

VEHICLE NO:

SJZ 4505D

MAKE & MODEL: Toyota Wish 1-8

DATE OF ACCIDENT

10 / 08 / 2019

TIME OF ACCIDENT

0820 AM / PM

LOCATION OF ACCIDENT

Jalan Bukit Merah

Exact Purpose use during accident

Work purpose

NAME OF OWNER

TW Premium Automobile Pte Ltd

TELEPHONE NO

91119581

NRIC

2013204309

CLAIM TYPE

OD / THIRD PARTY / Reporting Only

PRIVATE HIRE

YES / NO ?

INSURANCE CO.

NTUC

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

5098714530-01

NAME OF DRIVER

As above / If No: Gopal S/o Kruba Garane

NRIC

S7133988B

Any passengers: 1 (F)

DATE OF BIRTH

16 / 09 / 1971

M Pengammal S/o Muthusamy

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

19 / 12 / 2001

GENDER

Male / Female

CONTACT NO.

87994361 Office:

Home:

ADDRESS

Blk 239 Bukit Batok East Avenue 5 #04-171 S(650239)

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? Gopal S/o Kruba Garane

CONTACT NO.

87994361 /

M Pengammal S/o Muthusamy

POLICE REPORT

NO / If yes: Where? Bukit Batok N.P.C. HP: 87995076

VEHICLE B NO.

PC90J

Any passengers: 1

NAME

Ng Zhengwen / 88509710E

CONTACT NO.

91161985

VEHICLE C NO.

Any passengers:

VEHICLE D NO.

Any passengers:

VEHICLE E NO.

Any passengers:

VEHICLE F NO.

Any passengers:

ANY WITNESS

Male Chinese

WITNESS CONTACT NO.

96460614

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

for accident claims assistance?

YES / NO

ARTICULAR WORKSHOP

Focus Auto Pte Ltd

PLP 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

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:

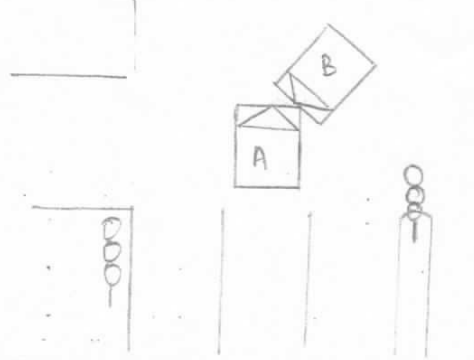
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Jalan Bukit Merah

310



Vehicle A: SJZ4505D

Vehicle B: PC90J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/2019 0811/2019

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:

Arthel 13/8/2019

4 p.m.

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