

VEHICLE NO: SKX 4473K MAKE & MODEL: VOLKSWAGEN JETTA

DATE OF ACCIDENT	19 / 03 / 2019
TIME OF ACCIDENT	700 AM (PM)
LOCATION OF ACCIDENT	OLD JURONG ROAD (FILTER LANE)
Exact Purpose use during accident	WORK
NAME OF OWNER	CHEMICAL SPECIALTIES (SG) PTE LTD
TELP NO	6578 9869
NRIC	200606164M
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	NTUC
TYRE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5076718865-03
NAME OF DRIVER	As above / If No: SIM LOVEL
NRIC	# S9415756J Any passengers: NIL
DATE OF BIRTH	28 / 04 / 1994
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	28 / 07 / 2015
GENDER	Male / Female
CONTACT NO.	8742359 / Office: - Home: -
ADDRESS	APT BLK 233 PENDING ROAD #09-09, Sg. 670 233
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:
RELATIONSHIP	Employee / Hirer / Spouse / Parent / Friend / If No:
WEATHER CONDITION	Clear / Raining / Dizzling / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	NO / If yes: Who?
CONTACT NO.	8742359 /
POLICE REPORT	NO / If yes: Where?
VEHICLE B NO.	SHC 8321K Any passengers:
NAME	NG WAN CHEONG (S1371625J)
CONTACT NO.	8493 3237
VEHICLE C NO.	Any passengers:
VEHICLE D NO.	Any passengers:
VEHICLE E NO.	Any passengers:
VEHICLE F NO.	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s)/	
Referring accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Focus Auto Pte Ltd
TELP NO.	1 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	#02-48/50 Singapore 417883
	Tel : 6886 9097
	Fax: 6844 4625

SKETCH PLAN

JURONG KECIL ROAD

VEH A : SKX4473K

VEH B : SHC 8321K

OLD JURONG ROAD.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/3/19 I am driving along Old Jurong Road in my car, SKX4473K entering Jurong Kecil Road. I stop my car at the stop line to check if there is car from Jurong Kecil Road. While waiting for clearance, a car, SHC 8321 K hit my ^{car} back causing damage the back of car. I come out from the car, found the rear (right portion) damage.

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.:

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.: