

TYPE OF CLAIM: ☐ OD ☒ OD/UL ☐ DSMCA: 127

MOTOR ACCIDENT REPORT

Date Of Report : 11.9.18 Time: 1245 Date Of Accident : 8.9.18 Time: 1500
Exact Location Of Accident : Out of Scott Square into yellow box
Country/State of Loss: Singapore ☐ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number : SKH 7344P Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No : 200004088M
Name Of Registered Owner : Excelfin Pte Ltd
Mobile Number: 88226581 Alternative No: Awan Email Address:

Vehicle Particulars

Manufacturer : Toyota ☐ Lexus ☒ Suzuki ☐ Hino ☐ Model : LS460
Exact 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: First Capital
Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: D-18090063MFOC

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: Iriawan Bin Mispan NRIC/ Passport / FIN No : S8109208G
Date Of Birth: 28.3.1981 Occupation: Indoor ☐ Outdoor ☒
Date Of Driving Pass: 11.10.2013 Gender: Male ☒ Female ☐
Mobile Number: 88226581 Fax No: Alternative No:
Address: 265B Punggol Way #02-334 Postal Code: 822265
Email Address:
Was driver an employee of the Insured's Company? Yes ☒ No ☐ State relationship of the driver with the insured: driver
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: Head to head
Number of Passengers in the above vehicle (Including Driver): / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: 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: N/A Vehicle type:
Number of vehicles involved in the accident:
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: SHA 5975D Vehicle Make/Model/Colour: Taxi
Details Of Properties Damage in Accident:
Vehicle Category:
Name of Driver: Chan Hwee Heong
NRIC/Passport/FIN Number: S1229616I Contact Number: 96791248 Postal Code:
Address:
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 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

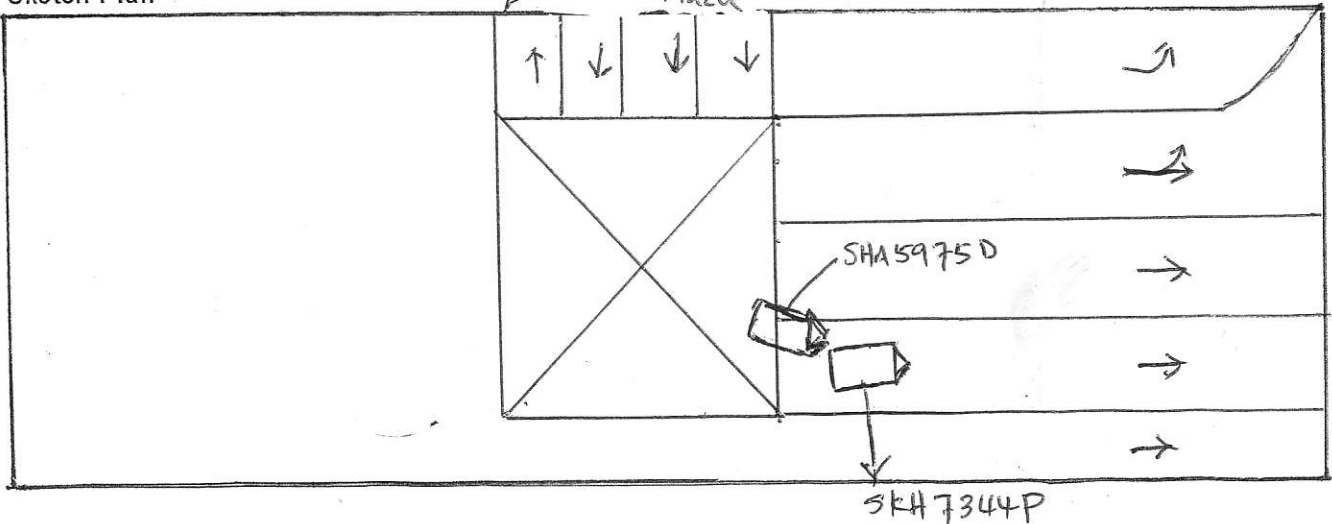
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



I was turning out of Scott Square into the yellow box, when the blue comfort taxi sha 5975 D hit my rear left bumper and rim. causing my bumper to come out.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel