

DATE OF ACCIDENT	09 / 06 / 24		C.C. 18 2.0
TIME OF ACCIDENT	0810 AM / PM		
LOCATION OF ACCIDENT	77 Verde View outside		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Mohamad Haziq Bin Mohamad Nasir Juri		
EMAIL	HAZIQ NRJ @gmail.com	Office.	MOBILE 9766 3577
NRIC	89723212A		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY.	YES / NO ?		
INSURANCE CO.	Income		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	5145179698		
NAME OF DRIVER	AS ABOVE / IF NO.		
NRIC	As above		
DATE OF BIRTH	07 / 07 / 1997		
ANY PASSENGER	YES / NO:		
NAME OF PASSENGER	-		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	30 / 11 / 2016		
GENDER	Male / Female		
CONTACT NO.	Mobile: As above		Office.
EMAIL	As above		
ADDRESS	812 Yishun Ring rd #04-4157 (S) 760812		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.		INSURER.
RELATIONSHIP	Employee / If No. owner		
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.	SLH4945M Any Passenger: N.A.		
NAME	Ong Hock Soon		
CONTACT NO.	44785741		
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		

Right rear partition

N-51 Automotive Pte Ltd

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.

(X) 

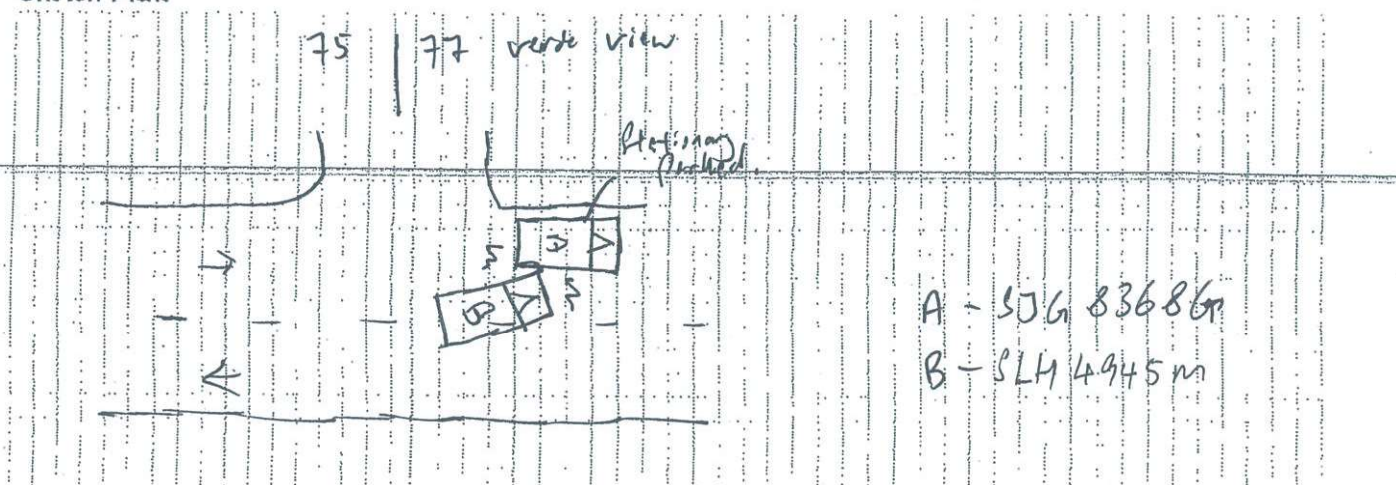
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per above date and time, my vehicle SJG 83686
was parked along Verde View outside 77 Verde
view. Suddenly I heard a loud bang sound
and I proceeded to check on my
vehicle. I discovered Vch (B) 3LH 4945M collided
onto my vehicle right rear portion.

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