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Incured/Policylisable	
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Mode	VIO6-13 J (A)
Exect Purpose for which vehicle was being used a time of accident	
Ark you claiming under your own insurance policy for repair to your wellote?	NO.
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If No. Fiscano etate action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of insurance Company GREAT EASTERN GÉNERAL INSURANCE LIMITED

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Figure Protect NO

Policy Number 2020-V0108650-VOP-R001 Cover Note Number 30/07/2020 TO 29/07/2021

Drive

Name of Drive CHAN CHUN LEONG

MRK NO 592286108 Date Of Birth 19/06/1992 Occupation OUTDIONS Date Of Driving Pass 24/03/2012

Driving Expenence # YEARS AND 4 MOINTHIS

Gende MALE

Mobile Number (LOCAL) =65-86719447

Fax Number

Contact Number

ElMail Address NOEWAL Address

APT BLK 646 JALAN TENAGA #12-109 (S) 410646

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

0

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

5th August 2020, around 5.30pm, I was working in my office at 1037 Eunos Ave 4, S409791 when someone alerted me that my car, SJC493B, parked at lot 381 along eunos road 3 since 430pm, was hit by a car, SGX3279J, from the back. The driver, Xavier S9603734A, was involved in a crossroad accident with another car, SBB9099Y, drove by Florence S0085848Z. I went on to check my car and took photos as follows.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGX3279J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

XAVIER

NRIC/Passport Number

Contact Number

96527567

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SBB9099Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category **FLORENCE** Name of Driver

NRIC/Passport Number

Contact Number

90997178

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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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
- 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
- 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)
 - (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
- (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
- 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.
- 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:

Tiver's Signature (If driver is not the policyholder) Date & Time 6/8/2020, 2.27pm

Reporting Centre Personnel's Signature Name

NRIC/FIN No.

Accident Sketch Plan Pg. 1

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MIN AUTO ENTERPRISE PAGE 03/03

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WIN AUTO ENTERPRISE

PAGE 02/03

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Chan Chun Leong 6/8/2020, 2.27 pm

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