SV0M2153000B / VICOM LTD (VAC) - Sin Ming [575718]
ENTRY DATE & TIME: 03/05/2021 13:42 (SGT)
SUBMITTED BY: James Ng Wing Kin
VERSION: 1 (03/05/2021 13:42 (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	03/05/2021 13:42 (SGT)
Date of Accident	03/05/2021 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9888X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW TEE YEW
NRIC No	SXXXX541C
Email Address	gabrielchew.gc@gmail.com
Mobile Phone No	(Phone) +65-84589888
Alternative Phone No	+65-84589888

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115242320-01 (CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	CHEW TEE YEW
NRIC No	SXXXX541C

Date Of Birth	11/10/1985
Occupation	Indoor
Date Of Driving Pass	02/11/2006
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84589888
Alt. Phone Number	+65-84589888
Email Address	gabrielchew.gc@gmail.com
Address	BLK 674B #12-694 YISHUN AVENUE 4 FERN GROVE @ YISHUN
Address complement	-
Postcode	762674
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

Type of Accident	Collision - Head to Rear
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

(ATTENDED BY: JAMES NG)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	CANNOT BE UPLOADED INTO SYSTEM
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7950G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	NG CHAN HOCK
NRIC No	SXXXX404I
Contact Number	(Phone) +65-96930751
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	CHEW TEE YEW
Address	BLK 674B #12-694 YISHUN AVENUE 4 FERN GROVE @ YISHUN
Address Complement	-
Post Code	762674
Approximate Age Years Old	35
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SMD9888X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

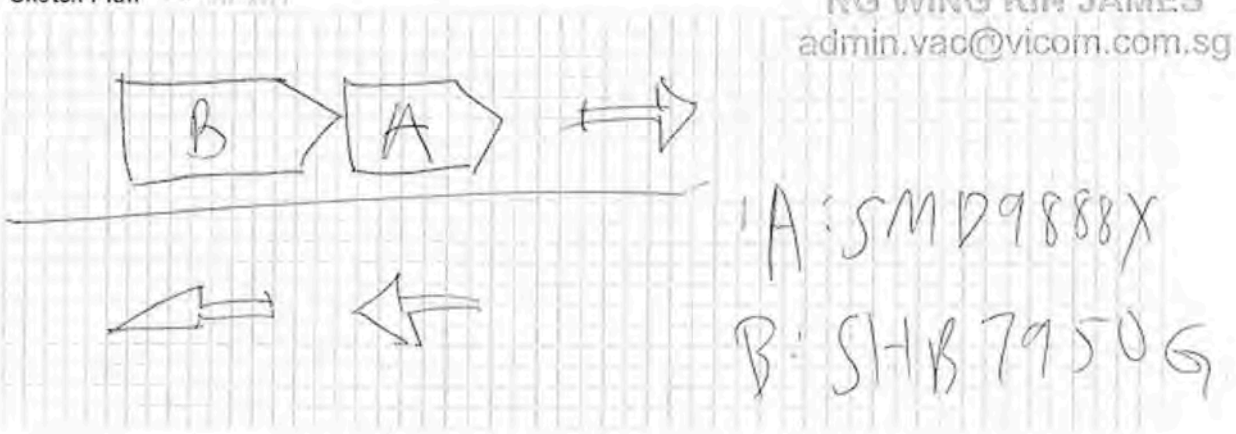
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

07 MAY 2021

NG WING KIN JAMES
admin.vac@vicom.com.sg



Describe Circumstances of the Accident

Refer Police Report

Declaration

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

VICOM ASSESSMENT CENTRE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

03 MAY 2021

NG WING KIN JAMES
admin.vac@vicom.com.sg

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

本田技研工業株式会社
型式 DAA-RU3
車台番号 RU3-1214933
T7BG0H7-R565M -A -J

SINGAPORE POLICE FORCE

T/20210503/2014

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20210503/2014

YISHUN NORTH NPC
31 YISHUN CENTRAL
SINGAPORE 768827
TEL: 6852 9999
FAX: 6852 2299

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
03/05/2021 10:21		40

Informant's Particulars

Name of Informant: CHEW TEE YEW			Address: APT BLK 674B YISHUN AVENUE 4 #12-694 SINGAPORE 762674	
ID Type / ID No.: NRIC NO / S8533541C			Contact No.: Home/Office:	Mobile: 84589888
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 11/10/1985	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: BANKER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/05/2021 08:15	Type of Location: Straight Road
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7950G	Car				No Damage	0
SMD9888X	Car	HONDA	VEZEL HYBRID 1.5X A	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20210503/2014

Report No. T/20210503/2014

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD9888X	NTUC Income Insurance Co-Operative Limited	5115242320-01	04/01/2021	03/01/2022

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	CHEW TEE YEW		ID No.	S8533541C	
Related Vehicle	SMD9888X (Car)		Contact No.	84589888	
Hospital/Clinic	ROYAL CARE MEDICAL YISHUN GROVE		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	03/05/2021		Date Discharge	03/05/2021	
No. of Days granted Medical Leave	05		Degree of Injury	Serious	
Driver					
Name	Ng Chan Hock		ID No.	S6826404I	
Related Vehicle	NIL		Contact No.	96930751	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 03/05/2021 at about 8:15am, I was driving my vehicle SMD9888X at along Yishun Avenue 1 towards Lentor Avenue. When I reached near to estuary condominium, a taxi SHB7950G and knocked on to the rear of my vehicle. My vehicle's rear bumper dislodge halfway. I sustain injury on my back hip and my rear neck. I had seen a doctor and I was given 5 days of MC.

SINGAPORE POLICE FORCE

T/20210503/2014

Report No. T/20210503/2014

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / SI MOHAMED SAHIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2021 10:21
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	Signature: