

Date of Accident: 31/12/2017	Accident Time: 9:10PM	
Vehicle (A) No: SSP8861B	Make Model: BMW 520	
Location: CNE BOWARD AVE AFTER BRADLEY EXIT		
Owner Name: Lim Poh Cheow		
Owner Address: B1K 607 HANGY AVE 4 #01-125 SINGAPORE		
Owner NRIC: S1395433Z	Email:	
HP: 94877818	Home:	Office:
Insurance Company: China Taiping (Comprehensive / Third Party / Third Party Fire & Theft)		Insurance Policy No: DMP CN 3052251700
Driver Name: Tan Wee Chiew		
Driver NRIC: S8811749E	Date of Birth: 22/5/1988	
Driver Contact No: 90278816/88081988	Occupation: PROJECT MANAGER	
Driving License Pass Date: 12/12/2014	Relationship With Owner: MOTHER & SON	

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: SLD2365K	Vehicle (C) No: S1R4912E
Driver Name:	Driver Name:
Driver NRIC:	Driver NRIC:
Contact No:	Contact No:
Insurance: AIG	Insurance:
Damage portion of vehicle(B):	Damage portion of vehicle(C):

Vehicle (D) No: SLN22914	Vehicle (E) No:
Driver Name:	Driver Name:
Driver NRIC:	Driver NRIC:
Contact No:	Contact No:
Insurance:	Insurance:
Damage portion of vehicle(D):	Damage portion of vehicle(E):

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:

- (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.
- (d) 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.



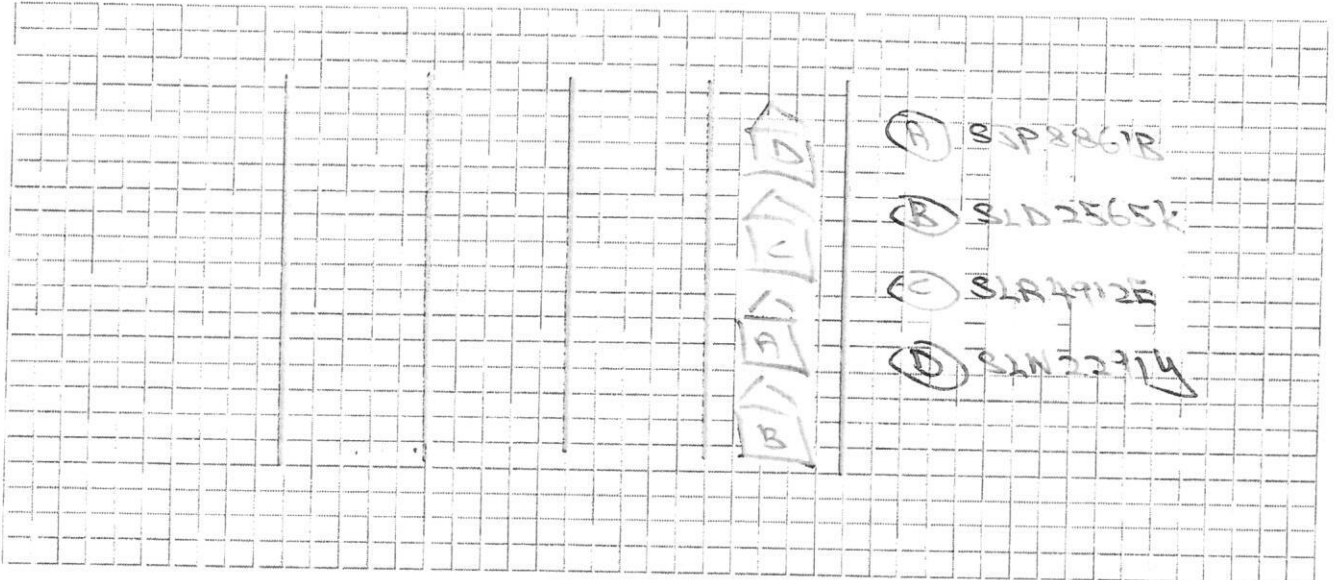
Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 31/12/17 at 9.10pm, I was driving my vehicle (A) along CTE towards AGE. In front of the vehicle (C) stop. A fellow suit, suddenly vehicle (B) hit on my rear portion and cause my car to push forward and hit on vehicle (C). There were 4 cars involved in an accident.

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.: