

NATIONAL Assessment Centre Services		Date: 16/01/18		MNA 118007945	
Date In: 16/01/18 13:35	Job description	Date & Time Completed	Done by		
Ref No: NA/INC 18000930/h4	SAS e-filing				
Veh No: SKT 7124 U	E-mail (within 3hrs, A/C 2hrs)				
D.O.A: 15/11/18 06:55	i-Motor Claim Form	MT10978066	16/1/18 14:12		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)				
	i-Photo Uploaded				
	Assessment/Survey Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp				

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: SFF 773A	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel:	
Policy No: (	Period: (	Cover Type: (	
Confirmed by: (		Date:	Time:
Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79% F: 80-100%]			
Year of Registration: ( ) Warranty: YES ( ) / NO ( )			
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )			
General Remarks:-			
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.			
( ) Total Loss Case: to e-mail Insurer URGENTLY.			
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )			

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1800395		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Inc Bill	Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2018)			
		6) TR: Re-inspection \$75			
		7) N1: Ideal DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OT:			
QC Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$14			
		*N8: DV / Collect Excess Coordination \$4			
Auditors' Comments:-		TP (N11): TP (N11 INC) against INC \$20			
Cat 1:-		9) N12: Ideal Mobile \$0			
Cat 2 / 3:-		Invoice dated Fee Charged			
		Invoice dated Fee Charged			



## SINGAPORE ACCIDENT STATEMENT

### 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 ability.
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. This report will be forwarded by the insurers of 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.

### ACCIDENT STATEMENT

Date Of Report	16/01/2018 13:35
Date Of Accident	15/01/2018 06:55
Exact Location Of Accident	CLEMENTI AVE 6 TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT7124U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EXALT LIMOUSINE SERVICE
Co Reg No	53195113L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97304068

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z-A EDITION A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

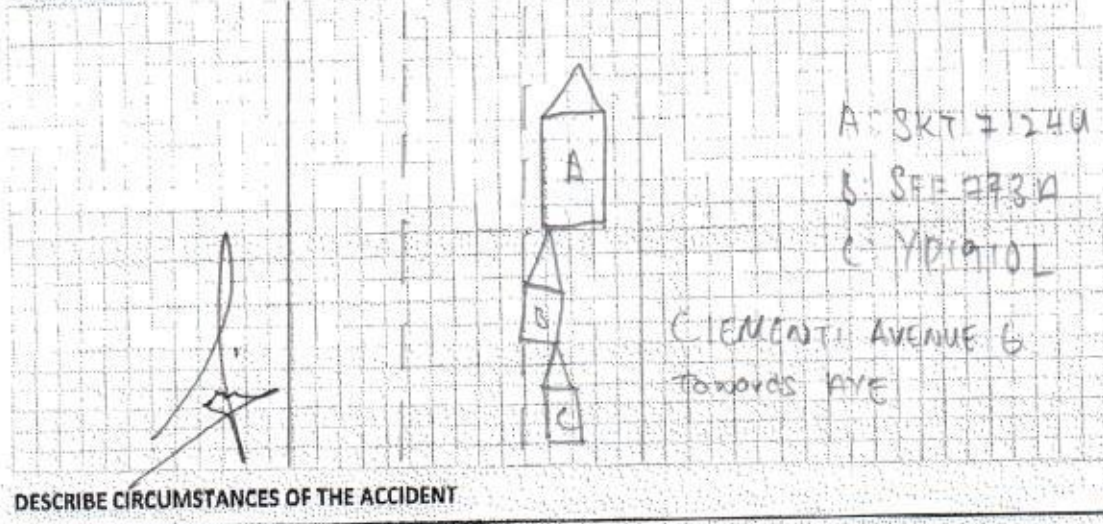
### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071960896-02
Cover Note Number	-

### Driver

Name of Driver	MOK THYE MUN
NRIC No	S1442565I
Date Of Birth	19/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1981
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97304068
Fax Number	
Contact Number	
Email Address	NOEMAIL

SKETCH PLAN



A: SKT 71240  
B: SEE 77314  
C: YD1910L

CLEMENTI AVENUE 6  
TOWARDS AVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along clementi ave 6 on the most outer right lane; I was stopping for a red light behind the vehicle in front of me. Suddenly I felt a impact on the rear portion of my vehicle. When I alighted the car I realized there's 3 vehicles involve.



