	MAKE & MODEL: Honda Freed (AUTO) MANUA	
VEHICLE NO., SMK 5577.	200 1.5	
DATE OF ACCIDENT	17 / 11 / 2024	
TIME OF ACCIDENT	1630 AM / PM	
LOCATION OF ACCIDENT	DIE towards changi before kim kest LMK	
EXACT PURPOSE USED AT TIME OF ACCID	EMPLOYMENT / CRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	AW Km Leng	
EMAIL SEAN AW 05 @YOLOO	.com·s9 Office MOBILE 8189 6841	
NRIC	87731400H	
CLAIMAYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES (NO)7	
INSURANCE CO.	7.016	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
	7220023489-02	
POLICY NO.		
NAME OF DRIVER		
NRIC	AS above	
DATE OF BIRTH		
ANY PASSENGER	(ES/NO:	
NAME OF PASSENGER	MALD / CEMALB	
GENDER OF PASSENGER	Gutdoor / Indoor	
OCCUPATION		
DATE OF DRIVING PASS	22 / 07 / 1996	
GENDER	(Male) / Female Office.	
- CONTACT NO.		
EMAIL.	2 2 421/22	
ADDRESS	633A Ringgo) Drive #08-675 8 821633 INSURER	
DOES DRIVER OWN OTHER VEHICLES?	NO) / If yes: Reg No:	
RELATIONSHIP	Employee / If No. Owner	
WEATHER CONDITION	(Clear) Raining / Other-	
ROAD SURFACE	Dry / (Wet) / Other:	
ANY INJURIES .	No / Hyes Who?	
CONVEYED BY AMBULANCE	No) If yes - Who?	
POLICE REPORT	(No) If yes . Where?	
MOTICE OF INTENDED PROSECUTION GIVE	NO)IF YES, WHO?	
VEHICLE B NO.	SDK 9006U Any Passenger: Unknown	
NAME	Un known .	
CONTACT NO.	in known.	
VEHICLE C NO.	SmJ 2393X Any Passenger: unknown	
VEHICLED NO.	SLO: 98525 Any Fassenger: Unknown	
VEHICLEENO.	SLU 490US AND PASSERVED	
VEHICLE FNO.	Any Passenger:	
TY WITNESS		
ITNESS CONTACT NO.	YES (NO	
WAS THERE ANY VIDEO CAPTURE?	YES INO	
WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?	YED NO	
~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Driver / Owner (Both)	
Person Reporting		
Original Language Used	English) Mandarin / Others:	
a ve you been approach by unknown person	soliciting (s) / YES(NO)	
fering accident claims assistance?		
Rear & Front portion	Two Autorope Ptc Hd	

Describe Circumstances of the Accident
. As of above date of time, I was driving my vehicle
(SMK 5577 H) along PIE towards changi on the and from
·
the night lone of a 4 lone expression. Before km kept Links,
11
vehice E (SLU 4980S) which wer infront of my vehice, showed
down & stopped. I tollowed accordingly. Dut of a Sudden,
Vehicle B(8DK 9006 U) collided into the 1800 portion of my
vehicle. Due to the impact, my vehicle surged forward I collided
into the new portion of value E. I alignted & discovered.
THE TEMPORTURE OF VEHICLE F. F. STORY
I was involved in a 5 car chan Collinar involving vehicle
((SMJ 2393X) / Vehrce P (SLQ 9852S). I wish to state there
was two impacts from the rear causing my vehicle to hit wehrle
E twice.
• •
·

. Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Data & 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 Formmust 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 the 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' law yers/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' law yers/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 law yers/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		4 GIODINIA
Venere A : Smr.557 Nence B : Spr.900 Vener C : Smg 239 Venere D : 820 405	Toa Peyon	
Venus E SLA HAB		