

VEHICLE NO: SM96701E

MAKE & MODEL: Peugeot 3008

AUTO 7 MANUAL

| | | | | |
|---|--|-------------------------|------------------|----------|
| DATE OF ACCIDENT | 12/07/2023 | | | 1.6 C.C. |
| TIME OF ACCIDENT | 5:40 AM / PM | | | |
| LOCATION OF ACCIDENT | BRE exit to Mandai | | | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | | | |
| NAME OF OWNER | Thong Moon Wing | | | |
| EMAIL | ALANTMW@GMAIL.COM | Office: | MOBILE: 96534334 | |
| NRIC | S7216077J | | | |
| CLAIM TYPE | OD / THIRD PARTY / REPORTING ONLY | | | |
| HELT POLICY | YES / NO? | | | |
| INSURANCE CO. | Budget Direct | | | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | | | |
| POLICY NO. | P10684312R01 | | | |
| NAME OF DRIVER | AS ABOVE / IF NO: | | | |
| NRIC | AS ABOVE | | | |
| DATE OF BIRTH | 11 / 05 / 1972 | | | |
| ANY PASSENGER | YES / NO: | | | |
| NAME OF PASSENGER | | | | |
| GENDER OF PASSENGER | MALE / FEMALE | | | |
| OCCUPATION | Outdoor / Indoor | | | |
| DATE OF DRIVING PASS | 05 / 04 / 1997 | | | |
| GENDER | Male / Female | | | |
| CONTACT NO. | Mobile: | Office: | Home: | |
| EMAIL | As above | | | |
| ADDRESS | 11 Marsiling Drive #10-08 S(730011) | | | |
| 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? | | | |
| CONTACT NO. | | | | |
| POLICE REPORT | No / If yes, Where? | | | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | | | NO/IF YES: WHO? | |
| VEHICLE B NO. | SRR7277Y | | Any Passenger: V | |
| NAME | | | | |
| CONTACT NO. | | | | |
| 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 | | | |
| **WORKSHOP: | | Zoom Autoworks Pte Ltd. | | |
| Have you been approach by unknown person soliciting (s) / | | | | |
| Offering accident claims assistance? | | | | |
| YES / 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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;

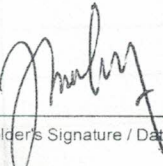
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

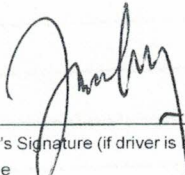
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

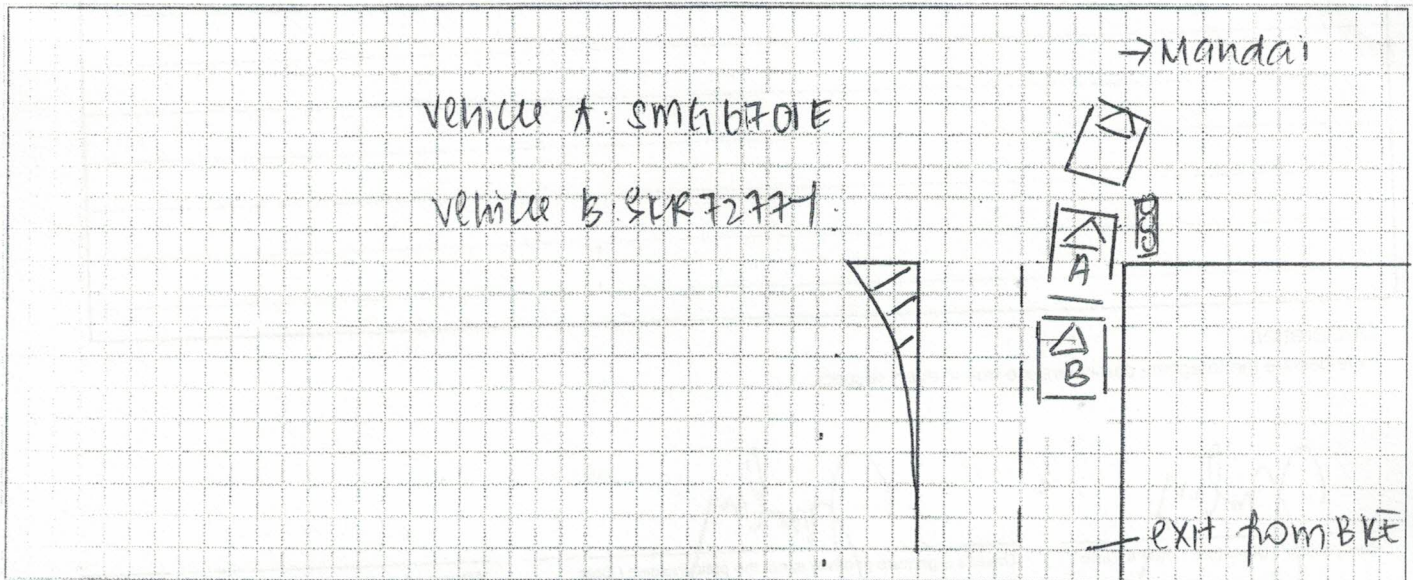
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

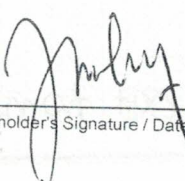


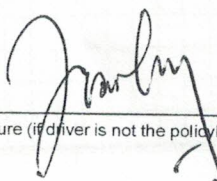
Describe Circumstance of the Accident

On the stated date and time, I, vehicle
A, was travelling along the stated venue. There
was a jam ahead thus I stopped my vehicle.
Suddenly, I felt an Impact on my vehicle's
rear portion.

Declaration

I/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
(Name as in NRIC/ID card)