

Date of Accident : 11/9/19 Accident Time: 3pm (24-HR-Format)  
Accident Place : PIE towards Changi  
Vehicle No. (Car Plate No.) : SML 7821J Make/Model: Toyota Camry  
Insurance Company : NTUL Policy No: 5110057401  
Owner or Company Name /IC No. : Phng Theng Phng / 5734 2273F  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 94878550 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : as above  
DRIVER'S Date Of Birth : 02/11/1973 DRIVER'S License Pass Date 15/4/1994  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : Blk 542 Hougang Ave 8 #04-187  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 5530642  
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 Driver): 1 Drive  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>SME 2917L</u>	Vehicle No: <u>SLF 2914B</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

Vehicle D SLM 8842Z

\* NEW - Passenger's name & gender:

## 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.

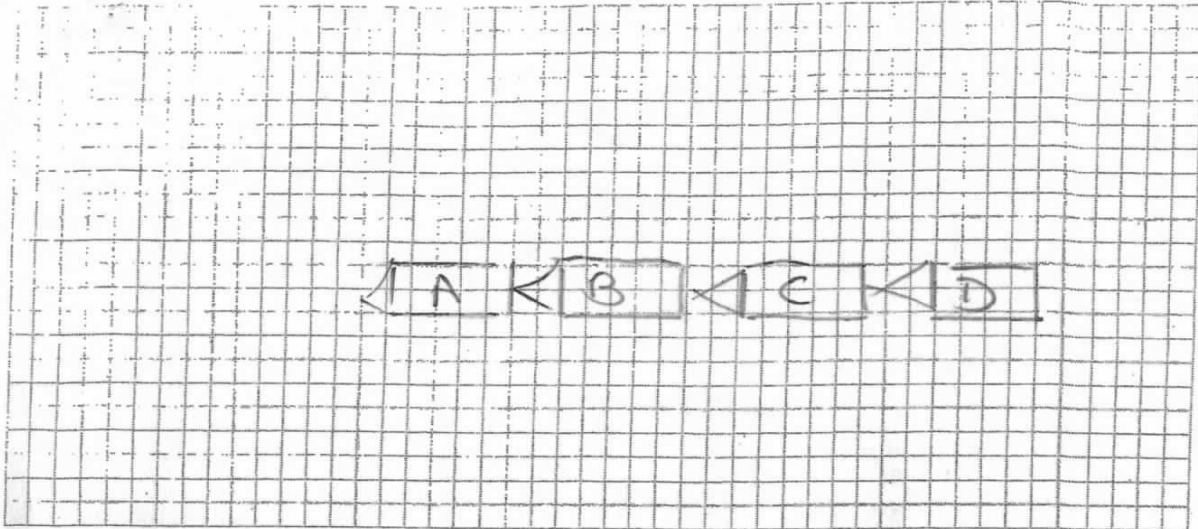
Policyholder's Signature  
Date & Time:

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

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

1E - SLF2914B  
1B - SWE 2917L  
1A - SML7821J

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHEN DRIVING ALONG DE TOWARD CHANGI, THE TRAFFIC FLOW IS HEAVY, THE FRONT CAR STOP, I ALSO STOP.

SCUDDENLY I FELT AN IMPACT FROM BEHIND, THEN I COME DOWN AND SAW CHAIN COLLISION.

TOTAL 4 CARS COLLISION.

## DECLARATION

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

Policyholder's Signature

Date & Time: 12/09/19

12:24 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

Date & Time: