VEHICLE NO: SME2403(MAKE & MODEL: Subaru Forester WID MANUAL OG 12 2024 *C.C. 2,000		
DATE OF ACCIDENT	O		
TIME OF ACCIDENT	1,00		
LOCATION OF ACCIDENT	Guillemare Real		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	lee Junming, Martin		
EMAIL MAR11 _ TIN118 HO	TMAIL-COM Office: MOBILE, 9336 040		
NRIC	58201968E		
CLAIM TYPE .	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY	YES / 60?		
INSURANCE CO.	AIG		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
	1800113328-06		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO.		
NRIC	58201968E		
DATE OF BIRTH	08 1011 1987		
ANY PASSENGER	(YES/NO: 3		
NAME OF PASSENGER	Cheryl Chia(F)/Chloe Lee(F)/Clara Lee		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / (Indoor)		
DATE OF DRIVING PASS	19 1081 2004		
GENDER	Male / Female		
CONTACT NO.	Mobile: 9336 0405 Office.		
EMAIL.			
EMAIL: ADDRESS	39 Lorong 24 Geylang #04-12 5(3986)		
ADDRESS	39 Lorong 24 Greylang #04-12 5(3986)		
ADDRESS DOES DRIVER OWN OTHER VEHICLES?	10 / If yes Reg No. INSURER.		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP	Employee / If No: Owal		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION	Employee / If No. Oww.		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE	Employee / If No. Oww. [lear / Raining / Other: [Dry / Wet / Other:		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES	Employee / If No. Oww. [lear / Raining / Other: [Pro / Wet / Other: [No) If yes: Who?		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE	Employee / If No. Oww. Clear / Raining / Other: Pro / Wet / Other: No) If yes: Who?		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT	Employee / If No. Owal Clear / Raining / Other. Pro / Wet / Other. No If yes . Who? No If yes . Who?		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVE	Employee / If No. Oww/ Clear / Raining / Other: Pro / Wet / Other: No/ If yes: Who? No/ If yes: Who? No/ If yes: Who?		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN VEHICLE B NO.	Employee / If No. Owal Clear / Raining / Other. Pro / Wet / Other. No If yes . Who? No If yes . Who?		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVES VEHICLE B NO.	Employee / If No. Oww/ Clear / Raining / Other: Pro / Wet / Other: No/ If yes: Who? No/ If yes: Who? No/ If yes: Who?		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVE VEHICLE B NO. NAME CONTACT NO.	Employee / If No. Oww. Employee / If No. Oww. (lear / Raining / Other. (Pr) / Wet / Other. (No) If yes. Who? (No) If yes. Who? (No) If yes. Who? (No) If yes. Who? Any Passenger: Unlown.		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO.	Employee If No. Own/ Clear Raining Other: DO Wet Other: NO If yes: Who? NO If yes: Who? NO If yes: Who? NO If yes: Who? Any Passenger: Any Passenger:		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVES VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE D NO.	Employee / If No. Own/ Clear / Raining / Other: Pro / Wet / Other: No/ If yes: Who? No/ If yes: Who? No/ If yes: Who? Any Passenger: Any Passenger: Any Passenger:		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVE VEHICLE B NO. NAME CONTACT NO VEHICLE C NO VEHICLE D NO. VEHICLE D NO. VEHICLE D NO.	Employee If No. Owwo Clear Raining Other: Per Wet Other: No) If yes: Who? No) If yes: Who? No) If yes: Who? No) If yes: Who? Any Passenger: Unlown.		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO VEHICLE D NO. VEHICLE B NO. VEHICLE TOO.	Employee / If No. Own/ Clear / Raining / Other: Pro / Wet / Other: No/ If yes: Who? No/ If yes: Who? No/ If yes: Who? Any Passenger: Any Passenger: Any Passenger:		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVE VEHICLE B NO. NAME CONTACT NO VEHICLE C NO VEHICLE D NO. VEHICLE D NO. VEHICLE D NO.	Employee If No. Own/ Clear Raining Other. Do Wet Other. Do If yes. Who? No If yes. Who? No If yes. Who? No If yes. Where? No Any Passenger :		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVES VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE D NO. VEHICLE E NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	Employee If No. Own/ Clear Raining Other. Pro Wet Other. No If yes : Who? No If yes : Who? No If yes : Who? No Any Passenger :		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVES VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	Employee If No. Owar Clear Raining Other. Pro Wet Other. No If yes. Who? No If yes. Who? No If yes. Who? No If yes. Who? Any Passenger: YES No		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVES VEHICLE B NO. NAME CONTACT NO VEHICLE C NO VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?	Employee If No. Owar Clear Raining Other: Dry Wet Other No If yes: Who? No If yes: Who? No If yes: Who? No If yes: Who? Any Passenger: Any Passenger: Any Passenger: Any Passenger: Any Passenger: Any Passenger: YES No YES No YES No		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVE VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN? Who is Reporting	Employee If No. Owar Employee If No. Owar Clear Raining Other. Did Wet Other. No If yes : Who? Any Passenger : YES No		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVE VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE E NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN? Who is Reporting Original Language Used	Employee / If No: Owa/ Clear / Raining / Other: Pro / Wet / Other: So If yes: Who? No If yes: Who? No If yes: Who? No If yes: Who? Any Passenger: Any Passenger:		
ADDRESS DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVE VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO. VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN? Who is Reporting	Employee / If No: Owa/ Clear / Raining / Other: Pro / Wet / Other: So If yes: Who? No If yes: Who? No If yes: Who? No If yes: Who? Any Passenger: Any Passenger:		

7, 2, 3

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- The Formmust 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 alow 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
- 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)

Lunderstand, 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) wind have insured vehicles) involved in this accident (all insurer(s) wind 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;
- (w) 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 discussed by any of the insurers and/or GIA to their third party service providers or agents

(including their law yers/law firms),	w hich may be sited outside of Singapore, for one or more of t	he above Purposes.	
Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (if driver's not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel	
		(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	
(A) - SME 740 (B) - SMS 9892			

Describe Circumstances of the Accident
on the ob/12/2024 @ about 7.00 a.m., along Guillemand
Read towards Paya Lebar Road. I was travelling on the
extrem right lane of the above mentioned road before the
Lor. 28 Geylang junction. I slowed down and stopped
my Vehicle (A) due to red light, and suddenly, I
heard a loud bang from behind. Why I alighted, I
reglised it was Vehick (B) who had collided into the
rear portion of my Vehicle (A), rausing damages to
my vehicle.

Declaration

MVe declare the foregoing particulars are true in every respect

Folicyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel