

# PCV Accident Report

(For Reporting only)



☐ Braddell ☒ Sin Ming ☐ Sg. Kadut ☐ Pandan ☐ Loyang ☐ Ubi

## Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident	Date: 11/02/2018 0950HRS	Time: 0950HRS
Date & Time of Reporting	Date: 12/02/2018 1230HRS	Time: 1230HRS
Place of Accident	CAIRNHILL TUNNEL, CTE	
Vehicle Reg. No.:	SLS7199Y	Make / Model: RANGE ROVER / EVOQUE
Purpose of Use at Time of Accident:	Goods transportation (private usage) others:	
Name:	MUHAMMAD FAZLY BIN RAZALI	NRIC / FIN No. S7900753F
Address:	663A PUNGGOL DRIVE #12-264	
Postcode:	821663	Date Of Birth: 03/01/79
Home:	-	Handphone: 90037797
Email:	fazlyrazali79@gmail.com	Gender: Male Female
Occupation:	Management / Sales / Retiree / Housewife / Technical / Education Others:	
Type of Claims:	Third Party / Own Damage / Reporting Only	
Driver Status:	Owner / Non-owner	Years of Driving Experience: 13
		Licence Pass Date: 08/10/2004

If you are not the owner, the owner's name & tel: AS ABOVE

Owner's Address: AS ABOVE

Relationship with Owner: Owner's NRIC / Company Reg. No:

Vehicle Towed In?	Yes/No	My Insurance Company:	FIRST CAPITAL
Police Reported?	Yes/No	Police Report Reference No.:	N A
Company's Vehicle?	Yes/No	Insurance Policy No:	D-17088853MVPC
Do you have witness?	Yes/No	Type of Policy: Comprehensive Third Party Fire & Theft / Third Party Only	
(If Yes, Witness Name & Contact No:			

Weather Condition:	Clear/Cloudy / Light Rains / Heavy Rains	Was anyone injured in the accident?	Yes/No
Road Condition:	Dry/Wet	Was Notice of Intended Prosecution given?	Yes/No
Other vehicle or property damage?	Yes/No		

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

### Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model:	SHC7904 CITICAB	Vehicle Reg. No:	SHC7904K
Name of Driver:	CHING YAN WAH	NRIC No.:	
Insurance Company:		Handphone:	98429161

**Driver's Declaration:** I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature:		Date:	12/02/2018
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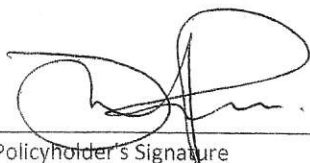
## SKETCH PLAN

### 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:

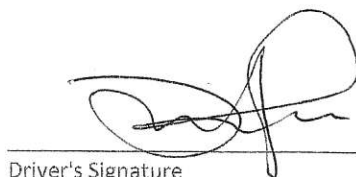
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

12/02/2018  
1300HRS




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

Date & Time:

12/02/2018  
1300HRS

COMFORTDELGRO ENGINEERING PTE LTD  
383 SIN MING DRIVE  
SINGAPORE 575117

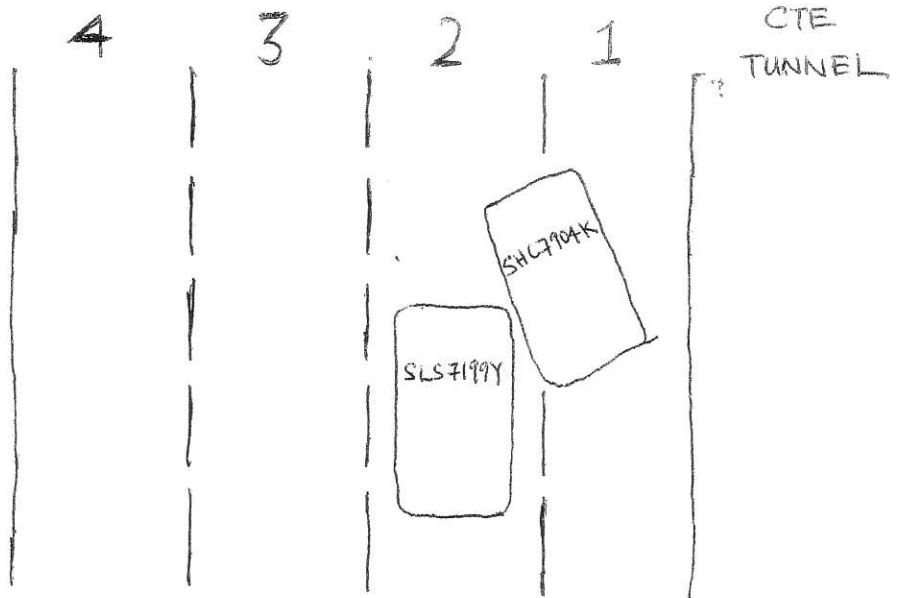


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

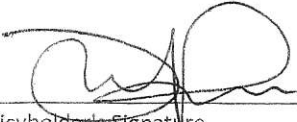


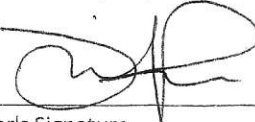
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON IN THE CTE TUNNEL ON THE 11/02/2018, 0950HRS IN THE LANE 2 AND A TAXI HIT MY CAR ON THE SIDE.


DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 12/02/2018 1300HRS

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 12/02/2018 1300HRS

COMFORTDELGRO ENGINEERING PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE 575717

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