

VEHICLE NO: SMM3525K

MAKE & MODEL: Toyota Noah

AUTO / MANUAL

DATE OF ACCIDENT	20.10.2024	*C.C. 1.8
TIME OF ACCIDENT	1740 hrs	AM / PM
LOCATION OF ACCIDENT	17 Verde View	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Lee Man hon	
EMAIL	ManHonovic13@hotmail.com	MOBILE: 9669 1813
NRIC	S74 123131	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	MSi9	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	A 300903702 QMY	
NAME OF DRIVER	AS <u>ABOVE</u> / IF NO:	
NRIC	-	
DATE OF BIRTH	19.10.1974	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	N:1	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	26.10.2010	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: - Office: -	
EMAIL	-	
ADDRESS	241 Bukit panjang ring road #07-145 S670241	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If <u>NO</u> , Owner	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>NO</u> / If yes, Who?	
CONVEYED BY AMBULANCE	<u>NO</u> / If yes, Who?	
POLICE REPORT	<u>NO</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B NO.	SLA7120T	Any Passenger: unknown
NAME	Wong Rachel Jing Yi	
CONTACT NO.	9862 7659	
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
Person Reporting	<u>Driver</u> / Owner / Both	
Original Language Used	English / <u>Mandarin</u> / Others:	
Have you been approach by unknown person soliciting (s) /		
Offering accident claims assistance?	YES / <u>NO</u>	
N-51 Automotive pte Ltd	Rear right portion	

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

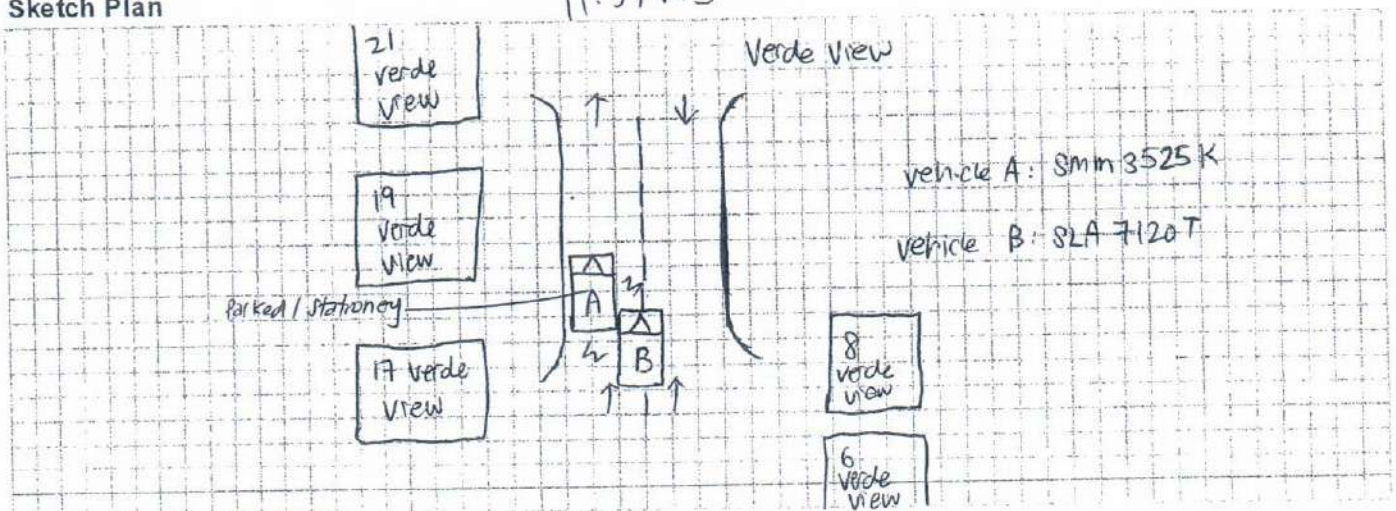
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As mention date and time, I parked my vehicle (SMM3525K) between 17 and 19 Verde View and Left for Soccer Lesson and was informed that my vehicle was hit. My vehicle was Hit by Vehicle B5(SLA7120T) front left portion toward the rear right portion of my vehicle, The impact was huge that my vehicle's media player fell out of the housing.

Declaration

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

(x) 

Policyholder's Signature / Date & Time



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

22/7/24
11:57 hrs

Witnessed by Reporting Centre Personnel