

VEHICLE NO: SKJ 8615R	MAKE & MODEL: Honda civic	AUTO / MANUAL
DATE OF ACCIDENT	02 / 10 / 2024	C.C. 1.6
TIME OF ACCIDENT	1155 AM / PM	
LOCATION OF ACCIDENT	PIE towards tuas After paya lebar Rd	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Ong Choo Neo @ Ong Choo Neo, Margaret	
EMAIL	ONGMARGE @ Gmail.com	Office MOBILE 8128 0058
NRIC	80282903G	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES <u>(NO)</u>	
INSURANCE CO.	Income	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	5121846432-03	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO.	
NRIC	AS ABOVE	
DATE OF BIRTH	27 / 10 / 1946	
ANY PASSENGER	<u>YES</u> / NO:	
NAME OF PASSENGER	1	
GENDER OF PASSENGER	MALE / FEMALE (1F)	
OCCUPATION	Outdoor / <u>(Indoor)</u>	
DATE OF DRIVING PASS	08 / 04 / 1964	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: AS above Office:	
EMAIL		
ADDRESS	69 Jalan Pmtau Singapore 577119	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No:	INSURER
RELATIONSHIP	Employee / <u>Is Not</u> Owner	
WEATHER CONDITION	<u>Clear</u> / Raining / Other.	
ROAD SURFACE	<u>Dry</u> / Wet / Other.	
ANY INJURIES	<u>NO</u> / If yes, Who?	
CONVEYED BY AMBULANCE	<u>NO</u> / If yes, Who?	
POLICE REPORT	<u>NO</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B NO.	8NR 2673J	Any Passenger: NA
NAME	MR REYNARD	
CONTACT NO.	92239819	
VEHICLE C NO.	SLM 7658X	Any Passenger: NA
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>	
Person Reporting	Driver / Owner <u>(Both)</u>	
Original Language Used	<u>(English)</u> / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) /		
Receiving accident claims assistance?	YES <u>(NO)</u>	
N-51 Automotive Pte (td)	Rear Right & Front portion	

Describe Circumstances of the Accident


As of above date & time, I was driving my vehicle (SKJ 8615 R) along PIE towards Tuas on the 2nd from the right lane of a 4 Lane Rd. After passing Lebar Rd. vehicle C (SLM7658X) which was in front of my vehicle suddenly stopped. I followed accordingly. Out of a sudden, vehicle B (SNR 2673J) collided into the rear portion of my vehicle. Due to the impact, my vehicle surged forward & collided into the rear portion of vehicle D.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



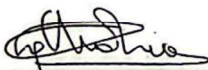
Driver's Signature (if driver is not the policyholder) / Date & Time


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