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.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 15 - 01 - 2017 (DD/MM/YY) Time: 06:53am (HH:MM)
Exact location of accident	CLEMENTI AVE 6 TOWARDS KAYE

## Details of vehicle

Vehicle registration number	SKT 7124U		
Vehicle make and model	TOYOTA VELLFIRE		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	LIMOUSINE		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

## Insurance information

Insurance company	NAC		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## Insured / Policy holder

Name	EXALT LIMOUSINE SERVICE.	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S3195113L	
Contact		
Address		

## Driver

Same as insured above ☐ (skip to D.O.B)

Name	MOK THYE MUN	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S14425651	
Contact	9730 4068	
Address	BLK 444 CHOA CHU KANG AVE 4 #10-333 S(680444)	
Email address		
Date of birth	19 - 01 - 1960	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	19 - 12 - 2002	

## General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

### Passenger 1

Name	Mok Tze Lun
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

### Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	



Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SEF 7734
Vehicle make model	VOLKSWAGEN SHIROGO

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	YP 110 L
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Witness 1

Name	
------	--

### Witness 2

Name	
------	--

### Injured person 1

Name	NOLK THYE MIN	
Injuries sustained	NECK PAIN	
Which vehicle person in?		
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

### Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

1222589




NRIC No: S1442565I

Blood Group: O+ Date of issue: 26-08-1993

Address: APT BLK 444 CHOA CHU KANG AVENUE 4 #10-333 SINGAPORE 680444

NRIC No: S1442565I Date: 17-10-2005 No: 5241859

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE: 01 Oct 1981

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S1442565I

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1442565I



Name: MOK THYE MUN



莫泰民

Race: CHINESE

Date of Birth: 19-01-1960 Sex: M

Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1442565I

Name: MOK THYE MUN



Birth Date: 19 Jan 1960

Issue Date: 19 Dec 2002



000050013C



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/01/2018 13:34"/>						
Vehicle No. (For Motor)	<input type="text" value="SKT7124U"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071960896-02	EXALT LIMOUSINE SERVICE	53195113L	GPC	drive PREMIUM	SKT7124U	SKT7124U	19/06/2017	18/06/2018
<input type="button" value="Continue"/>									

## Claim Handling

Accident MT/0978066

Policy No.	5071960896-02	Vehicle No.	SKT7124U	GST Registration No.	
Policyholder Name	EXALT LIMOUSINE SERVICE			Policyholder NRIC	53191
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	97304068	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

## Accident Details

Report Date	16/01/2018 13:57	Accident Report Within 24 hrs	Yes	Accident Type	Chain
Date of Accident	15/01/2018	Time of Accident hh:mm	06:55	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVE 6 TWDS AYE				

## Benefits

## Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## Policyholder Mailing Address

Address 1	BLK 444 #10-333	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	6804
Unit No.	10-333	Related Policy Number	5071960896-02		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/01
Unnamed driver Name	MOK THYE MUN	Driver NRIC	S14425651	Driving Experience	36
Register Date of Driver License	01/10/1981	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	97304068	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 444 #10-333	Address 2	CHOA CHU KANG AVENUE 4	Post Code	6804
Address 4		Address Type	Singapore address		
Unit No.	10-333				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	EXALT LIMOUSINE SERVICE	Insured NRIC	53191
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKT7124U	TP Vehicle Number	SFF773A
Claim Description	SKT7124U / SFF773A ON 15 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Recei
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	16/01
Date Registered	16/01/2018 14:10	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



Accident No.	MT/0978066	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/01/2018 14:12

Path *	Category *	Confidential	Urgency *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:12	NRJC/ Driving License	Normal	NRJC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:12	SAS	Normal	SAS 2018-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:12	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:12	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:12	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:12	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:11	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:11	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:11	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:11	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:11	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:11	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 14:10	Photos	Normal	Photos 2018

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

Address	BLK 444 CHOA CHU KANG AVE 4 #10-333
Postcode	680444
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFF773A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP1910L
Vehicle Make/Model/Colour	



Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

MOK THYE MUN

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SKT7124U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

### 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.: