

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 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 29/03/2022 14:00 (SGT)
Date of Accident 27/03/2022 12:00 (SGT)
Exact Location of Accident 51 Soon Lee Rd, Singapore 628088
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN9173J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VFM PTE. LTD.
Company Reg No 201523773K
Email Address clifford@drivethru.com.sg
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 Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5114049469-02
Cover Note Number -

DRIVER

Name of Driver KAN MUN CHEW

Date Of Birth	14/08/1966
Occupation	Outdoor
Date Of Driving Pass	12/07/1994
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90713738
Alt. Phone Number	-
Email Address	ekchuan22@gmail.com
Address	BLK 177 BOON LAY DRIVE
Address complement	#10-390
Postcode	640177
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	N.A
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

PLEASE SEE ATTACHED SKETCH PLANS

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3932X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver -
Contact Number -
Address -
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	KAN MUN CHEW
Gender	Male
Phone No	(Phone) +65-90713738
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	(2 DAYS MC)
Injured person in which vehicle?	SLN9173J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


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' 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 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

 Witnessed by Reporting Centre Personnel

Sketch Plan

① SLN 9173 J ② YN 3932 X



Describe Circumstances of the Accident

I was driving my car SLN 9173J at the compound of MWC Recreation Centre located at NO. 51 Soon Lee Road Singapore 628088.

Whilst observing YN3932X was stationary on the right side of the driveway without any signal, I decided to drive pass the said vehicle. Suddenly, the said vehicle moving off from its stationary position by the right side of the driveway, thereby causing it to collide into the right side of my car.

After the accident, I felt unwell and went to consult a doctor.

☐ 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 :


Email address : clifford.edrive@nu.com.sg

Myself email : ekchuan22@gmail.com

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/we declare the foregoing particulars are true in every respect.

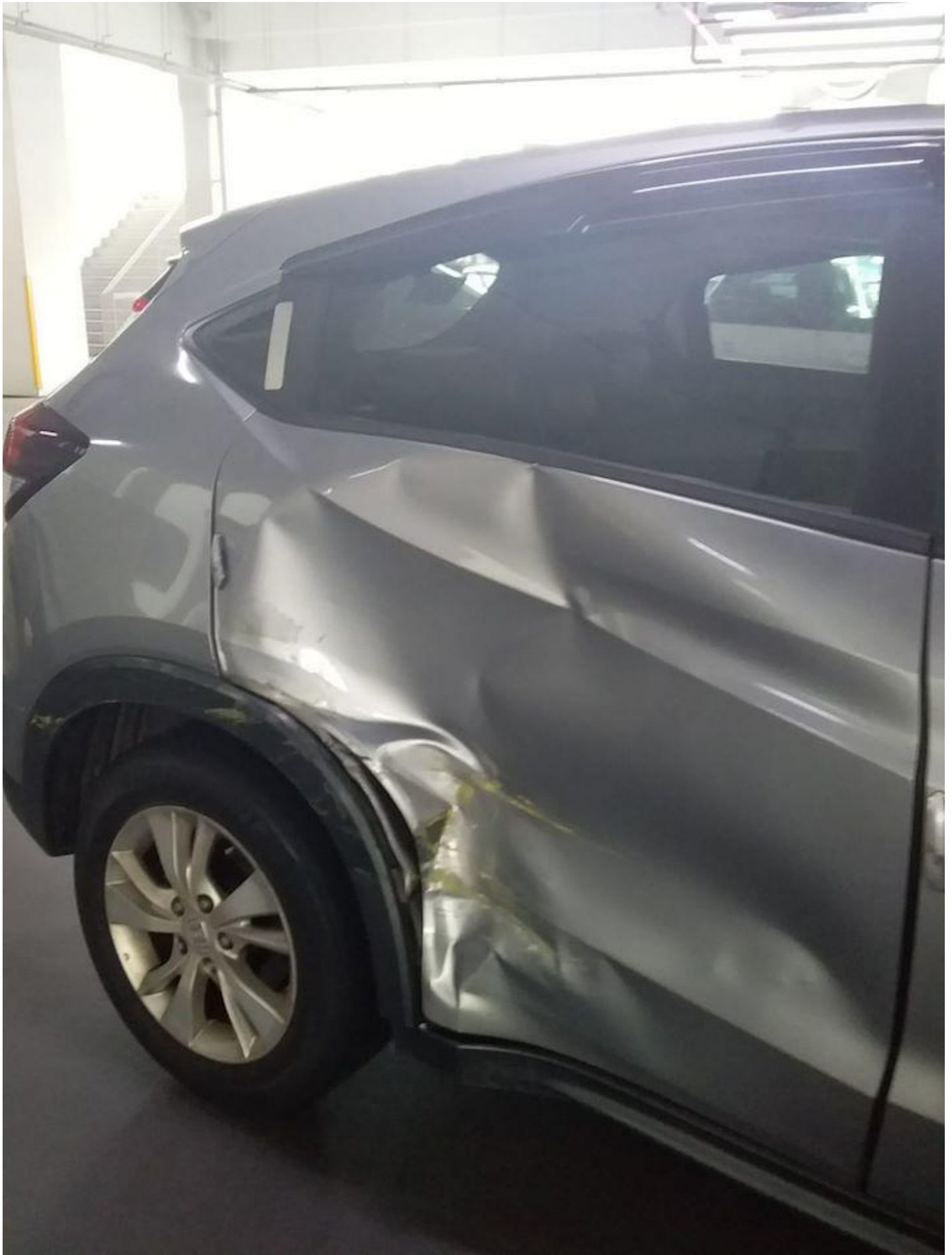
Policyholder's Signature / Date & Time



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



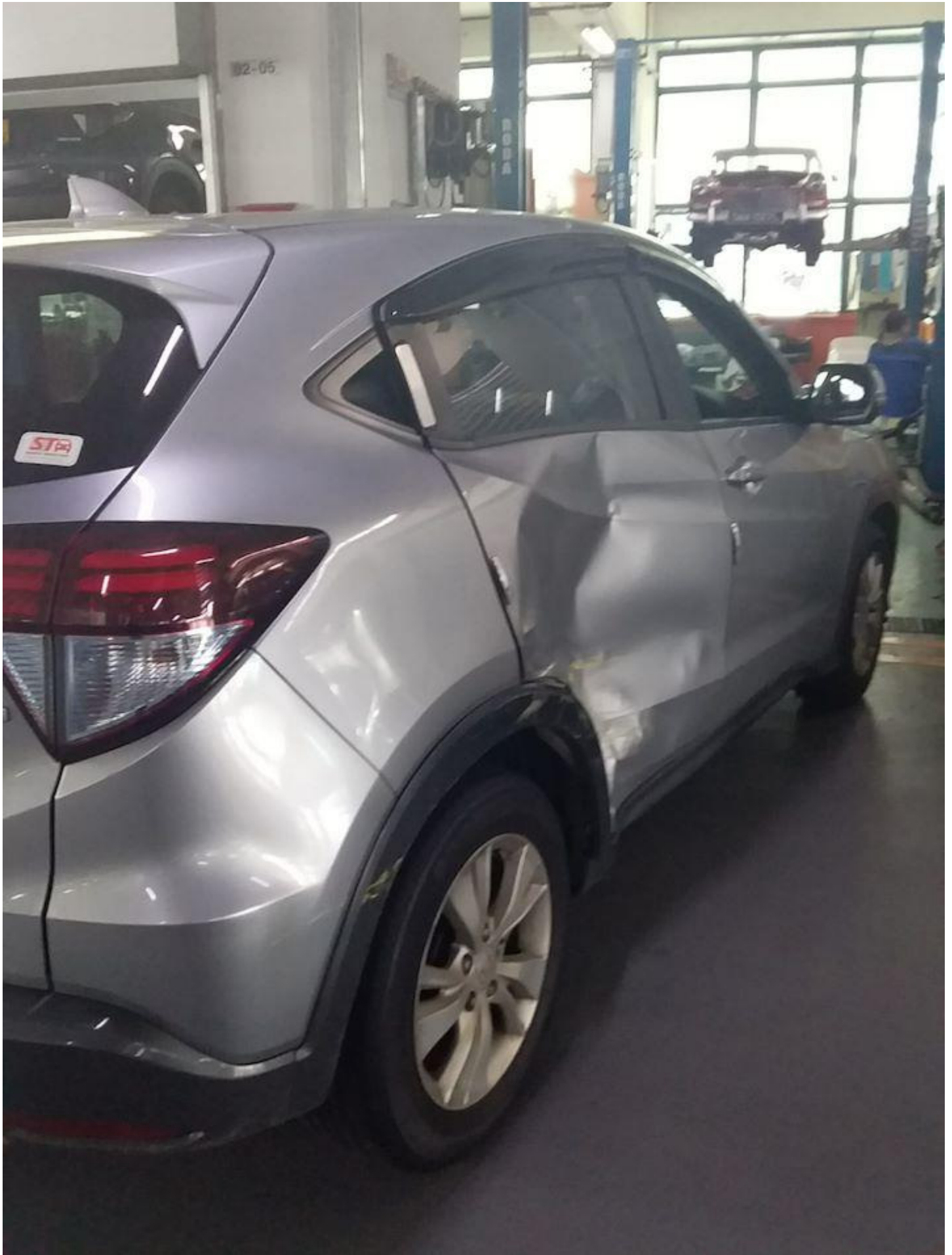

Witnessed by Reporting Centre Personnel

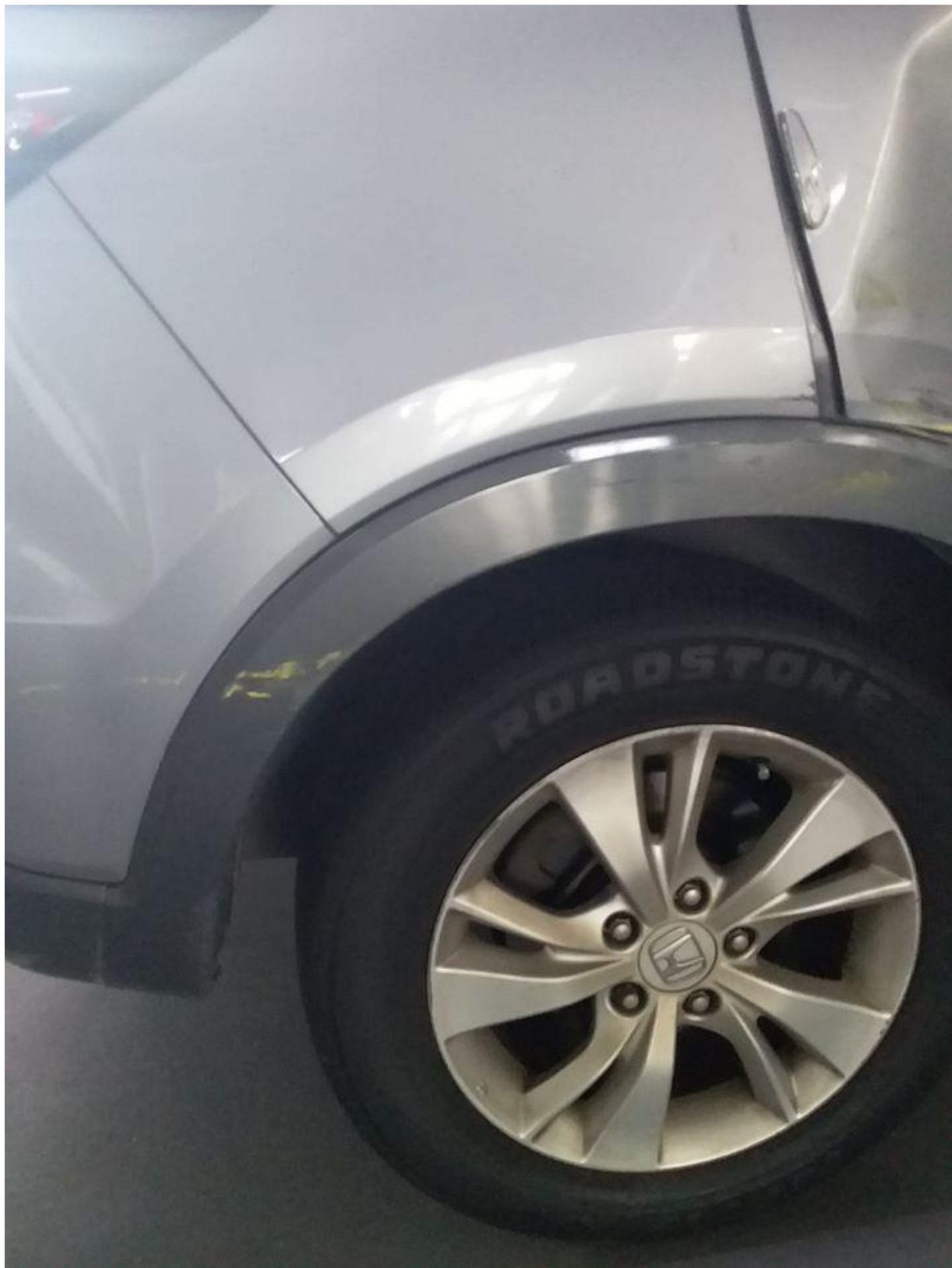


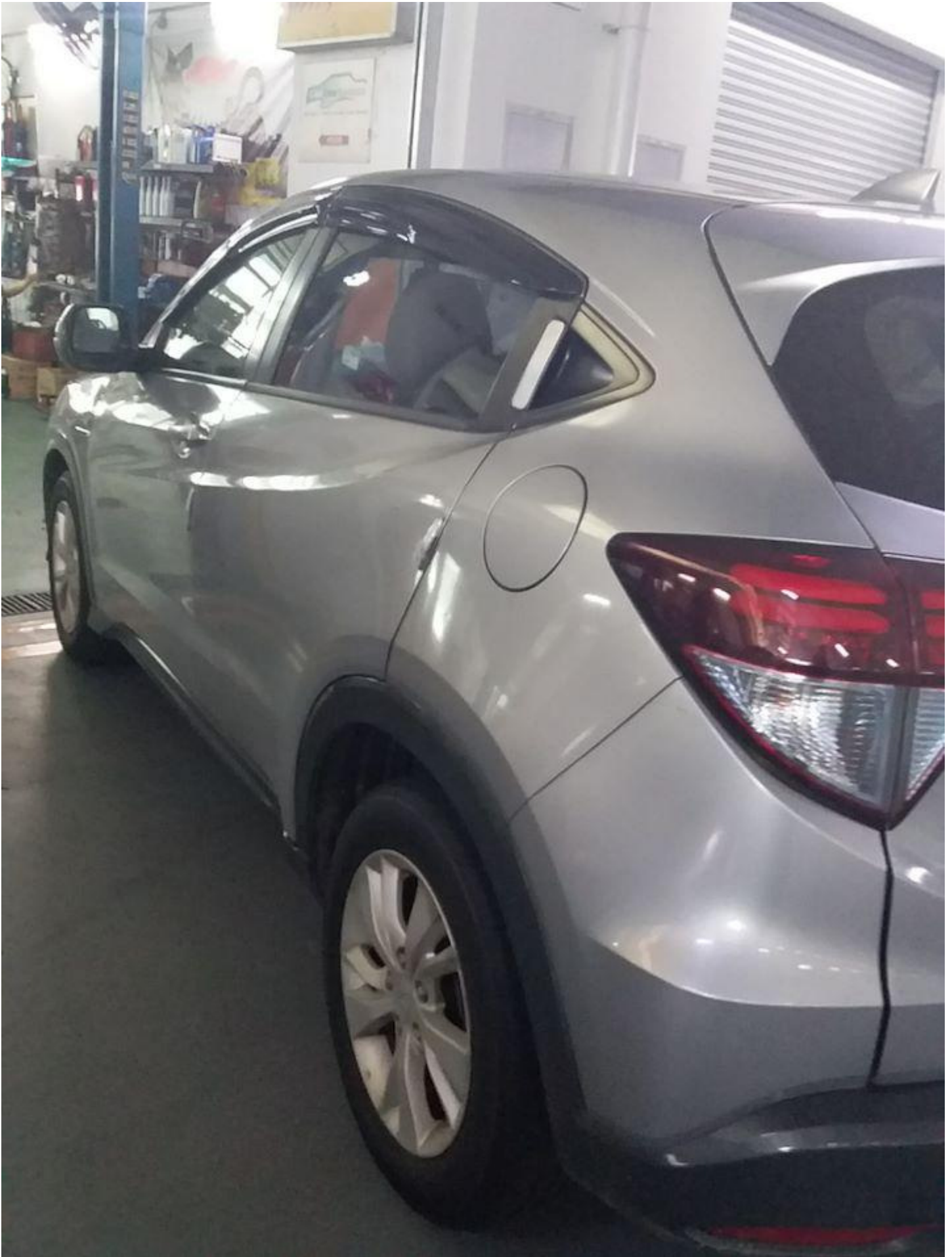














本田技研工業株式会社
型式 DAA-RU3
車台番号 RU3-1217142
T7BG0D7-NH830M -A -J















VFM PTE LTD (DRIVETHRU)

210 TURF CLUB ROAD A47 THE GRANDSTAND, SINGAPORE 287995

Tel: 6291 3113 Fax: 6286 9000

GST Reg. No.: 201523773K

HIRER PARTICULARS

Name/Company : KAN MUN CHEW

ID/NRIC No/ROC : S1783220D

Contact (HP) : 90713738

Contact (HOME) :

Date of Birth : 14/08/1986

License Pass Date : 12/07/1994

Address : BLK 177 #10-390
BOON LAY DRIVE
640177**RENTAL AGREEMENT HA202105-000011**

Rental Start Date: 14/05/2021

Rental End Date: 13/05/2022

Agreed Period: 52 Week(s)

Excess for Third : S\$

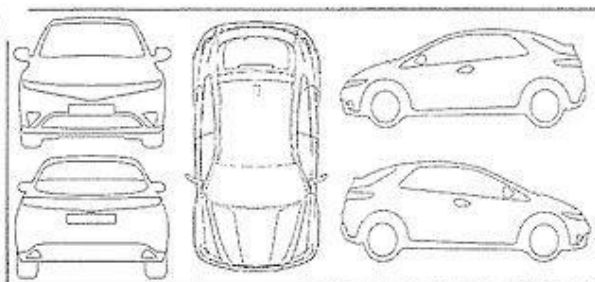
Party Insurance

VEHICLE INFO

Reg No : SLN9173J

Make : HONDA

Model : VEZEL HYBRID 1.5X A



Rate	405.61
GST Due	28.39
Others	21.00
Amount	455.00
Deposit (Refundable)	500.00
Total Amount Due	955.00

VEHICLE OUT

Date	Time	Mileage Out
14.05.21		
Petrol Out		
Low	1/8	2/8
3/8	4/8	5/8
6/8	7/8	Full
Hirer Name: KAN MUN CHEW		
Hirer Signature:		
Date:		
Checked By: <i>re-Contract</i>		
Staff Signature: <i>[Signature]</i>		
Date: 14.05.2021		

**VEHICLE IN**

Date	Time	Mileage In
Petrol In		
Low	1/8	2/8
3/8	4/8	5/8
6/8	7/8	Full
(Note: Petrol Level to be Return as it was Rented out)		
Hirer Name: KAN MUN CHEW		
Hirer Signature:		
Date:		
Checked By:		
Staff Signature:		
Date:		

Remarks: