Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03/07/2020 (dd/mm/yy) Time of Accident: 14:40 24-HR-FORMAT)

Vehicle No.: SKQ3306D Vehicle Make & Model: Mazda CX5

Exact location of Accident: PIE towards Changi

Policyholder's Name: National car rental (S) pte ltd NRIC/FIN/REG No.:

Driver's Name: Mohamed salim bin manap NRIC/FIN/REG No.: S8014137C

Driver's Contact No.: Company Contact No:

Date of birth: Driving Pass Date:

Driver's Address: 40 scotts road Env building

Insurance Company:

Policy No.: Type of Coverage: Comprehesive / Third Party /Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please **TICK** one only)
o Own Insurance / o Other Vehicle (*The one you want to claim against*) / o Reporting (*For Record Purpose*)

Exact purpose for which the vehicle
Was being used at time of accident?

o Private Use / o Work purpose

Occupation (nature job) o Indoor / o Outdoor

*No. of Passengers / Including Driver): 1

*Passanger Name: Gender: Male / Female

*Passanger Name: Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

o Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:

Was there any video captured by your car Car camera? O Yes / o No

Any Injuries: o Yes / o No (If YES) Injured Person' Name:

Injuries Sustain : Injured Person In Which Vehicle:

Police Report field: o Yes / o No (If YES) Which Police Station:

The Other Party (S) Details:

1. Driver's Name / IC No: Vehicle No: SKF2J757Z (vehicle A)

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No: SJQ6415 (Vehicle B)

Driver's Contact No: Insurance Company :

*Independent Witness (If Any): Contact No: SMRJD16Z (vehicle C)

Preferred Workshop Name: Contact 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.

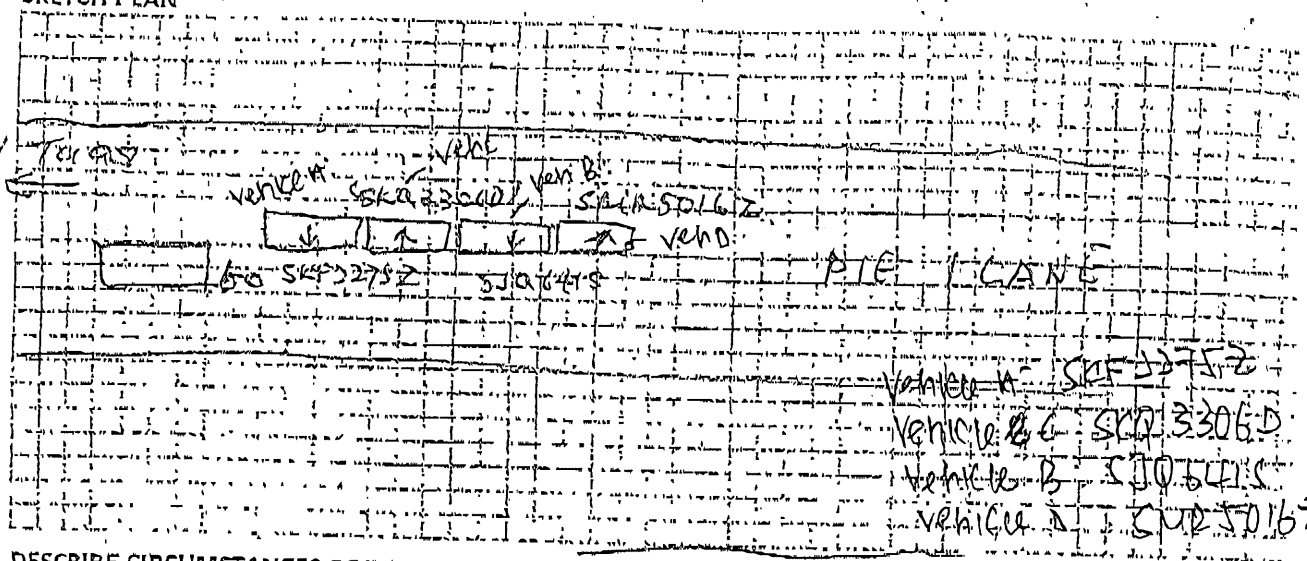
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT SIMS URBAN OASIS

On 2 Jul 20 at around 1440 hrs, I (SKQ3306D) was travelling along PIE towards Tuas in front of Sims Urban Oasis. While driving along Lane 1, a black in front suddenly e-braked and caused a motorcycle to knock onto its rear. A car (SKF2275Z) in front of me also e-braked due to the accident ahead. I then e-braked as well to put my vehicle to a halt. However the car (SJQ6415) behind me was unable to stop in time and knocked my car from behind. The impact caused my car to lunge forward and hit the car in front of me (SKF2275Z). A few moment later, I felt another impact. When I alighted from my car, I found that another car (SMR5016Z) had knocked on the rear of the car behind me (SJQ6415). My vehicle suffered damages on the back bumper ~~trolley~~ and slight dent on the front bumper. I did not sustain any injuries. I have a dash camera footage.

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.:

GIARMC Sketch PlanForm_V3

Land Transport Authority

Enquire Vehicle's Insurance Particulars (As At 03 Jul 2020 / 14:40:00)

Vehicle No.:

SJQ641S

Make Description/Model:

HONDA / FREED 1.5G A

Insurance Company Name:

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Business Transaction Reference No.:

20200706115136691596

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Printed on 06 Jul 2020 11:51:42

Thank you

Tan Mei Ling has successfully logged out.

Your last login date and time was 06 Jul 2020, 11:51:10.

To return to ONE.MOTORING, please click **here**

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type
1	Vehicle	SJS3314G	-	18.19 Enquire Veh Owner Info (Others) by La
2	Vehicle	SJQ641S	-	18.19 Enquire Veh Owner Info (Others) by La