

VEHICLE NO: SNJ 9542 A	MAKE & MODEL: Mercedes Benz E200	AUTO / MANUAL
DATE OF ACCIDENT: 16 / 08 / 2024	CC: 1-8	
TIME OF ACCIDENT: 1355 HRS		
LOCATION OF ACCIDENT: PIE towards Tuas before KPE / Kallang bahn		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: Sevan S/O A Kumarasamy		
TEL NO:	H/P: 9105 5750	OFFICE: HOME:
NRIC: 868201341		
ADDRESS: Apt Bk 8 St. George's Lane #02-245 8 320008		
EMAIL: STEVE RAJOOO @ yahoo.com.sg		
CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY: YES / NO?		
INSURANCE COMPANY: EQ Insurance		
TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO: DMPPHQ23-005974		
NAME OF DRIVER: AS ABOVE / IF NO:		
NRIC: As above	ANY PASSENGER: NA	
DATE OF BIRTH: 23 / 05 / 1968	LICENCE PASSED DATE: 26 / 07 / 1988	
OCCUPATION: OUTDOOR / INDOOR		
GENDER: MALE / FEMALE		
CONTACT NO: H/P: As above	OFFICE: HOME:	
ADDRESS: As above		
EMAIL: As above		
DOES DRIVER OWNED ANY VEHICLE: NO / IF YES, REG NO:	INSURER:	
RELATIONSHIP: Owner		
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		
ROAD SURFACE: DRY / WET / OTHER:		
ANY INJURIES: NO / IF YES, WHO?		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? NO / IF YES, WHO?		
VEHICLE B REG NO: SHC 1317U	ANY PASSENGERS: unknown	
NAME OF DRIVER: Goh Kua Tet	CONTACT NO: 9697 5765	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
Any witness? IF yes, Name?	Witness Contact:	
WAS THERE ANY VIDEO CAPTURE? YES / NO		
WAS THERE ANY AUDIO RECORDED? YES / NO		
ACCIDENT SCENE PHOTOS TAKEN? YES / NO		
ACCIDENT PORTION: Rear Portion		
Have you been approach by unknown person soliciting to offering accident claims assistance? YES / NO		
WORKSHOP PARTICULAR: N-51 Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Steve 88215151		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		



**Describe Circumstances of the Accident**

As of above date & time, I was driving my vehicle (SNJ 9542A) along PIE towards Tuas on the Extreme left lane of a 4 lane Road. Before the exit of KPE / Kolling bahn, the vehicle in front of my vehicle slowed down & stopped. I followed accordingly. Out of a sudden, vehicle BC SHC 1317U) collided into the rear portion of my vehicle.

Video footage Attached.

**Declaration**

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



## 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

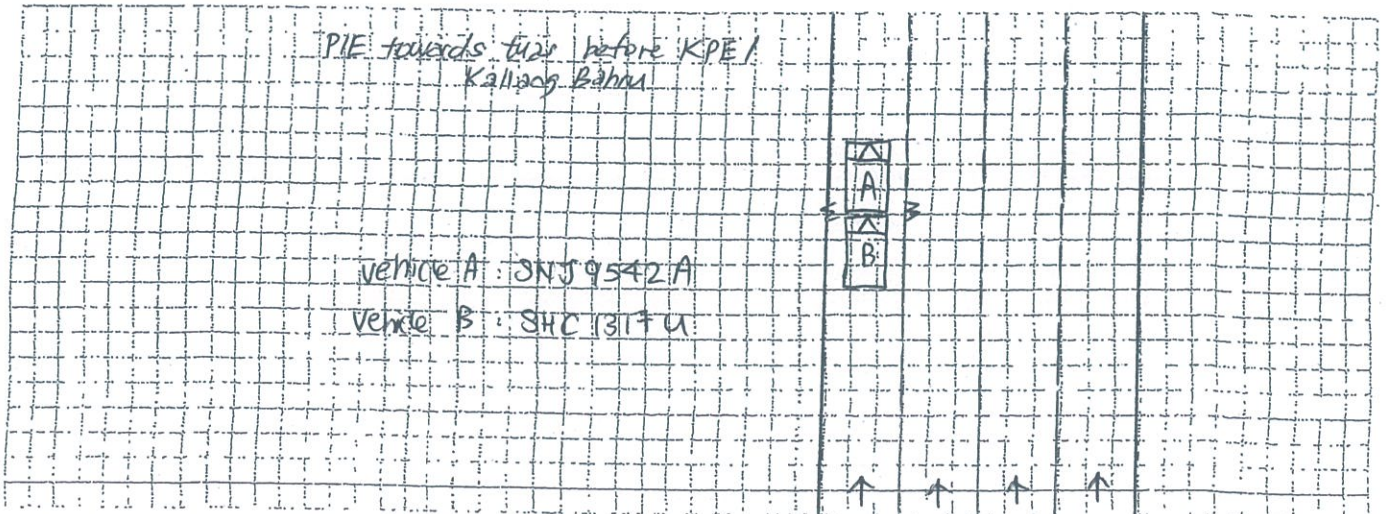
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





VEHICLE NO: SFG 90992

MAKE &amp; MODEL: Kia Cerato

AUTO / MANUAL

DATE OF ACCIDENT

19 / 08 / 2024

°C.C. 1.6

TIME OF ACCIDENT

1123 AM / PM

LOCATION OF ACCIDENT

Punggol Road towards Hougang Ave 10 before Riverside Drive

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / ~~PRIVATE USE~~ / PRIVATE HIRE

NAME OF OWNER

Lim Boon Chip

EMAIL LIM WILSON 1 @ HOTMAIL.COM

Office:

MOBILE 9339 2642

NRIC

S20463301

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY:

YES / NO ?

INSURANCE CO.

Tokio Marine

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

M2D03534

NAME OF DRIVER

AS ABOVE / IF NO: Lim Wee Song Wilson

NRIC

S99236542

DATE OF BIRTH

28 / 04 / 1944

ANY PASSENGER

YES / NO :

NAME OF PASSENGER

1

GENDER OF PASSENGER

MALE / FEMALE 1F

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

13 / 12 / 2023

GENDER

Male / Female

CONTACT NO.

Mobile: 9822-1629

Office:

EMAIL

ADDRESS

Apt B1K 17A Riverside Drive #05-76 S 54117

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes: Reg No.

INSURER:

RELATIONSHIP

Employee / If NO Grand Father

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who?

CONVEYED BY AMBULANCE

No / If yes: Who?

POLICE REPORT

No / If yes: Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO / IF YES: WHO?

VEHICLE B NO.

SMJ 3444 B

Any Passenger: NA

NAME

Johari Bin Ahmad

CONTACT NO.

9116 2419

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES NO

WAS THERE ANY AUDIO RECORDED?

YES NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

Person Reporting

Driver / Owner / Both

Original Language Used

English / Mandarin / Others:

Have you been approach by unknown person soliciting (s) /

Offering accident claims assistance?

YES NO

N-51 Automotive PK Ltd

Reception





Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SFG9099Z) along Punggol Road towards Hougang Ave 10 on the middle lane of 3 Lane Road. Before Rivervale Drive, The traffic light turned red. As such, I slowed down my vehicle to prepare to stop. Out of a sudden, vehicle B (SMJ3444B) collided into the rear portion of my vehicle.

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



## 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.
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.

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

