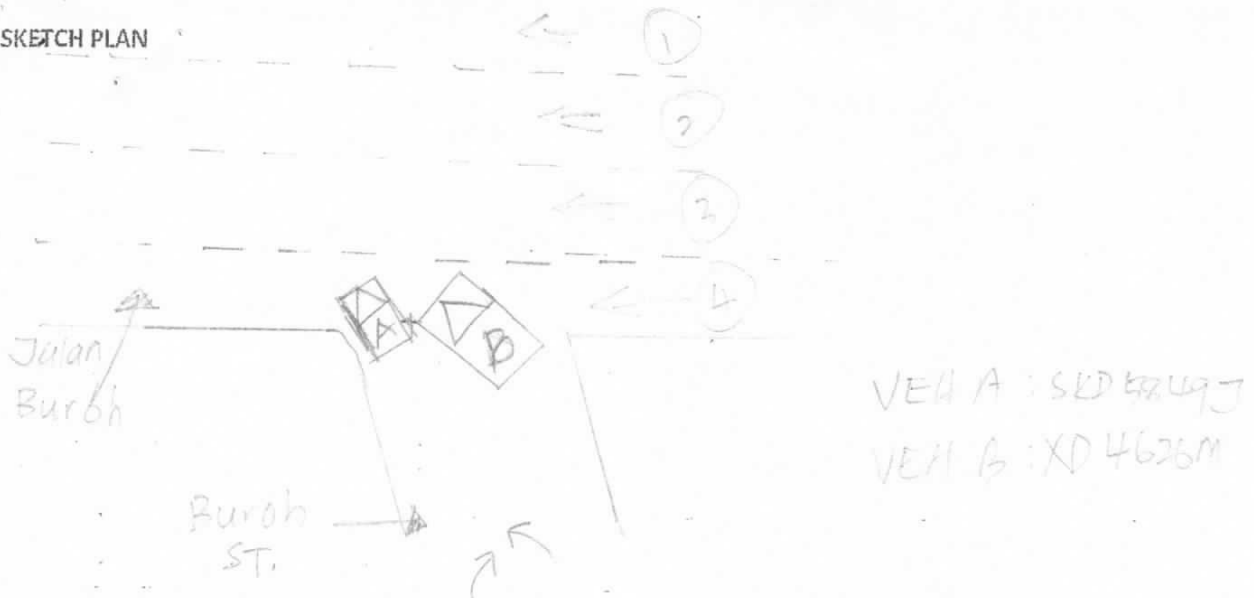


VEHICLE NO: SKD5849J

MAKE & MODEL: TOYOTA WISH

DATE OF ACCIDENT	05/09/2019	
TIME OF ACCIDENT	1630 AM/PM	
LOCATION OF ACCIDENT	Buroh St. into Buroh Jalan Buroh	
Exact Purpose use during accident	WORK	
NAME OF OWNER	TW Premium Automotive Pte Ltd	
TELP NO	878 24933	
NRIC	2013204306	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only	
PRIVATE HIRE	YES/NO?	
INSURANCE CO.	NTUC	
TYRE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	509 782106	
NAME OF DRIVER	As above / If No: SHEN XIANG TONG ROBIN	
NRIC	585051922	
DATE OF BIRTH	26/02/1985	
OCCUPATION	Outdoor / Indoor	EMAIL: ROBINSHEN@56@gmail.com
DATE OF DRIVING PASS	26/01/2013	
GENDER	Male / Female	
CONTACT NO.	84567444 Office:	Home:
ADDRESS	BLK 504A YISHUN ST 51 #09-08 SG 761504	
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? SHEN XIANG TONG ROBIN	
CONTACT NO.	84567444 (SKD5849J)	
POLICE REPORT	NO / If yes: Where? YISHUN North NPC	
VEHICLE B NO.	XD4626m	
NAME	YANG XIUKAI (G2098266m)	
CONTACT NO.	82650553	
VEHICLE C NO.	Any passengers:	
VEHICLE D NO.	Any passengers:	
VEHICLE E NO.	Any passengers:	
VEHICLE F NO.	Any passengers:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s)/		
Referring accident claims assistance?	YES (NO)	
PARTICULAR WORKSHOP	FOCUS Progressive Auto Pte Ltd	
TELP NO.	1 Kaki Bukit Avenue 6	
CONTACT PERSON	Autobay @ kaki bukit	
FAX NO.	#02-48/50 Singapore 417883	
	Tel : 6844 4620	
	Fax: 6844 4625	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report with

ref. T/20190905/2179.

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.:

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.: