

Motor accident report and claim form

Policy number 508 4105925 - 01	Vehicle number RU 4649D	Name of policyholder SENTOSA DEVELOPMENT CORPORATION
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Reason for reporting

<input type="checkbox"/> To claim for damage I have caused	<input type="checkbox"/> To make a third-party claim	<input checked="" type="checkbox"/> To report my accident only
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Brief description of accident

Date (dd/mm/yyyy) 05/05/2018	Time 1930hrs	Type of collision Head - Rear (TP-01)	Weather condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others
Location Sentosa Gateway Before Ramp B.			Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others
Was the accident reported to the police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which police station			

Details of driver

Name (as shown in NRIC) MUHAMMAD SHAYFIR BIN JAFFAR	Pass date of driving licence 08 MAR 2017	NRIC number S9021989H
Contact number 90070658	Date of birth (dd/mm/yyyy) 30/06/1990	Email Muhammad_Shayfia_Jaffar@sentosa.com.sg
Address 698B JALAN WEST CENTRAL 3 #03-F1 (642698)		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Purpose for which the vehicle was being used at the time of the accident work.		Is your occupation: <input type="checkbox"/> indoor? <input checked="" type="checkbox"/> outdoor?
		Relationship to policyholder employee.

Details of the other drivers and vehicles involved

Name of other driver (or drivers)	Vehicle number	NRIC number	Contact number
1 kandhasamy Vengatesh	SLR 8004A	F8294610K	8169 3156
2			
3			

Injury details

Was anybody injured in this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please go to the next question.			
Name of injured person	Sex	Vehicle number	Contact number
1	<input type="checkbox"/> Male <input type="checkbox"/> Female		
2	<input type="checkbox"/> Male <input type="checkbox"/> Female		
3	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Declaration by person reporting

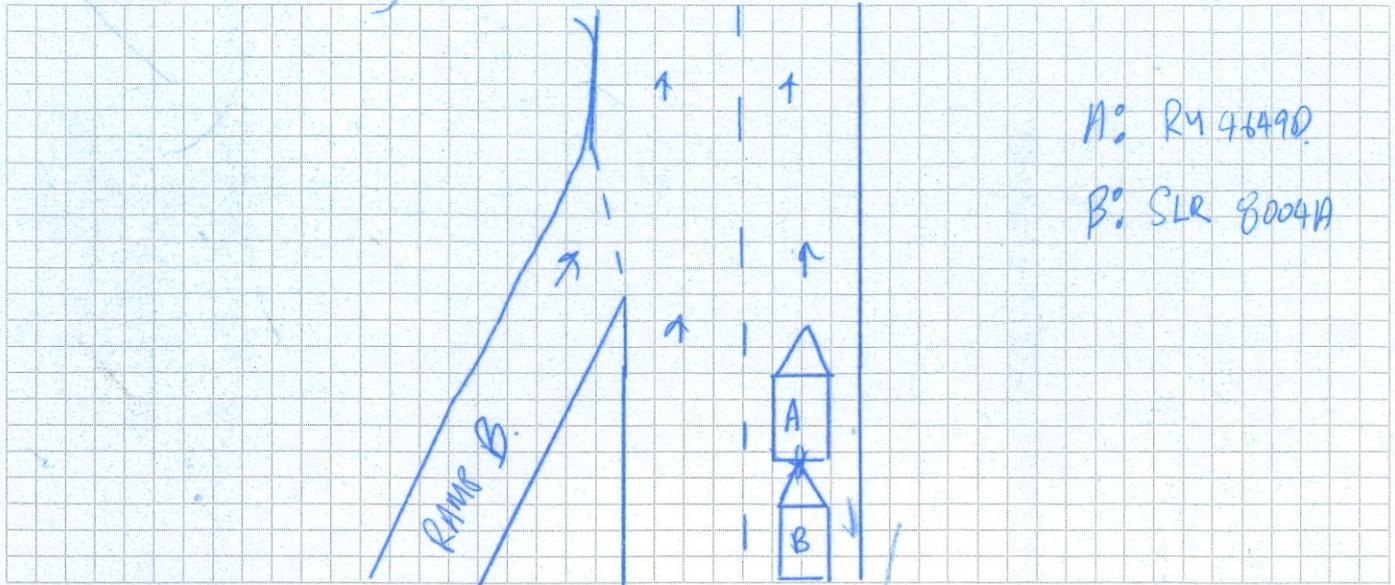
I declare that the information given above is true, correct and complete.
I understand that you may reject my claim if I have not given any relevant information or it is later proven that it is false or I have deliberately not included it.
I agree to authorise you (Income), to repair the damage to my vehicle in a reasonable time including the right to arrange for my vehicle to be repaired at another workshop if you decide to accept legal responsibility for this claim.

	05/05/2018	2040
Signature of driver	Date (dd/mm/yyyy)	Time

For official use

Report taken by lan	Staff code 991478	Date (dd/mm/yyyy) 05/05/2018	Time 2:40
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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from out post barrier sending my colleague to his post along the way a vehicle hit my Ranger vehicle from behind.

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: 5/5/2018 2 20:0hrs.

Reporting Centre Personnel's Signature
Name: Ian
NRIC/FIN No.: 91143108

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: 5/5/2018 & 2040hrs



Reporting Centre Personnel's Signature
Name: Ian
NRIC/FIN No.: S9114340B