

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DS

MCA: Carine Yeo

## MOTOR ACCIDENT REPORT

Date Of Report: 27/8/2018 Time: 1639 Date Of Accident: 26/8/18 Time: 9:05 am

Exact Location Of Accident: Round about at Bukit Timah Road to Dunearn Road

Country/State of Loss: Singapore ☐ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

## OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SJJ 77789 Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: S7603654c

Name Of Registered Owner: CHOO TONG SAN

Mobile Number: 82007778 Alternative No: Email Address: CHRISCHOOPROPERTY@GMAIL.COM

## Vehicle Particulars

Manufacturer: Toyota ☐ Lexus ☒ Suzuki ☐ Hino ☐ Model: NX200TExact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

## Insurance Company

Name of Insurance Company: Direct Asia

Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: MT/00818409

## DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: CHOO TONG SAN NRIC/ Passport / FIN No: S7603654c

Date Of Birth: 10/01/1976 Occupation: Indoor ☒ Outdoor ☐Date Of Driving Pass: 05/04/09/04/1998 Gender: Male ☒ Female ☐

Mobile Number: 82007778 Fax No: Alternative No:

Address: 22 WILBY ROAD #06-17 Postal Code: 276306

Email Address: CHRISCHOOPROPERTY@GMAIL.COM

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured:

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: Rear Portion

Number of Passengers in the above vehicle (Including Driver): 2 / If more than 2 Pax Please fill ANNEX B

## PASSENGER 1

Name: Lim Chee Mei Gender: Male ☐ Female ☒Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):Was any body injured in the Accident? No ☒ Yes ☐Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:

Number of vehicles involved in the accident: 2

Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below

Witness Name: | Contact No.: | Email:

Was there any other vehicle or property damaged? No ☒ Yes ☐Was there any video captured by Car Camera? No ☒ Yes ☐ Are accident scene photos available for attachment? No ☒ Yes ☐Was the accident reported to the police? No ☒ Yes ☐ (If yes, please state which Police Station):Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

## DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: SKK 196912 Vehicle Make/Model/Colour: Mercedes Ben C class

Details Of Properties Damage in Accident: —

Vehicle Category:

Name of Driver: TAN CHWE YUNG

NRIC/Passport/FIN Number: S6923178J Contact Number: 97631270

Address: Postal Code:

Insurance Company Name: Longae Ins.

Nature Of Damage: Front Portion No. Of Passenger (Including Driver): 1



## 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 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

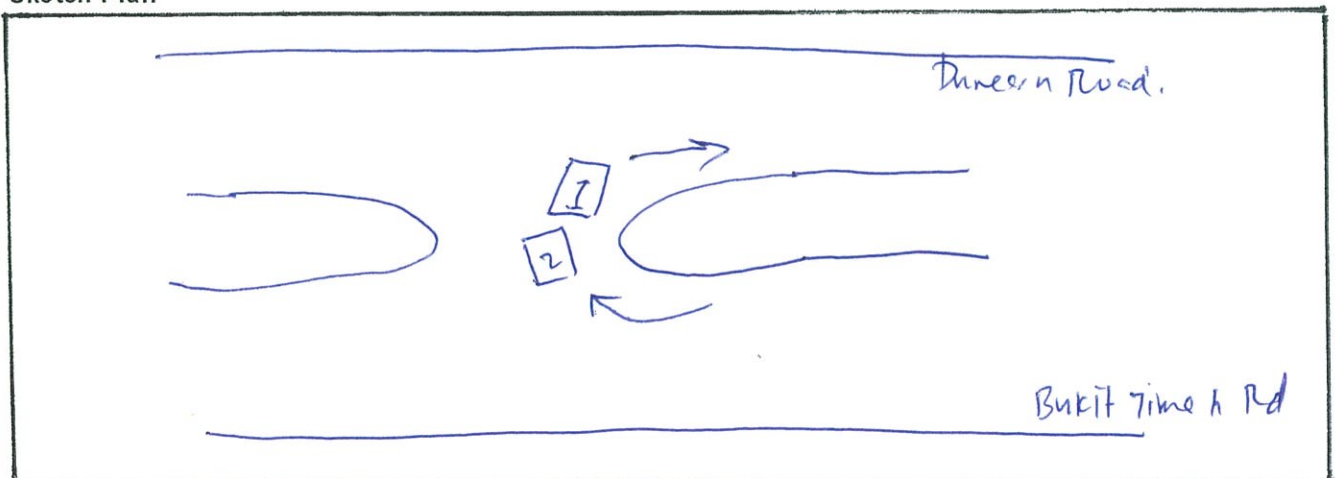
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### **Sketch Plan**



1. - 8JJ 7778Y

2 - 8KK 1969K.

### Describe Circumstances of the Accident

My car is making U-turn. Car no. 2 hit my car on the  
portion.  
rear left hand side.

We alighted the car ~~at the~~, wrote the accident  
acknowledgement report & signed by both of us.

### Declaration

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

Witnessed by Reporting Centre  
Personnel

