VOLKSWAGEN GOLF VEHICLE NO: SKP 2995B MAKE & MODEL: A7 TSI AUTO / MANUAL , 2024 21 DATE OF ACCIDENT 111 *C.C: 1399 TIME OF ACCIDENT 1508 AM PM LOCATION OF ACCIDENT SERANGOON ROAD TOWARDS POTONG PASIR EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE PRIVATE HIRE LIN MUI CHING NAME OF OWNER EMAIL. YEOJUNJIE83@GMAIL.COM Office. MOBILE: 8303 0639 NRIC S7876668I THIRD PARTY CLAIM TYPE OD REPORTING ONLY FLEET POLICY. YES NO? INSURANCE CO. **INCOME INSURANCE LIMITED** TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. 5144618721 IF NO, YEO JUN JIE AS ABOVE / NAME OF DRIVER NRIC T0171004J , 09 DATE OF BIRTH 20 / 2001 ANY PASSENGER YES / NO: NAME OF PASSENGER GENDER OF PASSENGER MALE / FEMALE OCCUPATION Outdoor Indoor 1 2021 DATE OF DRIVING PASS 11 102 GENDER Male Female CONTACT NO. Mobile. 8122 0017 Office: EMAIL. YEOJUNJIE83@GMAIL.COM ADDRESS DOES DRIVER OWN OTHER VEHICLES? NO / If yes Reg No. INSURER. Employee / If No. MOTHER RELATIONSHIP WEATHER CONDITION Clear Raining DRIZZLING Other: ROAD SURFACE Dry / Wet / Other: ANY INJURIES No / If yes Who? DRIVER CONVEYED BY AMBULANCE No / If yes , Who? TP HQ ONLINE No / If ves Where? POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN NO/IF YES, WHO? VEHICLE B NO. Any Passenger. YQ 1478M 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 NIL WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YE / NO WAS THERE ANY AUDIO RECORDED?

/ NO

/ NO

YES NO

Driver / Owner / Both

English / Mandarin / Others:

SCENE ACCIDENT PHOTOS TAKEN?

offering accident claims assistance?

Person Reporting

Original Language Used

Have you been approach by unknown person soliciting (s) /

SKETCH PLAN

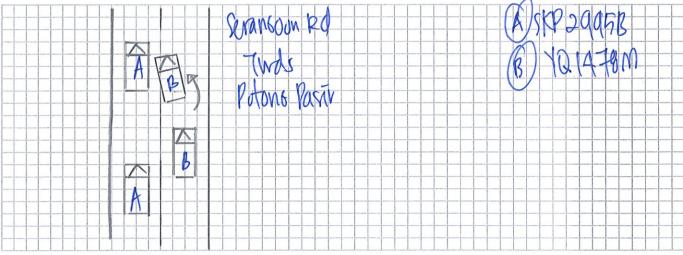
IMPORTANT NOTICE

- 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' 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 & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Time Personnel Sketch Plan



scribe Circuits	tances of the Accident
	De la 10 Pare mput Ho. P 2024 1121 7005
	12 to 10 rold with 10. 4 2024 1121 7099
	/

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