

VEHICLE NO: SMX 4121 P

MAKE & MODEL: Hyundai Avante

| | | |
|--|---|------------------------------|
| DATE OF ACCIDENT | 13 / 07 / 2020 | |
| TIME OF ACCIDENT | 0350 | AM (PM) |
| LOCATION OF ACCIDENT | Along Rocher Hyvee towards Bukit Timah | |
| Exact Purpose use during accident | work | |
| NAME OF OWNER | SOH CHEE KEONG | |
| TELP NO | 9666 2501 | |
| NRIC | S0131394 J | |
| CLAIM TYPE | OD / <u>THIRD PARTY</u> / | Reporting Only |
| PRIVATE HIRE | <u>YES</u> / NO ? | |
| INSURANCE CO. | NTUC | |
| TYPE OF CAVERAGE | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft | |
| POLICY NO. | 5113274262 | |
| EMAIL | | |
| NAME OF DRIVER | <u>As above</u> / If No: | |
| NRIC | S0131394 J | Any passengers: two (female) |
| DATE OF BIRTH | 29 / 05 / 1978 | unknown |
| OCCUPATION | <u>Outdoor</u> / Indoor | |
| DATE OF DRIVING PASS | 23 / 07 / 1975 | |
| GENDER | <u>Male</u> / Female | |
| CONTAC NO. | Office: | Home: |
| EMAIL | | |
| ADDRESS | B11C 665C, Punggol Drive, #13-528, S(823665) | |
| DRIVER HAVE ANY OWN Vehicle | <u>NO</u> / If yes: Reg No: | |
| RELATIONSHIP | Employee / If No: <u>owner</u> | |
| WEATHER CONDITION | Clear / <u>Raining</u> / Other: | |
| ROAD SURFACE | Dry / <u>Wet</u> / Other: | |
| ANY INJURIES | <u>No</u> / If: Who? | |
| CONTAC NO. | | |
| POLICE REPORT | <u>No</u> / If yes: Where? | |
| VEHICLE B NO. | 678B 9702 P | Any Passenger: unknown |
| NAME | Jeffrey LIM MENG WAY | 57815011 D |
| CONTAC NO. | 96602267 | |
| VEHICLE C NO. | | Any Passenger: |
| VEHICLE D NO. | | Any Passenger: |
| VEHICLE E NO. | | Any Passenger: |
| VEHICLE F NO. | | Any Passenger: |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | <u>YES</u> / NO | |
| WAS THERE ANY AUDIO CAPTURE? | <u>YES</u> / NO | |
| WAS THERE ANY PHOTO CAPTURE? | <u>YES</u> / NO | |
| | allan @ casgarage.sg fax: 6509 9501 | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | <u>YES</u> / 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.

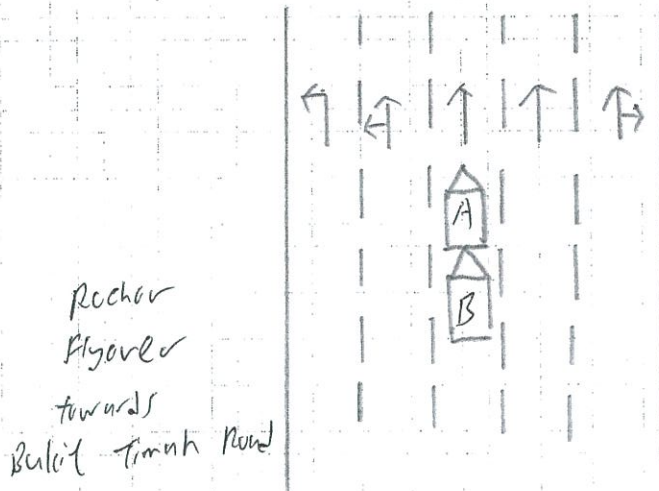


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A - SMA 4121 P
B - GBB 9702 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 13.07.2020, at about 1550, I was travelling on the centre lane along Rocher Flyover towards Bulek Timah Road. Due to the red traffic light ahead, I slowed down and came to a stationary. Suddenly, I heard a loud bang and impact from the rear of my vehicle A. When I alighted, I realised it was vehicle B failed to stop on time, causing the collision and damages to the rear of my vehicle A. I wished to state that after the great impact, I felt unwell and might consult doctor later.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIC/PIN No.: