Date of Accident	: 24 03 \ \ Accident Time: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Accident Place	: Before Tues Checkpoint Towards Singpools
Vehicle. No. (Car Plate No.)	: 600161K . Make/Model:
Insurace Company	: NTUC. Policy No: 5106955869.
Owner or Company Name /IC No.	: NTUC . Policy No: 5106955869. : SOH 95739C Lim Yew Chye.,
Owner or Company Contact No.	: 968 22 52 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: 584 121293. Lim Wei Sie Kelvin
DRIVER'S Date Of Birth	: 08/08/2003 DRIVER'S License Pass Date 08/08/2003
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: Bt. B269 & Runggol Field #12-177
DRIVER'S Contact No./ Alt No.	3821269.
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	iver): 1 Driver & 1 Essenger,
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle, No: SJQ 89 6	Vehicle, No:
Vehicle Make\Model:	·
Name Driver:	
IC No. Driver/Contact:	
* NEW - Passenger's name &	gender: Liew Yan Ni
/ SARGATE CO	Gordec: Fermle

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### 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
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

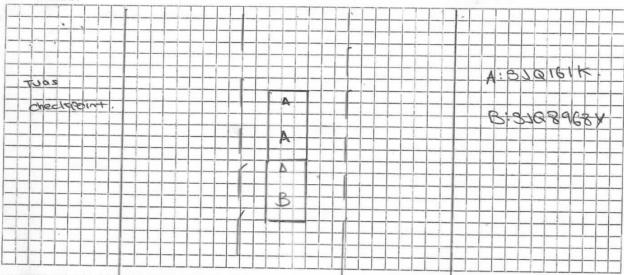
I understand, acknowledge, agree and consent that:

- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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
- (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
- 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.

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

ng Centre Personnel's Signature NRIC/FIN No .:

# SKETCH PLAN



00 2	4/03/19	at a	trad	4 pm	. \ u	xes along	Tuas
Conservery	, before	TUCIS	Check	Tr-160>	Towed	+ towards	Singapone.
vehicle	Suddonly	Jehi	cle	B	nit my	reit.	

## 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.: