

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27/06/2024 (dd/mm/yy) Time of Accident: 16:30 (24-HR-FORMAT)

Vehicle No.: SFX 3111X Vehicle Make & Model: _____

Exact location of Accident: Paya Lebar Exit PIE

Policyholder's Name: Thng Kwok Leong I/C / UEN: 58201362H

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 8338 5536 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: thngcl82@gmail.com Insurance Company: Budget Direct

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☐ Outdoor

*No. of Passengers (Including Driver): 04 son

*Passanger Name: _____

Gender: ☒ Male / ☐ Female *Passanger

Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera?

☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Thng Kwok Leong

Injuries Sustain: _____ Injured Person in Which Vehicle: 2day (mc)

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHA 1029L

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact 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:

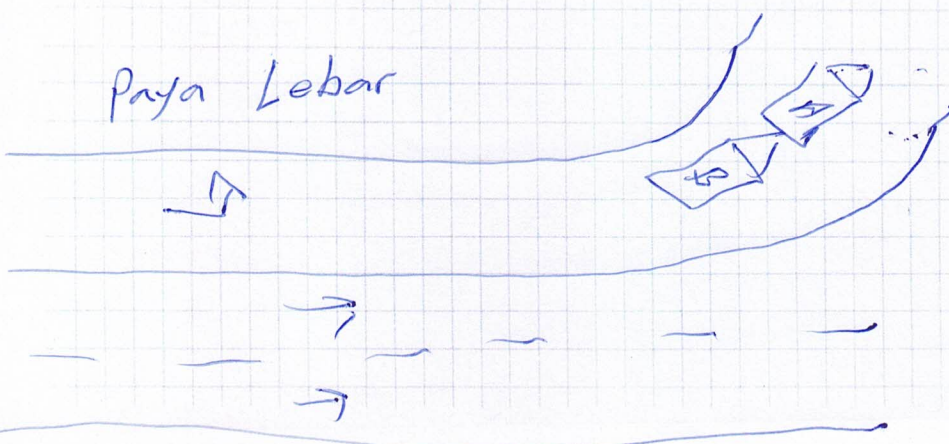
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A15FX 3111X
B25HA 1029L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was
stationary waiting for traffic clear, suddenly
I feel a strong impact from my rear
portions.

A: SFX 3111X

B: SHA 1029L

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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8201362H

Name: THING KWOK LEONG
(TANG GUOLIANG)

Birth Date: 20 Jan 1962
Issue Date: 06 May 2015

002413780G



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	03 Jun 2004
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	11 Nov 2009

NP 42BA

Licence No: S8201362H

A step-by-step guide on what you should do if you are involved in an accident:

1. Remain calm and do not panic.
2. Check if anyone is injured - if there is personal injury, call 995 for ambulance or 999 for police assistance.
3. Do not move your vehicle unless necessary, especially if there are personal injuries involved.
4. Take photographs/video footages of the accident scene and damaged vehicles/property.
5. Exchange information and particulars (eg: vehicle registration number, name, address, NRIC, contact number, insurer, etc) with all the other parties involved (including witnesses).
6. Do not admit any liability, whether verbally or in a written form.

Should you require any towing services or assistance, please call our 24-hours Claims hotline at 6221 2199 if you are in Singapore or +65 6540 2199 if you are overseas. Wait for a tow truck assigned by Budget Direct Insurance to tow your car - you should not accept help from any other towing service providers. You should also report the accident at any of Budget Direct Insurance's Authorised Workshops or Accident Reporting Centres within 24 hours of the accident or by the next working day.

Please contact any of Budget Direct Insurance's Authorised Workshops or Accident Reporting Centres to check on their availability and operating hours before you proceed to the respective workshop or reporting centre.

Budget Direct Insurance's Authorised Workshops / Accident Reporting Centres:

North	Central
<p>Automotive Repair Centre Pte Ltd 38 Woodlands Industrial Park E1 #05-18 Singapore 757700 Tel: 6468 8834</p> <p>Ah Lim Motor Company No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047 Tel: 6483 1244</p> <p>Auto Insure Pte Ltd 6 Marsiling Lane Singapore 739145 Tel: 3157 2626</p>	<p>Charn's Customcraft Blk 1010 Bukit Merah Lane 3 #01-105 Singapore 159724 Tel: 6271 7054</p> <p>Ah Lim Motor Company (Branch) 176 Sin Ming Drive #05-12 Sin Ming Autocare Singapore 575721 Tel: 6456 3637</p> <p>Premium Autocare Centre <i>(Specialises in Audi & Volkswagen vehicles)</i> 281 Alexandra Road Singapore 159938 Tel: 6474 3323</p>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8201362H



Name

THNG KWOK LEONG
(TANG GUOLIANG)

Race

CHINESE

Date of birth

20-01-1982

Sex

M

S8201362H

Country of birth

SINGAPORE

4879969



NRIC No. S8201362H



Date of issue

03-09-2012

Address

APT BLK 14 MARINE TERRACE
#03-184
SINGAPORE 440014