

NATIONAL Assessment Centre Services (Sat 1 Jan 2009) **MWA 118047104**

Date In: 9/14/18 15:51	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18006496/64	E-mail (within 5hrs, AIC 2hrs):		
Veh No: SJM 9264 D	i-Motor Claim Form: MT/0989662	10/14/18 09:06	
D.O.A: 7/14/18 16:10	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SHC4506X** INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: () Time: ()

Confirmed by: ()

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:-	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2009)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) - TP (Non INC) against INC \$20		
	9) N12: Idac 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.

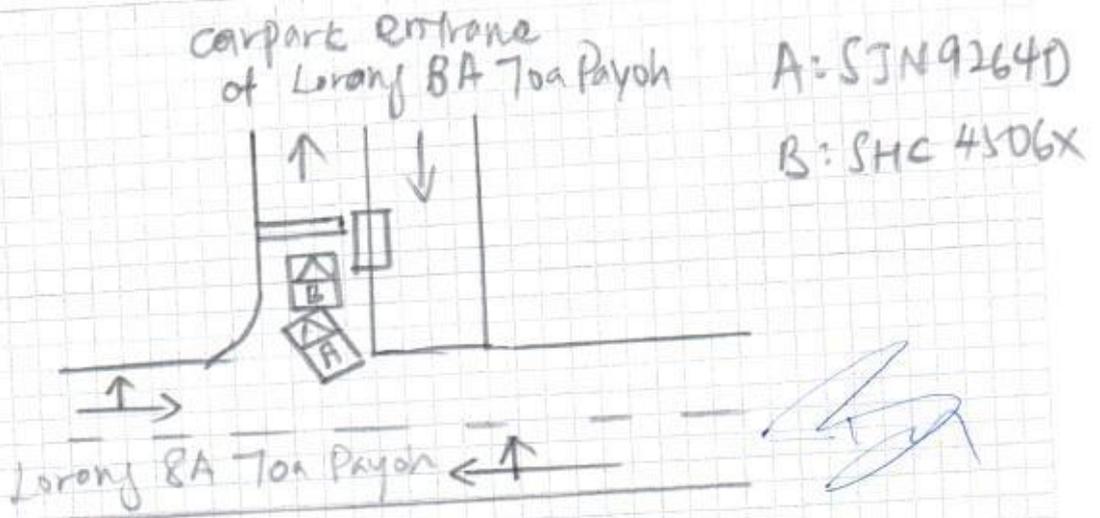
ACCIDENT STATEMENT

Date Of Report	09/04/2018 15:51
Date Of Accident	07/04/2018 16:10
Exact Location Of Accident	CARPARK ENTRANCE OF LOR 8A TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9264D
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE. LTD.
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92470744
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	5068994860-03
Cover Note Number	-
Driver	
Name of Driver	SEAH CHONG SENG (XIE ZHONGCHENG)
NRIC No	S7316394C
Date Of Birth	10/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1994
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92470744
Fax Number	
Contact Number	OTHERS-91283004
Email Address	NOEMAIL

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was complete stationary without contact and a safety distance behind vehicle B which it (B) was completely stationary in front of me. While I was waiting for my turn to enter into the carpark. All of a sudden, vehicle B started to reverse the car towards me. Upon seeing this, I immediately horn the driver of vehicle B to alert him of my present, but the driver of vehicle B ignored my warning and keep reversing his car towards me which resulted vehicle B hit onto the front right portion of my car.

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 of accident	07/04/2018 (DD/MM/YY)
Time of accident	16:10 (HH:MM)
Exact location of accident	Entrance Carpark beside Blk. 222 HDB Lorong 8A Toa Payoh.

DETAILS OF VEHICLE	
Vehicle registration number	SJN 9264 D
Vehicle make and model	Honda Civic
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input 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	Commercial
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	NTUC
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	CONNECT4CAR PTE LTD Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201411459M
Contact	
Address	53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	SEAN CHONG BENQ (XIE ZHONG CHENG) Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7316394 L
Contact	92470744 / 91283004 (Girlfriend / Ivy)
Address	APT BLK 222 LORONG 8 TOA PAYOH #14-115 S (310222)
Email address	
Date of birth	10.05.1973
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	08.06.1994

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 type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	02 (Inclusive of driver)

PASSENGER 1

Name	IVY
Gender	Male <input type="checkbox"/> Female <input checked="" 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 type="checkbox"/> No <input checked="" 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	

WITNESS 1

Name	
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WITNESS 2

Name	
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THIRD PARTY VEHICLE 1	
Vehicle registration number	SHC 4506X
Vehicle make model	SMRT / TAXI
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
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 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"/>

INJURED PERSON 5	
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 6	
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"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7316394C



Name
SEAH CHONG SENG
(XIE ZHONGCHENG)
谢忠成
Race
CHINESE
Date of birth
10-05-1973
Country of birth
SINGAPORE

Sex
M

S7316394C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7316394C
Name

SEAH CHONG SENG (XIE
ZHONGCHENG)

Birth Date: 10 May 1973
Issue Date: 29 Jan 2003



000167104A



4160719

NRIC No. S7316394C



Date of issue
16-01-2008

APT. BLK 222 LORONG 8 TOA PAYOH #14-715
SINGAPORE 310222

NRIC No. S7316394C

Date: 12/02/2011

No: 6801705

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

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

PASS DATE
05 Jun 1994



Licence No. S7316394C

IP 428A

Hello, NAC_PAYA_UBI_800601

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5068994860-03	CONNECT4CAR PTE. LTD.	201411459M	GFT	drivo PREMIUM	SJN9264D	SJN9264D	04/12/2017	

Continue

4/9/2018

▼ Policy Information

Policy No.	5068994860-03	Policyholder Name	CONNECT4CAR PTE. LTD.	Policyholder NRIC	201411459M
Address	53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/11/2017	Effective Date	04/12/2017 00:00	Expiry Date	03/12/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	5543.45		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	SOONG WAI SAN	Agent Tel.	65471154	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-23	Related Policy Number	5087771369-01		

► Insured Object: SJN9264D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	04/12/2017 00:00	Basic Information Endorsement	000001286715172	Endorsement Take Effective	internal endt - vehicle usage change from Rental vehicle (less than 12 mths) to Private Hire (Self Drive or Chauffeur)
2	15/01/2018 00:00	Basic Information Endorsement	000001286735612	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 15 Jan 2018, the Original Registration Date is amended as follows for SE2018K: ORIGINAL REGISTRATION DATE: 08 Oct 2015
3	02/02/2018 00:00	Basic Information Endorsement	000001286749083	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKX2251Y 02-02-2018 \$1,009.10 In view of this amendment, an additional premium of \$1,009.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

4/10/2018

Claim Handling

The premium on this policy has not been collected.

Accident MT/0989662

Policy No.	S06R994860-03	Vehicle No.	SJN9264D	GST Registration No.	
Policyholder Name	CONNECT4CAR PTE. LTD.	Cover Type	drive PREMIUM	Policyholder NRIC	201411459M
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92470744	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	10/04/2018 09:02	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	07/04/2018	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK ENTRANCE OF LOR 8A TOA PAYOH				

Benefits

Excess

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

GST Registered Information

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

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-23	Related Policy Number	5087771369-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/05/1973
Unnamed driver Name	SEAH CHONG SENG (XTE ZHONI)	Driver NRIC	S7316394C	Driving Experience	23
Register Date of Driver License	08/06/1994	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	92470744	Contact No.(Office)		Address 3	SINGAPORE 310222
Address 1	BLK 222 #14-715	Address 2	LORONG 8 TOA PAYOH	Post Code	310222
Address 4		Address Type	Singapore address		
Unit No.	14-715			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CONNECT4CAR PTE. LTD.	Insured NRIC	201411459M
Contact No.(Mobile)	92959989	Contact No.(Home)		Contact No.(Office)	+
Email Address		O1 Vehicle Number	SJN9264D	TP Vehicle Number	SHC4506X
Claim Description	SJN9264D / SHC4506X ON 7 Apr 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/04/2018 09:05	Claim Close Date		Date Received	10/04/2018 00:00
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0989662	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/04/2018 09:06
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:06	SAS	Normal	SAS 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:06	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:06	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:06	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:06	Photos	Normal	Photos 2018-4-10
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:06	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:06	Photos	Normal	Photos 2018-4-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:06	Photos	Normal	Photos 2018-4-10

Video List

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

Address BLK 222 LOR 8 TOA PAYOH #14-715
 Postcode 310222
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions RAINING
 Road Surface WET

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? NO
 Was any injured conveyed to hospital by ambulance?
 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) 2
 Passenger 1 NAME: : IVY
 GENDER: : FEMALE

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 SHC4506X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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.: