Date of Accident : 03.11.2019 Accident Time: 15.20 (24-HR-Format)

Accident Place : PIE changi Before Jalan Eunos.

Vehicle. No. (Car Plate No.) : SMH 7217A. Make/Model: Honda Vezel.

Insurace Company : NTUC Policy No: 5107290698.

Owner or Company Name /IC No. : Tay Wee Kiat. (S8877299G).

Owner or Company Contact No. : 9637 9134 Owner's Hp — Company Tel

DRIVER'S Name / IC No. : as above.

DRIVER'S Date Of Birth : 14.09.1988 DRIVER'S License Pass Date 14.01.2009

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner

DRIVER'S Address : Blk 104D Canberra Street #13-553 (s) 754104.

DRIVER'S Contact No./ Alt No. :1) — 2) —

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 Driver , 1 Passenger

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 (Neck x Back) - Driver x passenger.

Vehicle B	Other Party Driver's Particular (if any) Vehicle C
Vehicle. No: SLP 5755 X	Vehicle. No: SMG 4794A
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

Nora Giam - Female.

Vehicle D : SLQ 1852U
Vehicle E : SLT 792A.
Vehicle F : SMM 1044U.

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)**

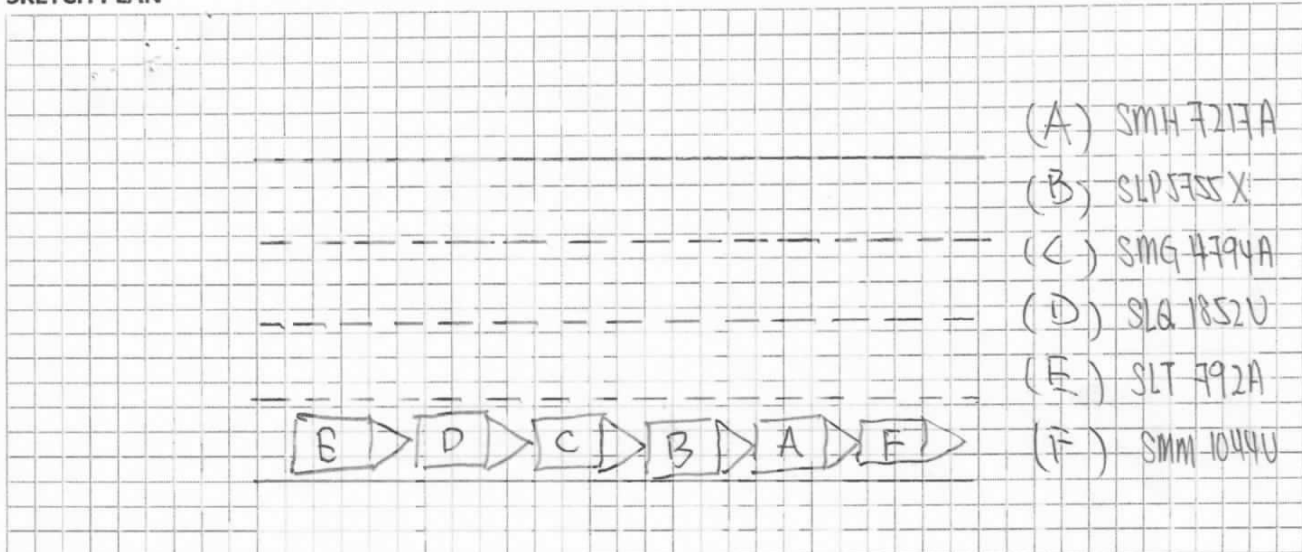   I understand, acknowledge, agree and consent that:

   (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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN

(A) SMH 7217A
(B) SLP 5755 X
(C) SMG 4794A
(D) SLQ 1852U
(E) SLT 792A
(F) SMM 1044U

[Sketch showing vehicles in a row: E → D → C → B → A → F →]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi on lane 1 of 4 lanes.
Weather was clear, traffic was moderate. The vehicle in front slowed down and stopped. Noticing that, I also slowed down and stopped my vehicle. After a few seconds, I felt an impact from the rear. The impact was so huge that it pushed me forward and collided onto the vehicle in front. I alighted and realised it was a chain collision involving 6 vehicles.

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.: