

VEHICLE NO: SLN 9110R

MAKE & MODEL : HONDA SHUTTLE 1.5G  
CVT ☒ AUTO / MANUAL

DATE OF ACCIDENT	21 / 11 / 2024	C.C. 1499
TIME OF ACCIDENT	1730	AM / <input checked="" type="checkbox"/> PM
LOCATION OF ACCIDENT	Sheares Ave	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ONG KAR THUAN	
EMAIL: daveong16@gmail.com	Office:	MOBILE: 9628 6942
NRIC	S7515109H	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	INCOME INSURANCE LIMITED	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5100794086-06	
NAME OF DRIVER	<input checked="" type="checkbox"/> AS ABOVE / IF NO:	
NRIC	S7515109H	
DATE OF BIRTH	19 / 05 / 1975	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO : NG PECK IMM (HUANG BIYIN)	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE <input checked="" type="checkbox"/> FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	17 / 07 / 2002	
GENDER	<input checked="" type="checkbox"/> Male / Female	
CONTACT NO.	Mobile: 9628 6942 Office:	
EMAIL:	daveong16@gmail.com	
ADDRESS	904 SIMS AVENUE #10-22 SINGAPORE 408968	
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 / Raining / Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other:	
ANY INJURIES	No / If yes: <input checked="" type="checkbox"/> Who?	
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> No / If yes: <input checked="" type="checkbox"/> Who?	
POLICE REPORT	No / If yes: Where? TP HQ ONLINE	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / YES: WHO?	
VEHICLE B NO.	SME 4380X Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	SKV 2159S Any Passenger:	
VEHICLE D NO.	SNS 3272X Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.	NIL	
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
Person Reporting	Driver / Owner / <input checked="" type="checkbox"/> 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

Sketch Plan diagram showing a vertical line with points labeled D, C, A, and B. To the right of the line, the text "Shearers Avenue" is written. Further to the right, four points are labeled A, B, C, and D, each followed by a vehicle registration number: A SLN 9110R, B SME 4380X, C SKV 21598, and D SNS 3272X.

**Describe Circumstances of the Accident**

Ref to Police report No: P/2024/121/H1

**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