Fastech

Date of Accident: 24/11/17	Accident Time: 8 roam				
Vehicle (A) No: SKP 54722	Make Model: Alissan				
Location: BIK 110 McNair Road carport					
Owner Name: Singer coffee Corporation Lta					
Owner Name: Super coffee Corporation Ltg Owner Address: 30 Than Link 2					
5 638568					
Owner NRIC: 200821994 Email:					
HP: Home:	Office:				
Insurance Company: , MSL (3)	Insurance Policy No:				
(Comprehensive / Third Party / Third Party Fire	: & Theft) 2893 026				
Driver Name: yeo Peck How					
Driver NRIC: S1368283F	Date of Birth: 21/12/1959				
Driver Contact No: 963 78503	Occupation: Outclos				
Driving License Pass Date: 6/4/1999	Relationship With Owner: Employee				
Ę Į					
Claiming Under: (Own Damage Claim / Third Party Claim / Reporting Only)					
Weather Condition: (Clear / Raining / Drizzling / After Rained)					
Road Surface: (Wet / Dry)					
Damage Portion of Vehicle(A): Rear / Front / Right Side / Left Side / Chain Collision					
Anyone Injured: YES / NO	Name:				
Police Report: YES/(NO	If YES, Where:				
Passenger In Vehicle (A):					
Witness Name:	NRIC: HP:				
Vehicle (B) No: SK X 2553B	Vehicle (C) No:				
Driver Name:	Driver Name:				
Driver NRIC:	Driver NRIC:				
Contact No:	Contact No:				
Insurance: Alg	Insurance:				
Damage portion of vehicle(B):  Damage portion of vehicle(C):					
Vehicle (D) No:	Vahiala (D) No.				
Driver Name:	Vehicle (E) No:  Driver Name:				
Driver NRIC:	Driver NRIC:				
Contact No:	Contact No:				
Insurance:	Insurance:				
Damage portion of vehicle(D):	Damage portion of vehicle(E):				
Daniago porton of volitoro Lj.					

## 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 lodgment 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:

- 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)
  - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection. investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders

Date & Time:

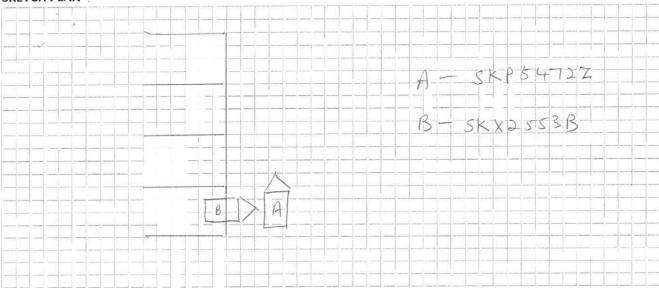
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUISTANCES OF THE ACCIDENT						
on 24/11/17 at 8.	10am, 1 was	driving my	vehicle (A	) at		
BIKILO MUNAIT RO	oad cerperk.	Suddenly V.	ehicle (B)	coming		
out from the c	expert lot o	and hit on	my LH	side		
portion.						
S	KP-5472Z -	1 pursenge	r			

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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: