

VEHICLE NO: SME913K

MAKE & MODEL: Mitsubishi Outlander ^{Auto / MANUAL}

*C.C. 2.0

DATE OF ACCIDENT

28 / 11 / 24

TIME OF ACCIDENT

11:55 AM / PM

LOCATION OF ACCIDENT

Loyang Ave twos Tampines before TPE

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

Ahmad Khushairi Bin Abidin

EMAIL: AHMADKHUSHAIRIABIDIN@gmail.com

Office:

MOBILE 9023 5295

NRIC

S8237047A

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY:

YES / NO?

INSURANCE CO.

ECICS

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

MPC 24P00271700

NAME OF DRIVER

AS ABOVE / IF NO.

NRIC

As above

DATE OF BIRTH

21 / 11 / 1982

ANY PASSENGER

YES / NO: 3. (1M, 2F)

NAME OF PASSENGER

Khalid (M), Farah (F), Maisarah (F)

GENDER OF PASSENGER

MALE / FEMALE

1 male, 2 Female

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

17 / 03 / 2004

GENDER

Male / Female

CONTACT NO.

Mobile: As above

Office:

EMAIL

As above

ADDRESS

444 Tampines Str 42 #02-136 (S) 520444

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes: Reg No.

INSURER

RELATIONSHIP

Employee / If No: owner

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who? Ahmad Khushairi, Khalid, Farah, Maisarah

CONVEYED BY AMBULANCE

No / If yes: Who?

(Observing)

POLICE REPORT

No / If yes: Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO / IF YES: WHO?

VEHICLE B NO.

G689683M

Any Passenger: N.A

NAME

GSK

Danish

CONTACT NO.

91909624

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 / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

Person Reporting

Driver / Owner / Both

Original Language Used

English / Mandarin / Others:

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

Offering accident claims assistance?

YES / NO

How

portion

Turner Automotive Pte Ltd.

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.

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

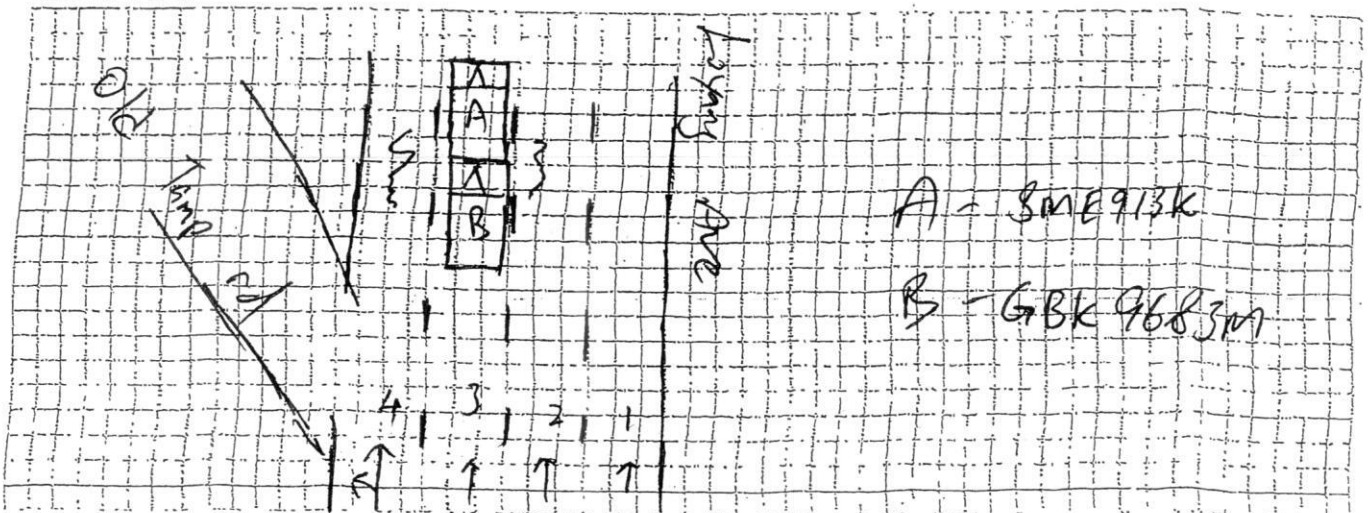
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

As per above date and time, I was driving SME913K along Loyang Ave towards TPE / Tanjong on lane 3. Somewhere before TPE, vehicle in front of me brake and stopped due to traffic ahead. As such, I brake and stopped as well. Out of sudden, Veh (B) - GBK 9683M which was behind me collided onto my vehicle rear portion. Video Footage attached.

Declaration

We declare the foregoing particulars are true in every respect.

✓ 

Policyholder's Signature / Date & Time

x 

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel