

VEHICLE NO: SK61248K

MAKE & MODEL: Merc GLA180

veh in 26/2

DATE OF ACCIDENT	26 / 02 / 2019
TIME OF ACCIDENT	9:10 AM / PM
LOCATION OF ACCIDENT	Slip rd twds PIE Changi
Exact Purpose use during accident	Private use
NAME OF OWNER	Chang chin Loong
TELP NO	9380 2304
NRIC	S16408510
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
INSURANCE CO.	D18MTPV01007895
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	SOMPO
NAME OF DRIVER	As above / If No. Teo Siew Tin
NRIC	S16449947
DATE OF BIRTH	01 / 05 / 1964
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	19 / 06 / 1984
GENDER	Male / Female
CONTACT NO.	93802304 Office, 7 Home, -
ADDRESS	33 MIMOSA Terrace S805735
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.
RELATIONSHIP	Employee / If No. SPOUSE
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.	SHE516C
NAME	Any Passenger . 02 including driver.
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	Any Passenger .
VEHICLE E NO.	Any Passenger .
VEHICLE F NO.	Any Passenger .
ANY WITNESS	Any Passenger .
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
ARTICULAR WORKSHOP	Sme Motor Pte Ltd
ELP NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
EX NO.	Singapore 417883
	Telp : 67476106 (6 lines)
	Fax: 67442368
	TORQUE 5
	Fax: 6452 4584

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.

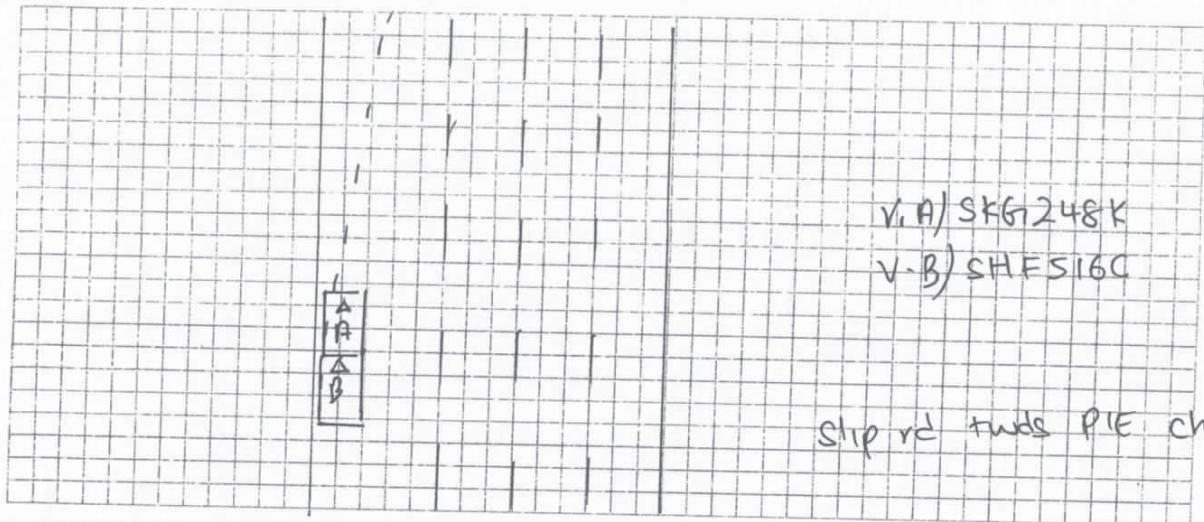
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane, travelling towards the slip rd. The vehicle in front of me suddenly brake, I managed to slow down and came to a complete stop. Moments later, I felt an huge impact on my vehicle rear. I got down & realised vehicle 'B' had collided onto my stationary vehicle rear portion.

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.: