Reporting only 7/1/2020

96511433
George Leong

Details of Accident

DATE: 06 / 01 / 2020 TIME: 19 : 20 Hrs

Exact Location of Accident: Traffic light on Eu Tong Sen Street, turning into Upper Pickering street.

Details of Own Vehicle

Vehicle Registration Number: SLN9878J

Name of Registered Owner: Ibsen Low

Nric : Pink / Blue S8520148D Fin / Passport No. :

Date of Birth (DD/MM/YYYY): 28 / 06 / 1985

Address: 2 Tao Ching Road #20-03 S(618721)

Contact : — (Hm) — (Off) 91994864 (Hp)

Email: IbsenLow@gmail.com

Vehicle Particulars (Own Vehicle)

Vehicle make & model : Skoda Kodiaq 1.4

Type of vehicle : SUV

Exact purpose for which vehicle was Being used at time of accident : (Private) / commercial / Hire & Reward

Are you claiming under your own Insurance policy for repair to your vehicle? : Yes / (No) If no, please indicate intention: 3rd Party claim

Vehicle Category : (Private) / Commercial / Motorcycle

Insurance (Own Vehicle)

Name of Insurance Company : Budget Direct Insurance

Type of Policy : ACT / (Comprehensive) / 3rd Party / 3rd party Fire & Theft

Fleet Policy : Yes / (No)

Policy Number : P102257833R00

Motor CI :

Driver Particulars

Name of Driver : Ibsen Low

Nric : Pink / Blue S8520148D Fin / Passport No.:

Date of Birth (DD/MM/YYYY): 28 / 06 / 1985

Occupation : (Indoor) / Outdoor Class 3 Pass date : ☐☐/☐☐/☐☐☐☐

Gender : (Male) / Female

Address : 2 Tao Ching Road #20-03 S(618721)

Contact : (Hm) (Off) 91994864 (Hp)

Email: IbsenLow@gmail.com

Was driver an employee of the insured's co.? : Yes / (No)

If no,relationship of driver with the insured : I am the insured

Vehicle registration no. of driver's own vehicle : (If Applicable)

Insurance company of driver's own vehicle : (If Applicable)

No. of Pax inside your vehicle: 1

1)Name: Bianca Loo Gender: Male / (Female)

2)Name: Gender: Male / Female

3)Name: Gender: Male / Female

4)Name: Gender: Male / Female

Any Video Footage: (Yes) / No

Accident Statement : Part 2

General Information of Accident

Type of Collision : Front to Rear
(eg. Chain collision , side swipe , front to rear)

Weather Conditions : (Clear) / Raining Others : _____
Road Surface : Dry / (Wet) Others : _____

Other Information

a) Was anybody injured in the accident? Yes / (No) If Yes : Anyone Convey by Ambulance Yes / No
b) Was any other vehicle or property damaged? (Yes) / No
(including witness)

Details of Police Action

Was the accident reported to the police? Yes / (No)
Was notice of intended prosecution given? Yes / (No)

Details of Other Vehicle Property

Vehicle Registration No. : SJN 1829 C
Vehicle Make / Model / Colour : Grey
Details of Property : Toyota Allion

Details of Other Vehicle's Insured Policy Holder Driver

Name of Driver : Lim Puay Yuen (Lin Peiyuan)
NRIC Pink / ~~Blue~~ : S7610056 J Fin / Passport No : _____
Contact : 9654 8817
Address : Apt 131k 413 Boon Tiong Road #16-29 S(165004)

Insurance Company

Name of Insurance Company : _____
Nature of Damage : _____

Details of Witness

Name : _____
Contact : _____
Email Address : _____

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.

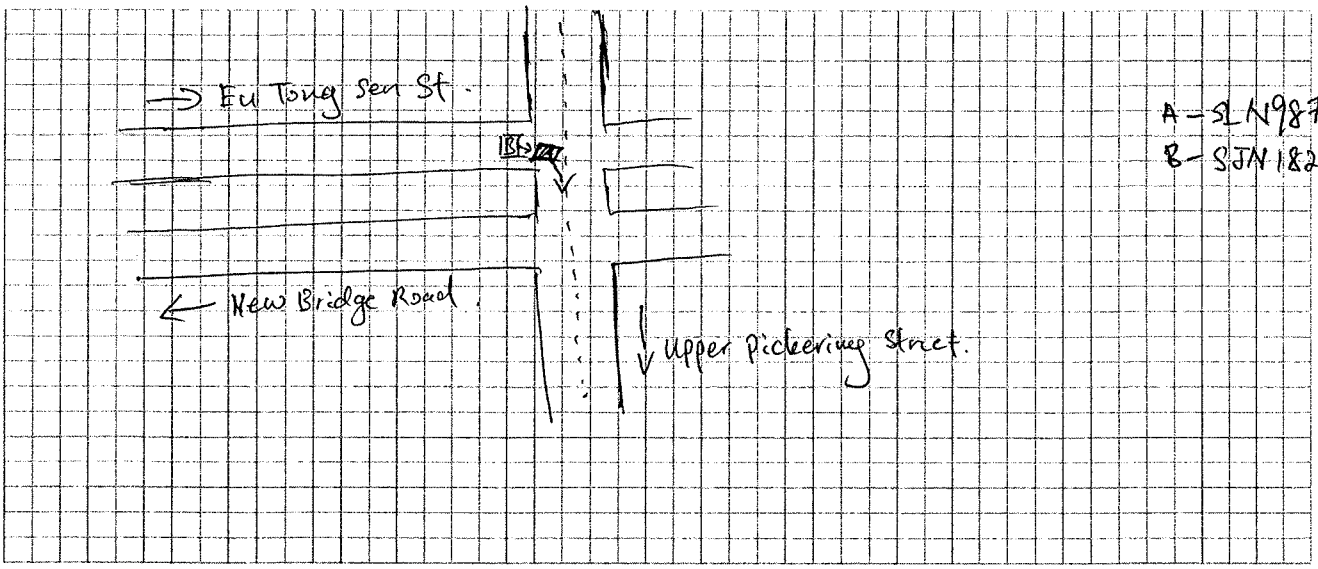
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 7/1/2020	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: WONG KHUNG SENG, George NRIC/FIN No.: G2987143X

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 7.20pm on Eu Tong Sen St, heading towards Hill Street. I was driving along Eu Tong Sen St and intended to turn right onto Upper Pickering St. I stopped at the traffic light junction at the intersection of Eu Tong Sen St and Upper Pickering St when shortly thereafter, vehicle SJN 1829C crashed into my rear. Following the collision, I got off to look at damage to both cars and indicate to the driver of SJN 1829C to turn right into Park Royal @ Pickering to exchange information.

DECLARATION

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

Policyholder's Signature
Date & Time: 7/1/2020.

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

Reporting Centre Personnel's Signature
Name: [illegible] SEAH, George
NRIC/FIN No.: G2981143X