

Date In: 23/12/18 13:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003481144	SAS e-filing		
Veh No: GBE 791A	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 22/12/18 09:05	I-Motor Claim Form	M7/0983376	23/12/18 13:58
OD:  Reporting Only	I-Motor W/O (within: OD 3hrs, 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:

SKA 946S Y

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: 21-75%; 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 &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

## Injury:

Date/Time

Actions

MA 1801154		Invoice Preparation Checklist		Am (\$)	Am (\$)
				Tot Bill	Adj Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30)		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100) INC (\$30)			
Contact No:		3) TF: Towing Fee \$40.545			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-		For claiming etc (not INC Only) (wef 10 Jan 2009)			
Ref 1:		6) TR: Re-inspection \$75			
Ref 2/3:		7) N1: (dao DA + SMRT Survey) \$160			
		8) NTUC Additional Services:-			
		OD:			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Success Coordination \$5			
		TP (N11) TP (N12) INC, against INC \$20			
		9) N12 (dao Mobile) \$0			
		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 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	23/02/2018 13:32
Date Of Accident	22/02/2018 09:05
Exact Location Of Accident	CTE TOWARD CITY BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE791A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MULTI-LINES ENGINEERING P/L
Co Reg No	199700659W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63681588

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

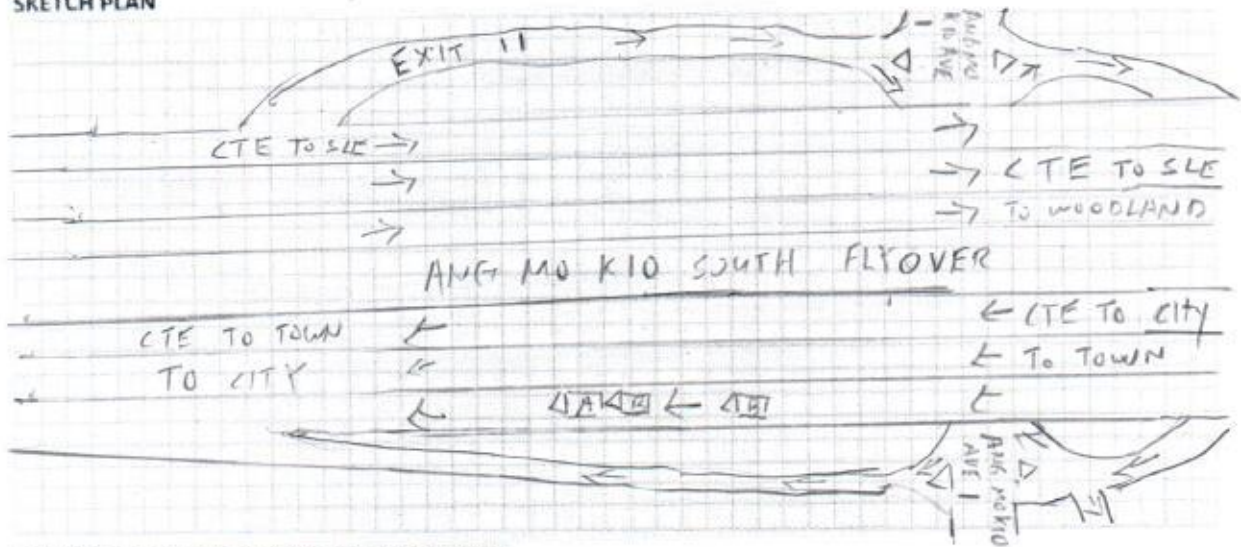
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082765978-01
Cover Note Number	-

### Driver

Name of Driver	TAN JIN HUANG (CHEN JINHUANG)
NRIC No	S8415066E
Date Of Birth	20/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93276765
Fax Number	
Contact Number	
Email Address	NOEMAIL



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I AM driving Vehicle A from the direction of SLE toward CTE(CITY). Vehicle B, plate no. SKA 9465Y, hit on my vehicle, plate no. GBE 971A, rear suddenly. The location of accident occur is shown on the SKETCH PLAN. During the occurrence event, vehicle A, is driving at a speed of 60km/H

## 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.:

23 feb 18

# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident

\* 22 Feb 2018 Time 0905 Hrs

Exact Location Of Accident

\* CTE (between Ang Mo Kio Ave 1 To Exit 11)

ANG MO KIO SOUTH  
FLYOVER.

## DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number

\* GBE 791 A

Insured Policyholder

Name of Registered Owner

\* Multi-Lines Engineering Pte Ltd

NRIC/FIN/Passport Number

\* 199700659W

Vehicle Particulars

Manufacturer

NISSAN  
CABSTAR 3.0 SMT

Model

ABS 2DR 2WD EURO 5

Exact Purpose for which vehicle was being used at time of accident

\* Private use ☐ Commercial use ☒ Hire & reward ☐  
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

\* Yes ☐ No ☒ Others

If No, please state action to be taken

\* Third Party Claim ☒ Reporting Only ☐

Vehicle Category

\* Private ☐ Commercial ☒ Motorcycle ☐

Insurance Company

Name of Insurance Company

\* NTUC

Type of Coverage

\* Preferred Workshop Plan, comprehensive

Fleet Policy

Yes ☐ No ☐

Policy Number

\* 5082765978-01

Cover Note Number

Driver

Name of Driver

\* TAN JIN HUANG

NRIC/FIN/Passport Number

\* 58415066E

Date of Birth

\* 20 MAY 1984

Occupation

\* Electrician

Date of Driving Pass

\* 20 JAN 2004

Gender

\* Male ☒ Female ☐

Mobile Number

\* 93276765

Address

\* B1K 226 BUKIT BATUK CENTRAL #02-15  
S'PORE 650 226

Email Address

Was driver an employee of the Insured's Company?

\* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

\* Employee



Vehicle Registration Number of Driver's Own Vehicle (if applicable)   
Insurance Company of Driver's Own Vehicle (if applicable)

### General Information of the Accident

Type of Accident \* Hit on my rear  
Weather Conditions \* Clear ☒ Raining ☐ Others   
Road Surface \* Dry ☒ Wet ☐ Others

### Other Information

Was any body injured in the Accident? Yes ☒ No ☐  
Was any other material or property damaged? Yes ☐ No ☒

### Details of Injured Persons

Name \* TAN JIN HUANG  
Address BLK 226 BUKIT DATOK CENTRAL #02-15  
Approximate Age \* 33  
Injuries Sustained \*   
If vehicle Occupants, state in which vehicle?   
Were seat belts worn? \* Yes ☒ No ☐  
Was injured conveyed to hospital by ambulance? \* Yes ☐ No ☒

S/PORE 650226

### Details of Police Action

Was the Accident reported to the Police? \* Yes ☐ No ☒  
If Yes, please state which Police Station N/A  
Was notice of intended Prosecution given? \* Yes ☐ No ☐  
If Yes, against whom?

### DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number \* SKA 9465 Y  
Vehicle Make / Model / Colour   
Detail Of Properties   
Name of Driver \*   
NRIC/Passport Number   
Contact Number \*   
Email Address   
Address   
Insurance Company Name   
Nature of Damage

### Details Of Witness

Name   
Phone Number   
Email Address

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8415066E

Name: TAN JIN HUANG (CHEN JINHUANG)

Birth Date: 20 May 1984

Issue Date: 20 Jan 2004

0010906243



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8415066E

Name: TAN JIN HUANG (CHEN JINHUANG)

陈 锦 煌

Race: CHINESE

Date of birth: 20-05-1984

Sex: M

Country of birth: SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

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

Issue Date: 20 Jan 2004

License No. S8415066E

NR 28A



4538708

NRIC No. S8415066E

Date of issue: 08-03-2010

Address: APT BLK 226 BUKIT BATOK CENTRAL #02-15 SINGAPORE 650226






## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5082765978-01

**Cover :** Preferred Workshop Plan

- |  |                               |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBE791A                     |
| Chassis Number   | : JN1SC2F24Z0857247           |
| 2. Name of Policyholder  | : MULTI-LINES ENGINEERING P/L |
| 3. Effective Date of Insurance   | : 03 Sep 2017                 |
| 4. Expiry Date of Insurance  | : 02 Sep 2018                 |
| 5. Persons or Classes of Persons entitled to drive#  |                               |
| (a) The Policyholder.  |                               |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                               |
| 6. Limitations as to Use#  |                               |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  |                               |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                               |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)  
Date of Issue : 14 Aug 2017 15:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive




The owner and vehicle particulars for Vehicle No. GBE791A as at 10 Sep 2015 are as follows:

1.	Name	: MULTI-LINES ENGINEERING PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 199700659W
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: GBE791A
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 10 Sep 2015
8.	Original Registration Date	: 03 Sep 2015
9.	First Registration Date	: 03 Sep 2015
10.	Vehicle Type	: B31 - Goods (Open) Lorry (Metal Body)/Pickup
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: NISSAN
16.	Vehicle Model	: CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
17.	Year of Manufacture	: 2015
18.	Primary Colour	: White
19.	Secondary Colour	: -
20.	Passenger Capacity	: 2
21.	Chassis/Trailer Chassis No.	: JN1SC2F24Z0857247 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: ZD30346653K / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 2953 / -
26.	Unladen Weight(kg)	: 1780
27.	Maximum Laden Weight(kg)	: 3500
28.	Open Market Value	: \$25,089.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	: -
31.	Minimum PARF Benefit	: \$0.00
32.	No. of Transfers	: 1
33.	IU Label No.	: 1042659516
34.	COE No.	: 2015090305000526D
35.	COE Expiry Date	: 02 Sep 2025
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$40,455.00 / \$40,455.00
38.	Actual Quota Premium/PQP Paid	: \$40,455.00
39.	Actual ARF Paid	: \$1,255.00
44.	Vehicle Lifespan Expiry Date	: 02 Sep 2035
45.	Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: -



Claim Handling

Accident MT/0983376

Policy No.	5082765978-01	Vehicle No.	GBE791A	GST Registration No.	199
Policyholder Name	MULTI-LINES ENGINEERING P/L			Policyholder NRIC	199
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	63681588	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(%)	20	Private Hire	No

▼ Accident Details

Report Date	23/02/2018 13:54	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	22/02/2018	Time of Accident hh:mm	09:05	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARD CITY BEFORE BRADDELL EXIT				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	199700659W	GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	47 WOODLANDS INDUSTRIAL P.	Address 2	SINGAPORE 757470	Address 3	
Address 4		Address Type	Singapore address	Post Code	757
Unit No.		Related Policy Number	5082765978-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/C
Unnamed driver Name	TAN JIN HUANG (CHEN JINHUA)	Driver NRIC	S8415066E	Driving Experience	14
Register Date of Driver License	20/01/2004	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	93276765	Contact No.(Office)		Address 3	SING
Address 1	BLK 226 #02-15	Address 2	BUKIT BATOK CENTRAL	Post Code	650
Address 4		Address Type	Singapore address		
Unit No.	02-15			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

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	MULTI-LINES ENGINEERING P/L	Insured NRIC	199
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	656
Email Address		OI Vehicle Number	GBE791A	TP Vehicle Number	SKA
Claim Description	GBE791A / SKA9465Y ON 22 Feb 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/C
Date Registered	23/02/2018 13:57	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No. MT/0983376

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 23/02/2018 13:58

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *		Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:58	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:58	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:58	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:57	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:57	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:57	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:57	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:57	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:57	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:57	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 13:57	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading



Address BLK 226 BUKIT BATOK CENTRAL #02-15  
 Postcode 650226  
 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 COLLISION - HEAD TO REAR  
 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) 4  
 Passenger 1 NAME: : GANESAN ARCHUNAN  
 GENDER: : MALE  
 Passenger 2 NAME: : CHINNAIAH SEKAR  
 GENDER: : MALE  
 Passenger 3 NAME: : KARUPPAIAH AJITH  
 GENDER: : MALE

#### 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 SKA9465Y  
 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 INJURED PERSON 1

Name TAN JIN HUANG (CHEN JINHUANG)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBE791A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name GANESAN ARCHUNAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBE791A  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name CHINNAIAH SEKAR  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBE791A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name KARUPPAIAH AJITH  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBE791A  
Were seat belts worn?  
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:

23 Feb 18



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