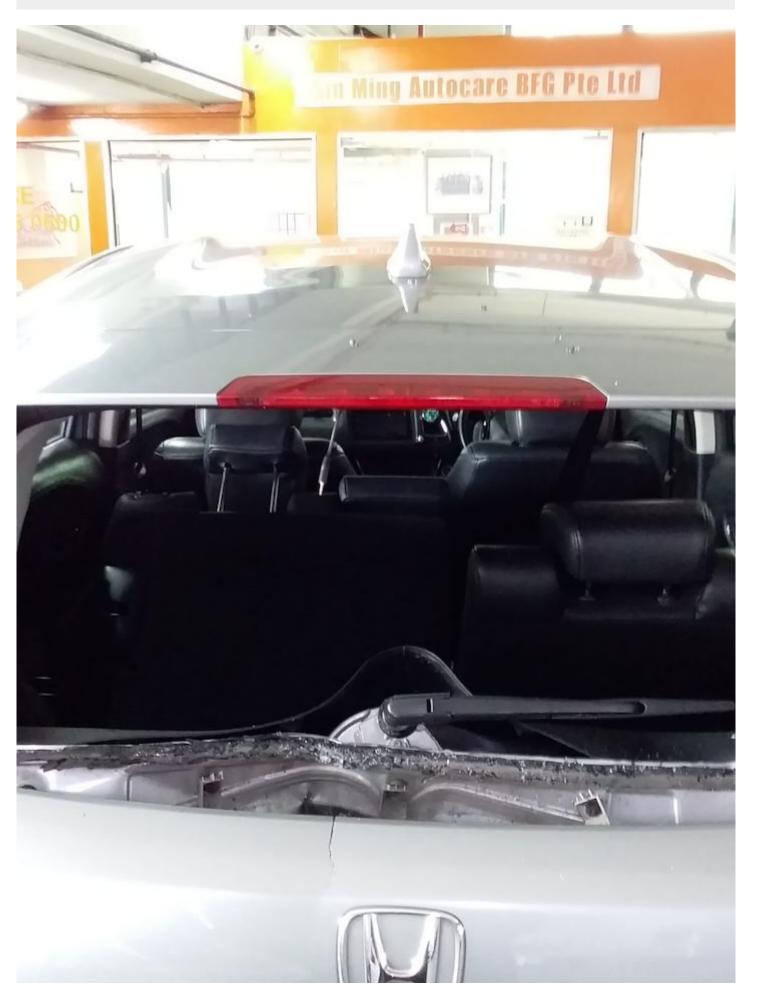
Witnessed by Reporting Centre Personnel

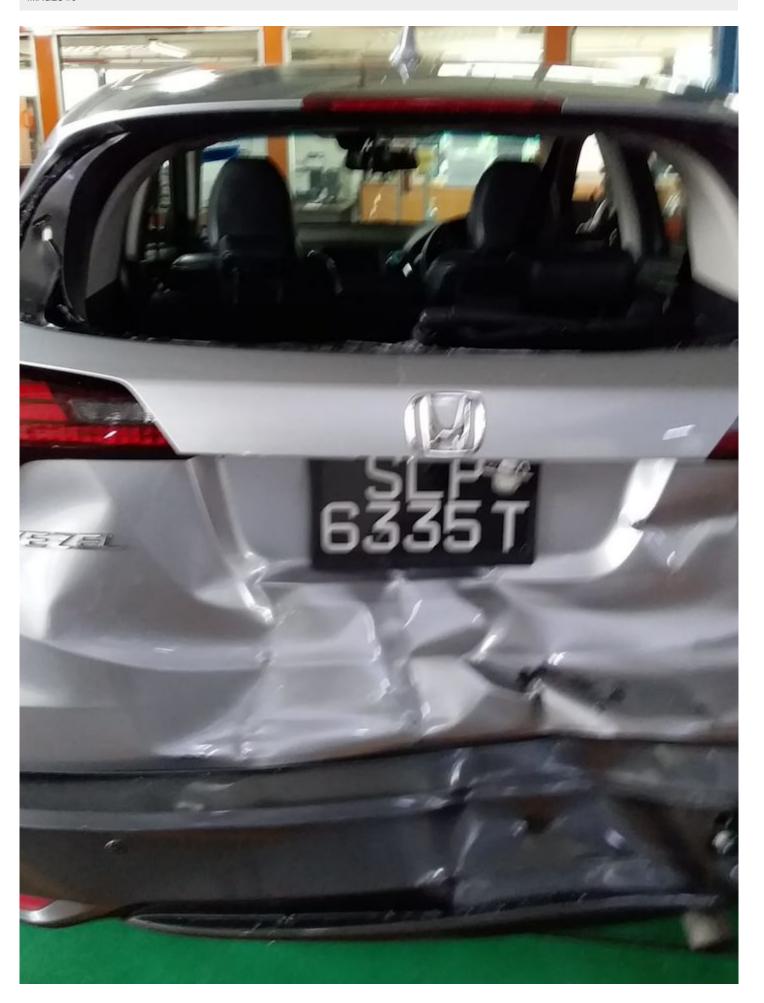




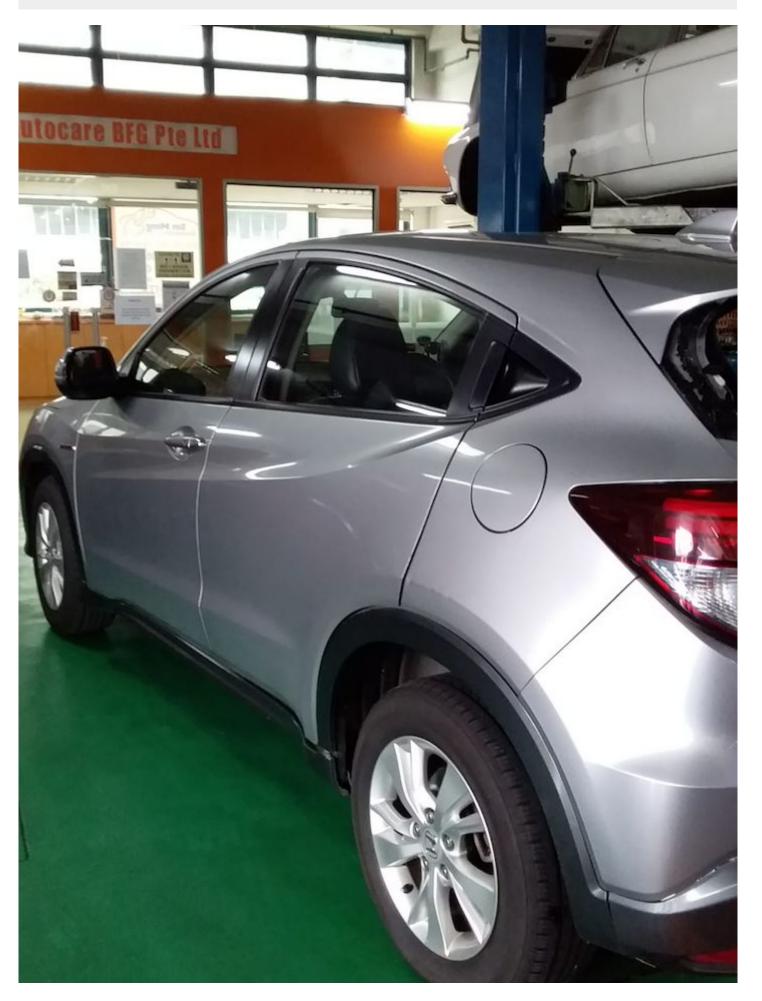






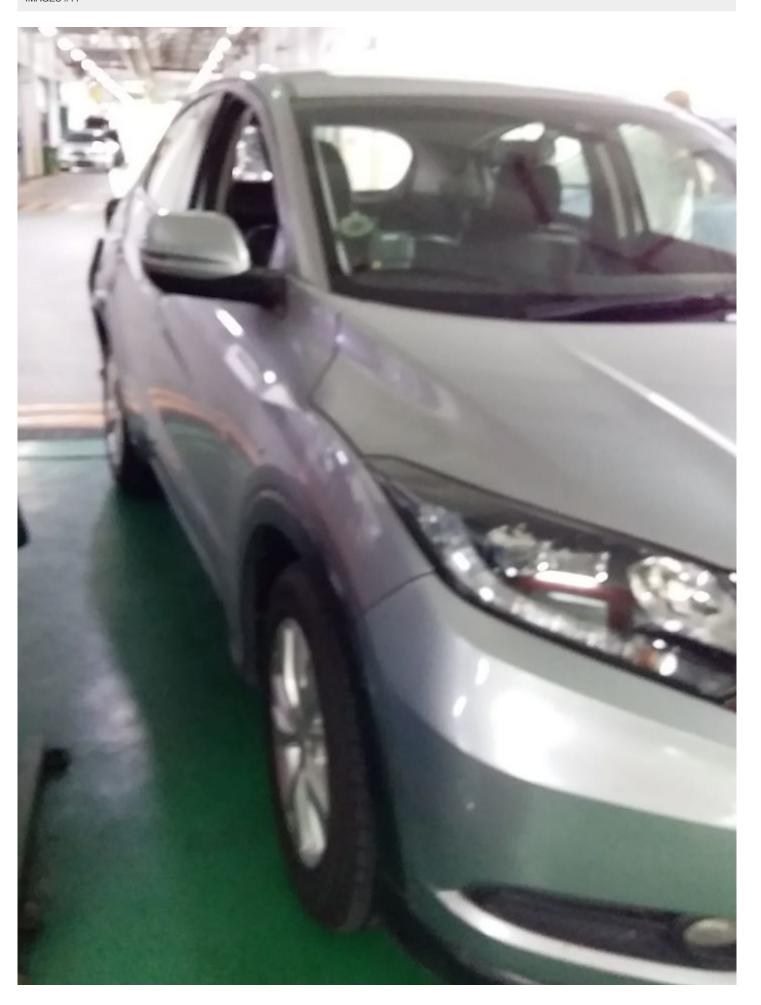


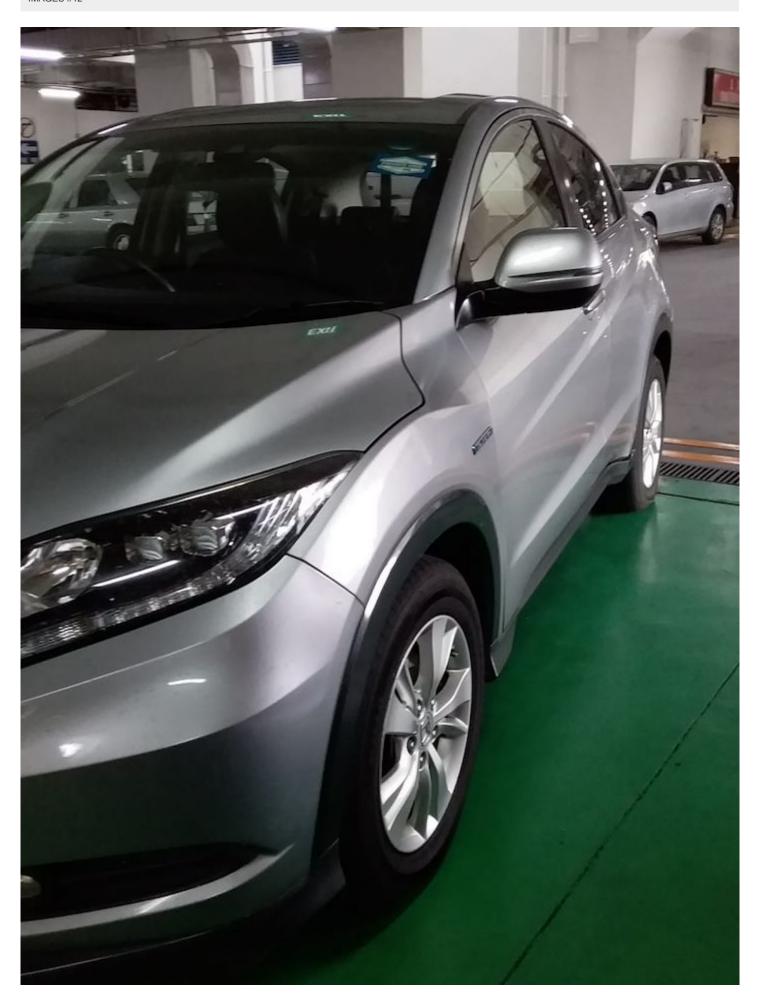
















## VFM PTE LTD (DRIVETHRU)

210 TURF CLUB ROAD A47 THE GRANDSTAND, SINGAPORE 287995

Tel: 652913113 Fax: 6286 9000

161. Can 10110 1 av	0200 5000					
GST Reg No.: 201	1523773K					
HIR ER PARTIC	CULARS		RENTAL AGREEM	ENT HA202	2111-000018	
Name/Company : TAN SENG PIO LUKE			Rental Start Date: 26/11/2021			
