

VEHICLE NO	SLZ4418Z	MAKE & MODEL	BMW #4	SUN
DATE OF ACCIDENT	20 / 01 / 2019			
TIME OF ACCIDENT	0235 AM PM			
LOCATION OF ACCIDENT	154A JALAN TECK WAYE CARPARK			
EXACT Purpose use during accident				
NAME OF OWNER	ONG JIAN GUANU STEPHEN			
TELEPHONE NO	9225 0858			
NRIC	S832479I			
CLAIM TYPE	OD / THIRD PARTY / Reporting Only			
PRIVATE HIRE	YES / NO?			
INSURANCE CO.	AXA			
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.	YAI / GA424660			
NAME OF DRIVER	As above / If No:			
NRIC	Any passengers:			
DATE OF BIRTH	/ /			
OCCUPATION	Outdoor / Indoor			
DATE OF DRIVING PASS	18 / 02 / 2008			
GENDER	Male / Female			
CONTACT NO.	Office: Home:			
ADDRESS	154 JALAN TECK WAYE #03-83 S'680154			
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:			
RELATIONSHIP	Employee / If No:			
WEATHER CONDITION	Clear / Raining / Other :			
ROAD SURFACE	Dry / Wet / Other :			
ANY INJURIES	No / If yes : Who?			
CONTACT NO.				
POLICE REPORT	No / If yes : Where?			
VEHICLE B NO.	SHA 6782L Any Passenger :			
NAME				
CONTACT NO.				
VEHICLE C NO.	Any Passenger :			
VEHICLE D NO.	Any Passenger :			
VEHICLE E NO.	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			
PLP NO	1 Kaki bukit ave 6 #02-15			
CONTACT PERSON	Autobay @ kaki bukit			
FX NO	Singapore 417883			
	Telp : 67476106 (6 lines)			
	Fax: 67442368			

## 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.

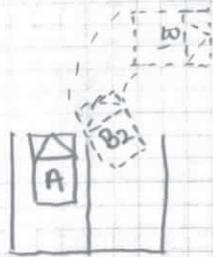
Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A = SLZ 4418 Z  
B = SHH 6782 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was parked stationary at the said location. When I reached my vehicle in the morning, I realised that my front right hand side of the vehicle was collided into. After reviewing my in car footage, I realised the vehicle B has collided into me.

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.: