

VEHICLE NO: SJV 6533E MAKE & MODEL: TOYOTA WISH

DATE OF ACCIDENT 13 / 07 / 2019

TIME OF ACCIDENT 1215 AM/PM

LOCATION OF ACCIDENT: Jurong West Ave 1 (Around Bus Stop 490)

Exact Purpose use during accident Work

NAME OF OWNER TW PREMIUM AUTOMOBILE PTE LTD

VEHICLE NO 91119581

IRIC 2013204309

CLAIM TYPE 3RD / THIRD PARTY / Reporting Only

PRIVATE HIRE YES/NO?

INSURANCE CO. NTUC

TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO. 5098 297507 -01

NAME OF DRIVER As above / If No: HER YADI BIN MOHAMAD

IRIC S14132182 Any passengers: 0 / NO

DATE OF BIRTH 27 / 12 / 1960

OCCUPATION Outdoor / Indoor

DATE OF DRIVING PASS 29 / Aug / 1983

GENDER Male / Female

CONTACT NO. 92181319 Office: Home:

ADDRESS APT BLK 433, JURONG WEST ST. 42 #02-516

DRIVER HAVE ANY OWN VEHICLE NO / If yes: Reg No: SG 640433

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.

POLICE REPORT NO / If yes: Where?

VEHICLE B NO. SMA 549A Any passengers: 2 (unknown)

NAME CHAN HANG LAM SALLY (S7889999 II)

CONTACT NO. 976553146

VEHICLE C NO. Any passengers:

VEHICLE D NO. Any passengers:

VEHICLE E NO. Any passengers:

VEHICLE F NO. Any passengers:

ANY WITNESS email: heryadi_@hotmail.com

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s)/

Offering accident claims assistance? YES NO

PARTICULAR WORKSHOP Focus Auto Pte Ltd

VEHICLE NO. 1 Kaki Bukit Avenue 6

CONTACT PERSON Autobay @ kaki'bukit

FAX NO. #02-48/50 Singapore 417883

Tel: 6886 9097

TEL: 6844 4605

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:

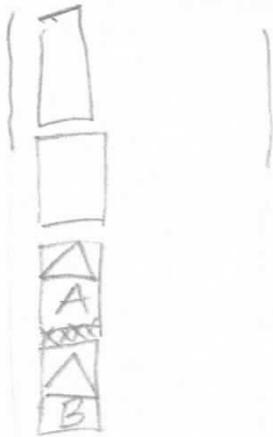


Driver's Signature
(If driver is not the policyholder)
Date & Time:

M. Jayadi

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

SKETCH PLAN



VEH A : SJV 6533E

VEH B : SMA 549A

← Jurong West Ave 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/07/2019 around 1215, I was stopping my vehicle, SJV 6533E at Jurong West Ave 1 (around bus stop 490) for traffic light clearance (at the front). suddenly, I felt impact from the back rear. I got off my vehicle and found SMA 549A front portion hit my vehicle back rear. ~~caused~~ The hit caused my back rear badly damaged.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



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

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