VEHICLE NO SLX 6073G MAKE & MODEL - AUDI Q7

DATE OF ACCIDENT 01 / 06 / 2019

TIME OF ACCIDENT 1226 AM / PM

LOCATION OF ACCIDENT TPE Highway before Elias Road Exit

Exact Purpose use during accident

NAME OF OWNER MD SHAMSUR RAHMAN

TELP NO 94871101

NRIC S6960261D

CLAIM TYPE OD / (THIRD PARTY) / Reporting Only

INSURANCE CO. NTUC

TYPE OF CAVERAGE (Comprehensive) / Third Party / Third Party Fire & Theft

POLICY NO. 5100190748

NAME OF DRIVER (As above) / If No:

NRIC S6960261D

DATE OF BIRTH 13 / 07 / 1969

OCCUPATION Outdoor / (Indoor)

DATE OF DRIVING PASS 22 / 01 / 1999

GENDER (Male) / Female

CONTAC NO. 94871101 Office: Home:

ADDRESS 13 St Anne's Wood Singapore 545259

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?

CONTAC NO.

POLICE REPORT (No) / If yes : Where?

Any passengers: 3 pax

1. ASAD MAMUN (M)
2. ZILLUR RAHMAN (M)
3. A.K.M. SAIFULLAH (M

VEHICLE B NO. GT 6109 T Any Passenger : —

NAME NGO WAH SENG

CONTAC NO. 9616 3902

VEHICLE C NO. Any Passenger :

VEHICLE D NO. Any Passenger :

VEHICLE E NO. Any Passenger :

VEHICLE F NO. Any Passenger :

ANY WITNESS ZILLUR RAHMAN

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO

PARTICULAR WORKSHOP huameng@live.com.sg

TELP NO

CONTACT PERSON

FAX 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.

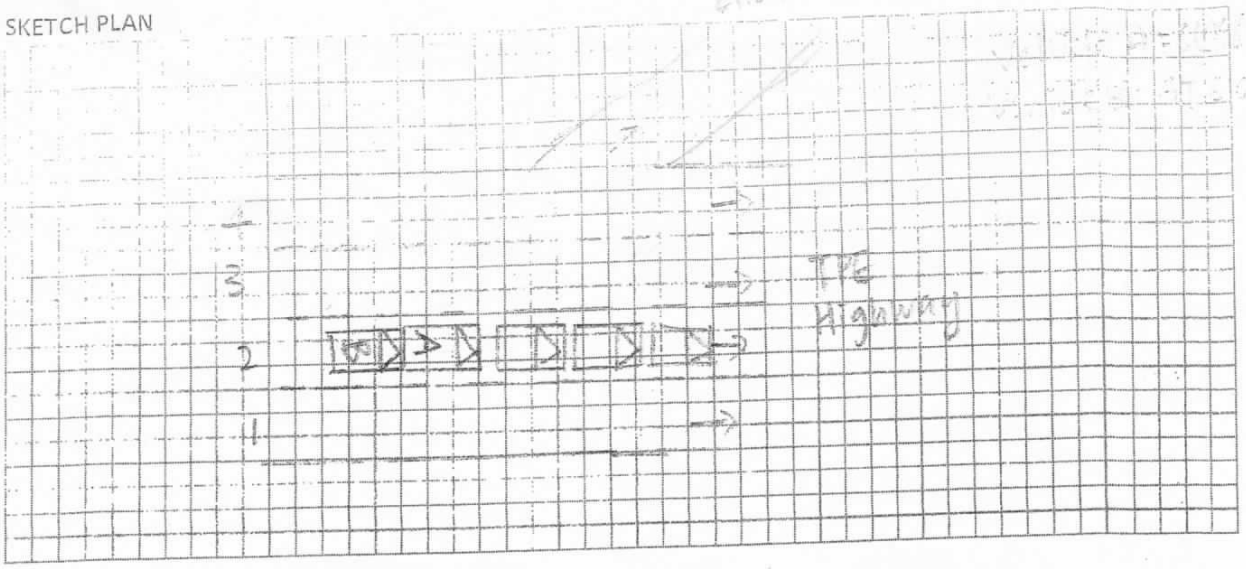
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stationary along Lane 2 of TPE Highway before Elias Road Exit on 01-06-2019 @ 1226 hrs. Traffic is jam due to tree cutting along Lane 1 of TPE Highway. I stop to wait vehicles to clear. Suddenly, I heard a bang sound and felt an impact from my rear. Vehicle B was collided onto rear portion of my vehicle.

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.: