

VEHICLE NO: SMM 5516Z

MAKE & MODEL : OPEL ASTRA ST TURBO DIESEL
AUTO / MANUAL

| | | |
|--|--|--|
| DATE OF ACCIDENT | 18 / 11 / 2024 | *C.C. 1599 |
| TIME OF ACCIDENT | 0920 | AM / PM |
| LOCATION OF ACCIDENT | TAMPINES STREET 62 | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE | |
| NAME OF OWNER | FLEAT LEASINGG PTE LTD | |
| EMAIL: alvinsoonwj@gmail.com | Office: | MOBILE: 87525191 |
| NRIC | 202409375W | |
| CLAIM TYPE | OD / <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY | |
| FLEET POLICY: | YES / NO ? | |
| INSURANCE CO. | INCOME INSURANCE LIMITED | |
| TYPE OF COVERAGE | <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft | |
| POLICY NO. | 5145801097 | |
| NAME OF DRIVER | AS ABOVE / IF NO, ALVIN SOON WEI JIAN | |
| NRIC | S9426455C | |
| DATE OF BIRTH | 23 / 07 / 1994 | |
| ANY PASSENGER | YES / NO : | |
| NAME OF PASSENGER | ALVIN CHENG YANG - MALE, MARK LIEW JUN XIAN - MALE | |
| GENDER OF PASSENGER | <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE MUHAMMAD FAIZAL TANG XIANGWEI - MALE | |
| OCCUPATION | <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> Indoor | |
| DATE OF DRIVING PASS | 17 / 11 / 2020 | |
| GENDER | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | |
| CONTACT NO. | Mobile: 87525191 | Office: |
| EMAIL: | alvinsoonwj@gmail.com | |
| ADDRESS | 185 BOON LAY AVENUE #09-158 SINGAPORE 640185 | |
| DOES DRIVER OWN OTHER VEHICLES? | <input checked="" type="checkbox"/> NO / If yes, Reg No. | INSURER: |
| RELATIONSHIP | Employee / If No, OWNER | |
| WEATHER CONDITION | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other: | |
| ROAD SURFACE | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Other: | |
| ANY INJURIES | <input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes, Who? | |
| CONVEYED BY AMBULANCE | <input type="checkbox"/> No / <input checked="" type="checkbox"/> If yes, Who? | |
| POLICE REPORT | <input type="checkbox"/> No / <input checked="" type="checkbox"/> If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | <input checked="" type="checkbox"/> NO / IF YES, WHO? | |
| VEHICLE B NO. | SLK 3107G | Any Passenger: NIL |
| 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 <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| WAS THERE ANY AUDIO RECORDED? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| SCENE ACCIDENT PHOTOS TAKEN? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| Person Reporting | <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Owner <input type="checkbox"/> Both | |
| Original Language Used | <input checked="" type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Others: | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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

| | | |
|--|--------------------|--------------|
| | TAMPINES STREET 62 | A) SMM 5516Z |
| | | B) SLK 3107G |

Describe Circumstances of the Accident

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|---|
| On 18.11.2024 at about 0920hrs, I was travelling along Tampines Street 62. Upon reaching the |
| junction and about to turn to my left, I slow down. About moving slow, all of a sudden I felt an impact |
| from the rear. I stop and realised a vehicle SLK 3107G had hit onto my rear. That's all |

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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