

Date of Accident : 30.11.2019 Accident Time: 18.51PM (24-HR-Format)  
 Accident Place : MCE Towards Merchant Road Exit  
 Vehicle No. (Car Plate No.) : PC 8232P Make/Model: Golden Dragon XML 6103J98  
 Insurance Company : NTUC Policy No: S113086771 - 000007  
 Owner or Company Name /IC No. : KS Transport Service (53091276K)  
 Owner or Company Contact No. : - Owner's Hp - Company Tel  
 DRIVER'S Name / IC No. : Muthukaruppan Jayakumar (66931799K)  
 DRIVER'S Date Of Birth : 10.04.1988 DRIVER'S License Pass Date 21.06.2017  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : 23A Sumang Lane #10-285 Matilda Court (S) 821234  
 DRIVER'S Contact No./ Alt No. : 1) 8166 2650 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 / 30 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): NO

**Other Party Driver's Particular (if any)**

Vehicle No:	<u>PC 6454D</u>	Vehicle No:	_____
Vehicle Make/Model:	_____	Vehicle Make/Model:	_____
Name Driver:	_____	Name Driver:	_____
IC No. Driver/Contact:	_____	IC No. Driver/Contact:	_____

\* NEW - Passenger's name & gender:

**KS TRANSPORT SERVICE**  
 Blk 234A Sumang Lane #10-285  
 Singapore 821234  
 HP: 9616 1733

*M. Jayakumar*

## 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.

**KS TRANSPORT SERVICE**  
Bik 234A Sumang Lane #10-285  
Singapore 821234  
HP: 9616 1733

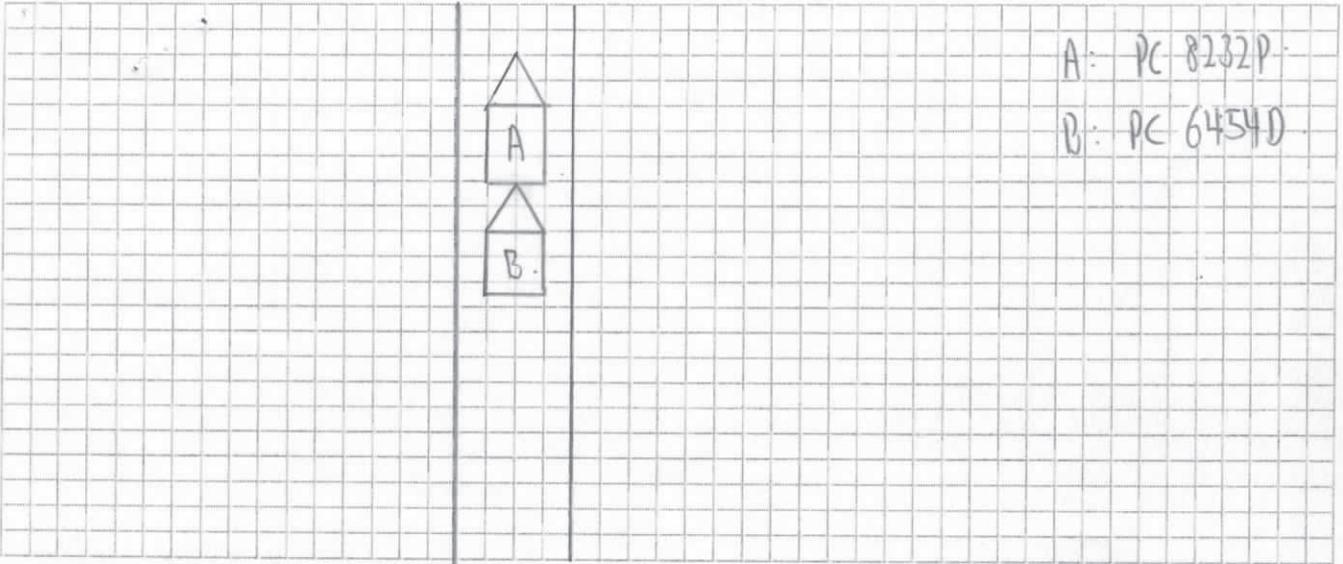


Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



A: PC 8232P  
B: PC 6454D

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 30.11.2019 at about 18.51 pm, I was travelling along MCE.  
Towards Merchant Road Exit. I was travelling straight. Suddenly vehicle  
B hit my rear vehicle.

**DECLARATION**

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

**KS TRANSPORT SERVICE**  
Blk 234A Sumang Lane #10-285  
Singapore 821234  
Tel: 9616 1733

*Mr. Jayakumar*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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