

VEHICLE NO: GBG2228L

MAKE & MODEL: TOYOTA HIACE

AUTO / MANUAL

DATE OF ACCIDENT	22 / 10 / 2024	C.C.
TIME OF ACCIDENT	2.00 AM / (PM)	
LOCATION OF ACCIDENT	59 STEVENS ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	(EMPLOYMENT) PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	KN HARDWARE PTE LTD	
EMAIL	knhardware.2228@gmail.com	Office. MOBILE: 96952228
NRIC	201225828-W	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY	YES (NO)?	
INSURANCE CO.	ALLIANZ	
TYPE OF COVERAGE	Comprehensive / (Third Party) / Third Party Fire & Theft	
POLICY NO.	SP2.008448226-01	
NAME OF DRIVER	AS ABOVE / (IF NO) RENGASAMY MADHUMUTHU.	
NRIC	971513604	
DATE OF BIRTH	30 / 05 / 1976	
ANY PASSENGER	YES / (NO):	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	18 / 09 / 2014	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 85235194 Office. Home.	
EMAIL		
ADDRESS	17 LOR GELONG #21A	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes: Reg No.	INSURER.
RELATIONSHIP	(Employee) / If No.	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	(No) / If yes: Who?	
CONTACT NO.		
POLICE REPORT	(No) / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES: WHO?	
VEHICLE B NO.	GBF 46834	Any Passenger: 2
NAME	LRR. GIER. KONG.	
CONTACT NO.		Any Passenger:
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		
ANY WITNESS	NO	
WITNESS CONTACT NO.	NO	
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)	
WAS THERE ANY AUDIO RECORDED?	YES / (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	YES / (NO)	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?		
YES / (NO)		

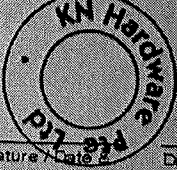
Describe Circumstances of the Accident

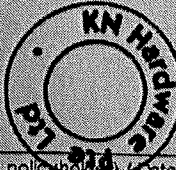
PARKING -

MY VEHICLE WAS ~~STATION~~ AT 59 STEVENS ROAD NEXT TO THE GATE OF THE HOUSE. A LORRY GBF4683Y REVERSE AND HIT ONTO MY VAN REAR PORTION. (THE WORKER CALL ME THAT MY VAN WAS HIT BY A LORRY AND SAW MY VAN WAS HIT. I START TAKE PHOTO AND VIDEO.

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.

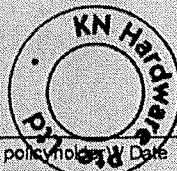
(collectively the "Purposes")

(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.



Signature



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