			Rental End I	Date: 27/05/2	2022	
ID/NJRIC No/ROC : S6838740Z			Agreed Period: 26 Week(s)			
Con tact (HP) : 93875080		Excess for Third: S\$				
Con tact (HOME)		Party Insurance				
- 10.0000 - 10.0000 - 15.				VEHICLE INFO		
Lice nse Pass Date: 20/12/1985			Reg No : SLP6335T			
Add ress : BLK 15 #01-06			Mal	Make : HONDA		
	YISHUN IND	USTRIAL STREET	1 Mod	del : VEZEL	1.5X HYBRID A	
	768091					
	æ Sa		Rate	405.61		
8 1		000	GST Due	28.39		
	II . II ac		Others	21.00		
			Amount	455.00 /W	leekly	
		0 00	Deposit (Refundable)	500.00	,	
6 9		ا قرل	Total Amount Due	955,00		
VEHICLE OUT			VEHICLE IN			
Date	Time	Mileage Out	Date	Time	Mileage In	
16.11.21	10:00					
Petrol Out			Petrol In			
Low 1/8 2/8	3/8 4/8 5/8	6/8 7/8 Full	Low 1/8 2/8 3/8 (Note: Petrol Level to be Retu		6/8 7/8 Full d out)	
Hirer Name: TAN SENG PIO LUKE			Hirer Name: TAN SENG PIO LUKE			
Hirer Signature: U	InQ-		Hirer Signature: M. Date: 26 May 21	-		
Checked By:			Checked By:			
Oncered by.	re-Contract	PIE				

26.11.21 Date: Date: Remarks:

Staff Signature:

(Drivethru)

Staff Signature: