Date of Accident : 8/9/24 Accident Time: 1727 (24-HR-Format)

Accident Place : Woodlands Rd towards Choa Chu Kang after lane to Upper Bukit Timah

Vehicle. No. (Car Plate No.) : SLX 71989 Make/Model: _____

Insurace Company : DA Policy No: M7/00952702/03

Owner or Company Name /IC No. : Aaron Huang Laixing

Owner or Company Contact No. : _____ Owner's Hp 97774360 Company Tel

DRIVER'S Name / IC No. : S8120117

DRIVER'S Date Of Birth : 29.11.1981 DRIVER'S License Pass Date 09-09-2010

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: owner

DRIVER'S Address : 12 Fourth Avenue #02-42 S(268676)

DRIVER'S Contact No./ Alt No. :1) _____ 2) 9777 4360

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : beckham8@gmail.com

Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance

Number of Passengers (Including Driver): 2pax include driver

Was there any video Captured by car camera: YES \ (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use \ (Work purpose)

Any Injury (If YES, Pls state): Yes both injured

Other Party Driver's Particular (if any)

Vehicle. No: SLA 67K

Vehicle Make\Model: CBudget Direct

Name Driver: _____

IC No. Driver/Contact: _____

Vehicle. No: _____

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

(1) miss Aphakorn Panjachaiyawong (F)

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

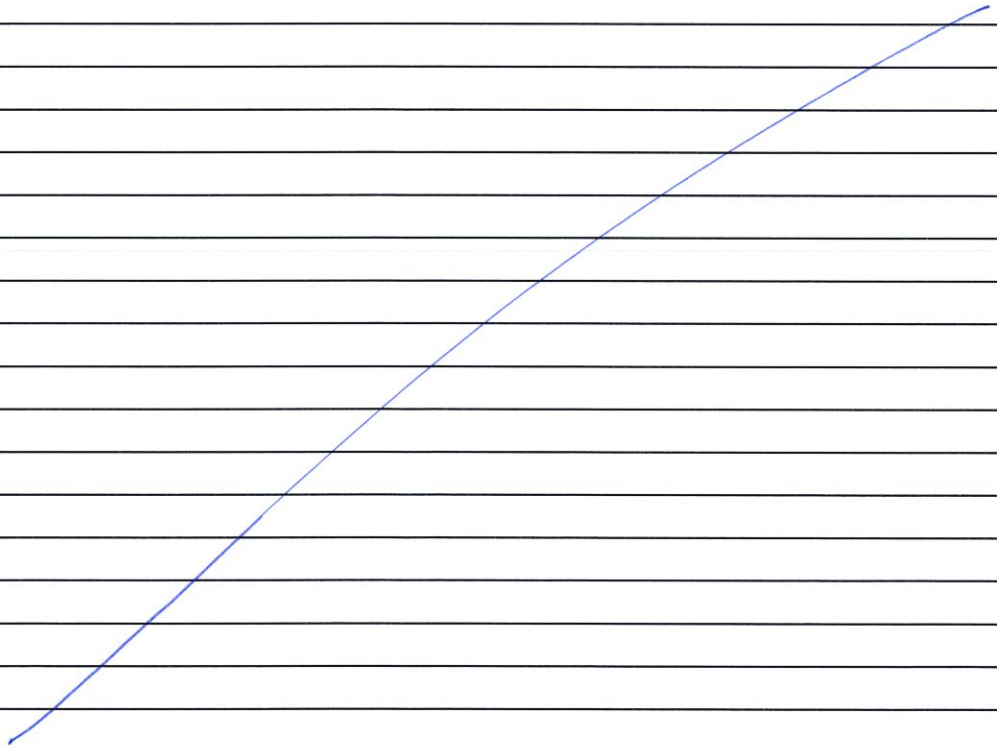
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 08.09.2024 at about 17:27hrs, I was travelling along Holland Rd Prds Choa Chu Kang Fifth Lane towards Upper Bukit Timah. Upon reaching the junction, I slow down and stop. While waiting for the main road to clear. All of a sudden, I felt an impact from the rear. I alight and realised a vehicle SLA 67K. The impact was great. My wife and I felt pain on our back, neck and shoulder. That's all



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