DATE OF ACCIDENT	MAKE & MODEL : NISSAN SYLPH	1 AGO / KLANUAL
TIME OF ACCIDENT	22 / 06 / 2024	*CC: 1598
LOCATION OF ACCIDENT	1260 AM / (FAD)	
EXACT PURPOSE USED AT TIME OF ACCIDEN	The Chicago Court	
NAME OF OWNER	- INTALE USE / PRIM	TETIRE
	TAH TENG SUN	
NRIC EUROSUCCESSO202001		MOBILE: 9169 032
CLAIM TYPE	56815861C	
FLEET POLICY	OD / THE PARTY / REPORTING	ONLY
INSURANCE CO	YES / XO ?	
TYPE OF COVERAGE	LNOME	
	Comprehensive / Third Party / Third Par	ty Fire & Theft
POLICY NO	5142548502	
NAME OF DRIVER		
	AS ABOVE / IF NO. TAN TENG SU SG815861C	1 N
DATE OF BIRTH	20 104 1968	
ANY PASSENGER	YES/NO: (
NAME OF PASSENGER	RAMMOND	
GENDER OF PASSENGER OCCUPATION	AQVE / FEMALE	
DATE OF DRIVING PASS	Outliner / Indoor	
	10 /12 / 1986	
GENDER CONTACT NO	Mare / Female	
	Mobile 91690321	Office:
EMAIL ADDEESS	AS ABOVE	
ADDRESS DOES DRIVER OVER	1431	8-569
DOES DRIVER OWN OTHER VEHICLES?	Mo / If yes . Reg No.	INSURER:
RELATIONSHIP	Employee / If No. OUNER	ALTO ILL
WEATHER CONDITION	Clear / Raining / Other:	730
ROAD SURFACE	Dry / Vel / Other:	
ANY INJURIES	No / If Ver : Who? DRIVER	
CONVEYED BY AMBULANCE	Ng / If yes : Who?	
OLICE REPORT	16 / If yes : Where?	
OTICE OF INTENDED PROSECUTION GIVEN EHICLE B NO.	W QOIF YES: WHO?	
AME	SHC 499D Any Fassenger	
ONTACT NO	NAKHOVI	
EHICLE C NO	8089409	
EHICLE D NO	Any Passenger .	
CHICLE E NO	Any Passenger	
HICLE F NO	Any Passenger .	
IY WITNESS	Any Passenger :	
TNESS CONTACT NO WAS THERE ANY VIDEO CAPTURE?		
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / SO	
Person Reporting	Driver / Owner / Both	
Original Language Used	E. (B). (
e you been approach by unknown person	English / Mandarin / Others:	
ring accident claims assistance?	YES / Ng	

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 Actual 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
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 Ihird-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.

Folicyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

A: SLX 21A2S B: SHCA9AD A g

ANG

	SLX 21425 ALONG CTE BEFORE BRADDELL RD EXIT, I WAS DRIVING ON
L	THE TO THE CONTRACTED TO THE CONTRACTOR
L	TO STOP, I PELT AN IMPACT ON MY PEAR. I ANT DOWN AND REALISE THE
	VEHICLE B SHC HAGO DID HUT STOP IN TIME AND REAR ENDED ME.
	ion

der's Skinature / Date & Time