VEHICLE NO: SJT 7255L . MAKE & MODEL : Toyota Corolla Altis 1.6 Auto

DATE OF ACCIDENT	13 / 08 / 2018 .
TIME OF ACCIDENT	1218 . AM / (PM)
LOCATION OF ACCIDENT	Along . Victoria Street .
Exact Purpose use during accident	Work purpose - Grab .
NAME OF OWNER	Mike's Transport .
TELP NO	96196800
NRIC	53315782W
CLAIM TYPE	OD / (THIRD PARTY) / Reporting Only
INSURANCE CO.	NTUC Income
TYPE OF CAVERAGE	Comprehensive / (Third Party) / Third Party Fire & Theft
POLICY NO.	5102516848
NAME OF DRIVER	As above / If No: Tan Ah Hong
NRIC	S6910811C . Any passengers:
DATE OF BIRTH	28 / 02 / 1969 .
OCCUPATION	(Outdoor) / Indoor
DATE OF DRIVING PASS	21 / 02 / 1995
GENDER	(Male) / Female
CONTAC NO.	9277 2949 Office. Home.
ADDRESS	Blk 214 Lorong 8 Toa Payoh #15-745 S(310214)
DRIVER HAVE ANY OWN Vehicle	(NO) / If yes . Reg No:
RELATIONSHIP	Employee / If No. Hire .
WEATHER CONDITION	(Clear) / Raining / Other .
ROAD SURFACE	(Dry) / Wet / Other .
ANY INJURIES	No / (If yes) . Who? Tan Ah Hong
CONTAC NO.	9697 6820
POLICE REPORT	(No) / If yes . Where?
VEHICLE B NO.	SFH 4086M . Any Passenger . 0
NAME	
CONTAC NO.	9816 4644 .
VEHICLE C NO.	Any Passenger .
VEHICLE D NO.	Any Passenger .
VEHICLE E NO.	Any Passenger .
VEHICLE F NO.	Fax: 6844 4625 Any Passenger .
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	Singapore 417883
	Telp . 67476106 (6 lines)
	Fax. 67442363

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 lodgement of this report to the insurers, you hereby [illegible] the report being made available [illegible].
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my work shop 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 [illegible] and any other personal information provided by me [illegible] processed 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 [illegible] 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.

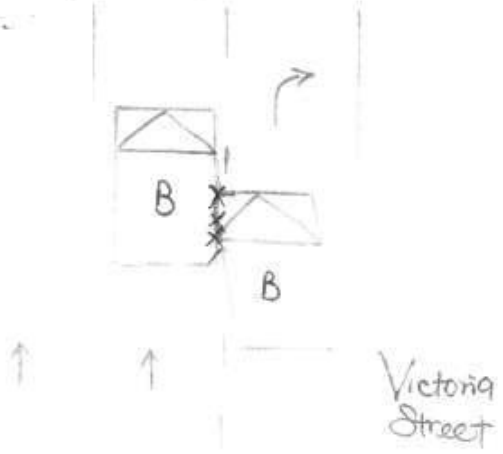
MIKE'S TRANSPORT Reg No 53315782W

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.:

SKETCH PLAN



Veh A : SJT 7255L

Veh B : SFH 4086M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/08/18, time about 12.18pm. I was driving my vehicle along Victoria Street. I was moving towards lane 2 from lane 3. Suddenly there was a car (SFH 4086M) which is in stationary position at lane no. 1 had dashed to make a drastic lane change which is from lane 1 to lane 2. The car (SFH 4086M) had eventually did not give way to my vehicle while he is on stationary position and had hit onto the right hand portion of my car that cause damage.

DECLARATION

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

MIKE'S TRANSPORT Reg No 53315782W

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.: