DATE OF ACCIDENT	MAKE & MODEL: Hada CTUTC (AUTO) MANUAL
TIME OF ACCIDENT	02 107 2024 °CC 1600
LOCATION OF ACCIDENT	0740 M/W
EXACT PURPOSE USED AT TIME OF ACCIDENT	PIE towards ECP (changi)
	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE
NAME OF OWNER	Ong Boan Leang Vincent
EMAIL: VINZS	HORATACH COM Office MOBILEAHAL
NRIC /	579175115
CLAIM TYPE	
FLEET POLICY.	YES / NO ?
NSURANCE CO.	
TYPE OF COVERAGE	Comprehensive) / Third Party Third Party Fine & These
POLICY NO.	The state of the s
	5137501841
NAME OF DRIVER	AS ABOVE) / HENO.
DATE OF BIRTH	ZIIBFIPFZ
	17 106 11979
ANY PASSENGER	YES (NO: -0-
NAME OF PASSENGER	
GENDER OF PASSENGER OCCUPATION	MALE / FEMALE
	Outdoor / Indoor
ATE OF DRIVING PASS	28/11/2000
ENDER	Male / Female
ONTACT NO.	Mobile Home.
MAIL.	Vin 2207@hotmail.com
DDRESS	65, POET RIS Drive #06-04,87(519880)
OES DRIVER OWN OTHER VEHICLES?	U(1) /: (1-16-16-16-16-16-16-16-16-16-16-16-16-16
ELATIONSHIP	Freed
VEATHER CONDITION	OMITER
OAD SURFACE	Other: Drizzling Other: Drizzling
ny injuries	No If yes, Who?
ONTACT NO.	Constitution of the second of
PLICE REPORT	No) If yes. Where?
OTICE OF INTENDED PROSECUTION GIVE	NOVIEWES WHO?
HICLE B NO.	SNC 1681X Any Passenger.
AME :	Benjamin
DNTACT NO.	87488669
HICLE C NO.	Any Passenger .
HICLE D NO.	Any Passenger :
HICLE E NO.	Any Passenger:
HICLE F NO.	Any Passenger:
Y WITNESS TNESS CONTACT NO	
WAS THERE ANY VIDEO CAPTURE!	
WAS THERE ANY AUDIO RECORDED?	H5//Q
SCENE ACCIDENT PHOTOS TAKEN?	HS /NO
**WORKSHOP:	HE VO
	Lee Brothers Automotive Pte. Ltd
ye you been approach by unknown persor	Ten Station (a)

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:

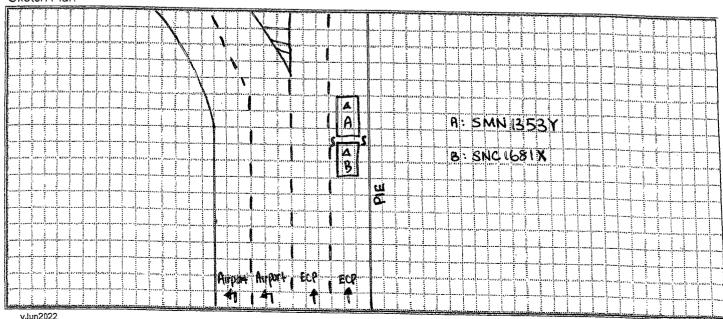
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



	0003	(181	enuny	atorio) PIE	-tom-	W(N)	ELPCU	rangi) on c	2/07/20:	24 2+
bout	170	t0 hrs.	I wa	syt 28	velling	Stra	iight	when	the	vehicle	infront	Stopped
follo	DW	Suit.	Sudde	inly I	felt	an im	pact	from	the	rear.	we alic	ynted
xcha	nge	parti	culars	and	left	the	scene					
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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)