

MOTOR ACCIDENT REPORT

ACCIDENT INFORMATION

Date Of Accident: 24/4/2020Time Of Accident: 1250Exact Location Of Accident: Jln Bukit MERAH.

DETAILS OF OWN VEHICLE

Vehicle No: SSN 25332Make & Model: Toyota ViosName of Registered Owner: SG Rent & Drive

NRIC / FIN / Passport No: _____

Email Address: _____

Mobile Phone No: 96951100

Other Contact No: _____

Insurance Company: NTUC IncomeCoverage: Comprehensive Third Party / Third Party, Fire & TheftPolicy Number: 5110042320Vehicle Category: Private / Commercial / Motorcycle / Private Hire / RentalType Of Claim: Own Damage Third Party / Reporting Only

DRIVER PARTICULARS

Name Of Driver: Shah Rival Bin Mohd ZinNRIC / FIN / Passport No: 577115596Email Address: Maxrival@gmail.comMobile Phone No: 90234624

Other Contact No: _____

Date Of Birth: 27/4/1977Driving Pass Date: 14/2/2003Occupation: Indoor / OutdoorGender: Male / FemaleRelationship With Owner: Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others
specify: _____

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Chain Collision / Side Swipe / Head to Rear / Others:Weather Condition: Clear / Raining / Others:Road Surface: Wet / Dry / Others:Any Injuries: Yes / No (if yes, fill in part B)

(B) Name/ In Which Vehicle: _____

Police Report Made? Yes / No (if yes, fill in part B)

(B) Police Station Name: _____

Number Of Passengers (including driver): 01Any In-Car Camera? : Yes / No

*Passenger 1 Name/Gender: _____

*Passenger 2 Name/Gender: _____

*Passenger 3 Name/Gender: _____

*Passenger 4 Name/Gender: _____

Details of Witness(if any):

Name: _____

Contact: _____

DETAILS OF OTHER VEHICLE

Vehicle No :

Make & Model:

Name Of Driver:

NRIC / FIN / Passport No:

Contact No:

Insurance Company:

Vehicle Category:

Vehicle B	Vehicle C	Vehicle D
<u>SBC 77774</u>		
<u>Mazda 3</u>		
<u>Gary Lui</u>		
<u>574038061</u>		
<u>91805997</u>		
Private Car / Private Hire / Commercial / Others;	Private Car / Private Hire / Commercial / Others;	Private Car / Private Hire / Commercial / Others;

Driver's Declaration :

I declare that the above information given in this report are true in every respect. I undertake full responsibilities for all consequences should there be any information given above be untrue.

Signature: _____

Date: _____

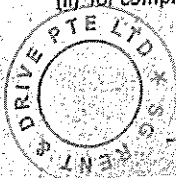
SKETCH PLAN

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.



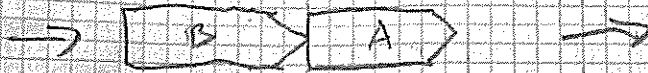
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Jln Bukit Merah.



A SJN 2533 Z

B SRC 7777 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1250 pm, along Jln Bt Merah while waiting for the traffic light to turn green. Beside my car was a motorcycle, when the light is green the motorcycle ^{move and} stop suddenly and then move off. While I was slowing down and stop, a car behind me hid my car.

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.:

