

VEHICLE NO: <u>SLQ8169M</u>	MAKE & MODEL: <u>Mazda 3</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT	<u>08.09.2024</u>	*C.C. <u>1,600</u>
TIME OF ACCIDENT	<u>4.05</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>Driveway of 552 Serangoon North Ave. 3</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	<u>Teo Wei Lun Eddy</u>	
EMAIL <u>WEILUN90@HOTMAIL.COM</u>	Office:	MOBILE: <u>9296 9229</u>
NRIC	<u>S9029284F</u>	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	<u>ECICS</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>MPU23800002900</u>	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC	<u>S9029284F S9029284F</u>	
DATE OF BIRTH	<u>20 / 08 / 1990</u>	
ANY PASSENGER	<u>YES</u> / NO: <u>3</u>	
NAME OF PASSENGER	<u>SHIRLEY (F) / Evaloo (F) / Emalee (F)</u>	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	<u>03 / 04 / 2009</u>	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: <u>92969229</u>	Office:
EMAIL:		
ADDRESS	<u>609B Tampines North Drive 1 #08-366 S(522609)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No: <u>Owner</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: <u>Who? Eddy Teo (M) / Shirley (F)</u>	
CONVEYED BY AMBULANCE	<u>No</u> / If yes: <u>Who?</u>	
POLICE REPORT	<u>No</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	<u>SMD539M</u>	Any Passenger: <u>unknown</u>
NAME		
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.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
Who is Reporting	Driver / Owner / <u>Both</u>	
Original Language Used	English / <u>Mandarin</u> / Others:	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / <u>NO</u>	

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 willful 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

(A) - SLQ 8169M
(B) - SMD 539M

B1
B2
A


B1 SE 2
Secangcon
North Mt 3


Describe Circumstances of the Accident

On the 08/09/2024 @ about 4.05p.m, along driveway of Blk 552 Serangoon North Ave. 3, I was going along the above mentioned driveway, and suddenly a vehicle (B) in front of me stopped and started reversing without caution and proper lookout. I tried to honk but to no avail, and the vehicle (B) collided into the front portion of my vehicle (A), causing damages to my vehicle. I have 3 other passengers in my vehicle.

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