

# Accident Reporting Draft

VEHICLE NO: SNA9726J

MODEL: BMW X1

AUTO/MANUAL

DATE OF ACCIDENT	6/9/2024	C.C: 1499
TIME OF ACCIDENT	1120	HRS <u>AM</u> /PM
LOCATION OF ACCIDENT	JALAN BUROH TOWARDS WEST COAST	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	NG BOON PENG	
CONTACT NO.	96795729	EMAIL: BPNG79@GMAIL.COM
NRIC	S7907964B	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY THIRD PARTY	
INSURANCE CO.	FWD	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: NG BOON PENG	
NRIC	S7907964B	ANY PASSENGER: 1
DATE OF BIRTH	10/3/1979	- GERALD PASTORIL (M)
OCCUPATION	OUTDOOR / <u>INDOOR</u>	
DATE OF DRIVING PASS	1/8/2020	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	96795729	EMAIL: BPNG79@GMAIL.COM
ADDRESS	APT BLK 254 KIM KEAT AVE #04-104 S(310254)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE / IF <u>NO</u> : OWNER	
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET / OTHER: DRY	
ANY INJURIES	NO / IF <u>YES</u> : YES	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES:	NOTICE OF INTENDED PROSECUTION GIVEN?
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES
VEHICLE B NO.	XE4783L	ANY PASSENGER: <u>unknown</u>
NAME	<u>unknown</u>	
CONTACT NO.		
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.		
PARTICULAR WORKSHOP	<div style="text-align: center;">   <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: ryderautoworkshop@gmail.com                  Tel: 67418277             </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE? NO / YES		

## 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

### JALAN BUROH

A: SNA9726J

B: XE4783L





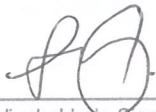
**Describe Circumstances of the Accident**

I (SNA9726J) WAS TRAVELLING ALONG JALAN BUROH. I HAD STOPPED AT THE TRAFFIC LIGHT AS IT WAS RED. SUDDENLY, VEHICLE B (XE4783L) REAR-ENDED MY VEHICLE.

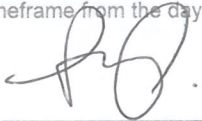
**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

## GIA ACCIDENT REPORT

## ACCIDENT DETAILS

Are you claiming under your own insurance policy for repairs to your vehicle?

☐ Yes - Claiming Own Insurance☒ No - Claiming Third Party☐ No - Reporting Only

Date:	Time:	Location:
6/9/2024	1120	JALAN BUROH TOWARDS WEST COAST

Type of Accident:	In-Car Camera Footage Available:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

## VEHICLE DETAILS

Own Vehicle		Third Party Vehicle or Property	
Vehicle Registration No: SNA9726J		Vehicle Registration No: XE4783L	
Vehicle Category: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade		Vehicle Category: <input type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade	
Vehicle Manufacturer:	Vehicle Model: BMW X1	Vehicle Manufacturer:	Vehicle Model:
Transmission: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Auto	CC: 1499	Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Auto	CC:
Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Private Use		Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use	
Number of passengers (including driver): 2		Number of passengers (including driver):	
Passenger name: - GERALD PASTORIL (M)	Passenger gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Passenger name:	Passenger gender: <input type="checkbox"/> M <input type="checkbox"/> F

## INSURANCE DETAILS

Own Vehicle Insurance Policy		Third Party Vehicle Insurance Policy	
Handling Insurer: FWD		Handling Insurer:	
Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT		Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT	
Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy/Cover Note Number: PNPV 2023-0000 4931	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy/Cover Note Number:
Registered Owner Name: NG BOON PENG		Registered Owner Name:	
ID Type: <input type="checkbox"/> Company Registration No. <input type="checkbox"/> Passport No./FIN <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.		ID Type: <input type="checkbox"/> Company Registration No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.	
Registered Owner ID: S7907964B		Registered Owner ID:	
Owner Address: APT BLK 254 KIM KEAT AVE #04-104 S(310254)		Owner Address:	
Owner Email: BPNG79@GMAIL.COM		Owner Email:	
Owner Mobile No: 96795729		Owner Mobile No.:	
Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:	Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.: