Date of Accident	: 06/07/23 Accident Time: 1815 (24-HR-Format)
Accident Place	: MCE tunnel towards ECP (Stort of the tunnel)
Vehicle Reg. No. (Car Plate No.)	: SNC 3085D
Vehicle Make/Model	: Kia Sorento 2-2 CRDi 2199cc
Insurance Company	: Singlife Policy No. 11101159
Owner or Company Name /IC No.	
Owner or Company Contact No.	97842728 _{Owner's HpCompany Tel}
DRIVER'S Name / IC No.	: Aw Wai Wah Anders / S9 1357162
DRIVER'S Date Of Birth	: 07/10/91 DRIVER'S License Pass Date 18/06/10
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 776 Bedok Reservoir Road #12-23
DRIVER'S Contact No./ Alt No.	:1) 97842728 2) 92978527
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: anders-aw@hotmail.com
Weather & Road Surface	ELEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only (Claim Other Party)\ Claim Own Insurance
Number of Passengers (Including D	river): 2. Sim Poh Cheng Christing
Was there any video Captured by ca Exact purpose for which vehicle was	
Other F	arty Driver's Particular (if any)
Vehicle Pag No. CNID3293	

Vehicle Reg. No: SN - 32191

Vehicle Make Model: Toyota Altis

Name Driver: Loh Weng Keong Stephen

IC No. Driver: S7617859 C

Driver's Contact & Add: 97883852

273 c Compassuale link

#04-172 Singapore 543273

Vehicle Reg. No: SLV33814

Vehicle Make\Model: OPEL/Crossland X

Name Driver: M.A. Hussain Malik

IC No. Driver: S7662426G

Driver's Contact & Add: 96909786

Vehicle Reg No: SND&t24R

Vehicle Make/Model: Honda civic

Driver contact: 90998098.

NRIC: S7819374C

Name Driver : Ten Hong Liang Jude Gerarde

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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
- (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
- (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 & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
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	SLV3381Y My Vehicle	
	SL133011 CNC3085[)
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	SND3293P SNV	082211
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Describe Circumstances of the Accident
Vehicle Wehicle #1 Jammed brake due to traffic I'm in #2 Jammed brake as well upon seeing Vehicle #1. I stopped in time and did not
as well upon seeing vehicle #1. I strong in 172 Jammed brake
hit vehicle #1. I stopped in time and did not
Vehicle #3 could not stop in time and hit me (vehicle #2) from behind. The impact cause vehicle #2 to hit vehicle #1.
behind. The impact cause while and hit me (vehicle #2) from
to hit vehicle #1.
Declaration
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time