VEHICLE NO: SJX6872 MAKE & MODEL : Hyundai Avante.

DATE OF ACCIDENT	20 / 08 / 2018
TIME OF ACCIDENT	6:50 AM / (PM)
LOCATION OF ACCIDENT	PIE changi before Eunos exit.
Exact Purpose use during accident	on the way home
NAME OF OWNER	Heng Siang Huai
TELP NO	9737 3483
NRIC	S1666033G
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / (NO) ?
INSURANCE CO.	ERGO
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPG18001681
NAME OF DRIVER	As above / If No: Jonathan Heng Chiang Sheng
NRIC	S9037047B Any passengers: 0
DATE OF BIRTH	25 / 09 / 1990
OCCUPATION	Outdoor / (Indoor)
DATE OF DRIVING PASS	08 / 04 / 2010
GENDER	(Male) / Female
CONTAC NO.	9152 7378 Office: Home:
ADDRESS	~~ADT~~ BLK 668 Jalan Damai #07-75 Spore 410668
DRIVER HAVE ANY OWN Vehicle	(NO) / If yes : Reg No:
RELATIONSHIP	Employee / If No: son
WEATHER CONDITION	(Clear) / Raining / Other :
ROAD SURFACE	(Dry) / Wet / Other :
ANY INJURIES	No / If yes : Who? driver
CONTAC NO.	9152 7378
POLICE REPORT	(No) / If yes : Where?
VEHICLE B NO.	SKL 3209 C Any Passenger :
NAME	Goh Som Seng
CONTAC NO.	
VEHICLE C NO.	SGN318C Any Passenger :
VEHICLE D NO.	SLP8771D Any Passenger :
VEHICLE E NO.	SJN7447P Any Passenger :
VEHICLE F NO.	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 United Sg Automobile.
TELP NO	1 Kaki bukit ave 6 #02-15 Tel : 6747 4454
CONTACT PERSON	Autobay @ kaki bukit Fax : 6747 7752
FAX NO.	Singapore 417883
	Telp : 67476106 (6 lines)
	Fax: 67442368

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.:

SKETCH PLAN

A: SJX6877

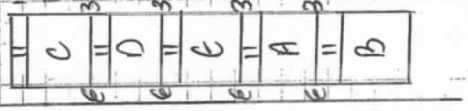
B: SKL3209C

C: SHN318C

D: SLP8771D

E: SJ7447P

PIE Changi before Tunos Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along PIE Changi before Tunos exit. The vehicle in front of me slow down and stop, hence I follow suit to slow down and stop. Out of sudden, I felt a great impact from my vehicle rear portion. The impact pushes me forward. when I got down, I realized I was involved in a 5 cars chain collision.

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.: