

VEHICLE NO: SKP 2995B

MAKE &amp; MODEL : A7 TSI

AUTO / MANUAL

DATE OF ACCIDENT	21 / 11 / 2024	*C.C. 1399
TIME OF ACCIDENT	1508	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
LOCATION OF ACCIDENT	SERANGOON ROAD TOWARDS POTONG PASIR	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LIN MUI CHING	
EMAIL: YEOJUNJIE83@GMAIL.COM	Office:	MOBILE: 8303 0639
NRIC	S7876668I	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ?	
INSURANCE CO.	INCOME INSURANCE LIMITED	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5144618721	
NAME OF DRIVER	AS ABOVE / IF NO, YEO JUN JIE	
NRIC	T0171004J	
DATE OF BIRTH	20 / 09 / 2001	
ANY PASSENGER	YES / NO : <input type="checkbox"/>	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	11 / 02 / 2021	
GENDER	<input checked="" type="checkbox"/> Male / Female	
CONTACT NO.	Mobile: 8122 0017	Office:
EMAIL:	YEOJUNJIE83@GMAIL.COM	
ADDRESS	868 WOODLANDS STREET 83 #04-339 SINGAPORE 730868	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No, MOTHER	
WEATHER CONDITION	Clear / Raining / Other, DRIZZLING	
ROAD SURFACE	Dry / <input checked="" type="checkbox"/> Wet / Other,	
ANY INJURIES	No / If <input checked="" type="checkbox"/> yes, Who? DRIVER	
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> No / If yes, Who?	
POLICE REPORT	No / If <input checked="" type="checkbox"/> yes, Where? TP HQ ONLINE	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B NO.	YQ 1478M	Any Passenger,
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.	NIL	
WAS THERE ANY VIDEO CAPTURE?	YES / NO <input checked="" type="checkbox"/>	
WAS THERE ANY AUDIO RECORDED?	YES / NO <input checked="" type="checkbox"/>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO <input checked="" type="checkbox"/>	
Person Reporting	<input checked="" type="checkbox"/> Driver / Owner / Both	
Original Language Used	<input checked="" type="checkbox"/> English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="checkbox"/> NO	

## 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**



**Describe Circumstances of the Accident**

Ref to Police report No. 9/2024/121/2005

**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