

Team Auto

PH: yes

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Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03/09/2020 (dd/mm/yy) Time of Accident: 12 : 40 (24-HR-FORMAT)
 Vehicle No.: SLV2336R Vehicle Make & Model: Toyota Axio Hybrid
 Exact location of Accident: Nicoll highway Towards KPE
 Policyholder's Name / IC No.: AL AUTORENT PTE LTD 201832693N
 Driver's Name / IC No.: Tan Swee Hua / S77292392 (As Above) ☐
 Driver's Contact No.: 9734 3532 Company Contact No.: _____
 Driver's Address: 210 TURF CLUB #LOT B01 The GrandStand S(287995)
 Insurance Company: NTUC Income Email address (if any): _____

Relationship between Owner & Driver: Hirer

or Others specify: _____

What do you wish to claim? (Please TICK one only)
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
**Exact purpose for which the vehicle
Was being used at time of accident?****Occupation (nature of job)** ☐ Indoor/ ☒ Outdoor☐ Private use / ☒ Work purpose**No. of Passengers (Including Driver):** 01**Passenger Name :** _____**Gender :** _____**Passenger Name :** _____**Gender :** _____**Weather condition & Road conditions? (On the day of accident)**
☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others: _____
Was there any video captured by your Car Camera? ☐ Yes / ☒ No**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____**The Other Party(s) Details:**1. Driver's Name / IC No.: Bryan Vehicle No.: SLA5455RDriver's Contact No.: 9004 9573 Insurance Company (If any): _____2. Driver's Name / IC No.: _____ Vehicle No.: SHA 4785S

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

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.

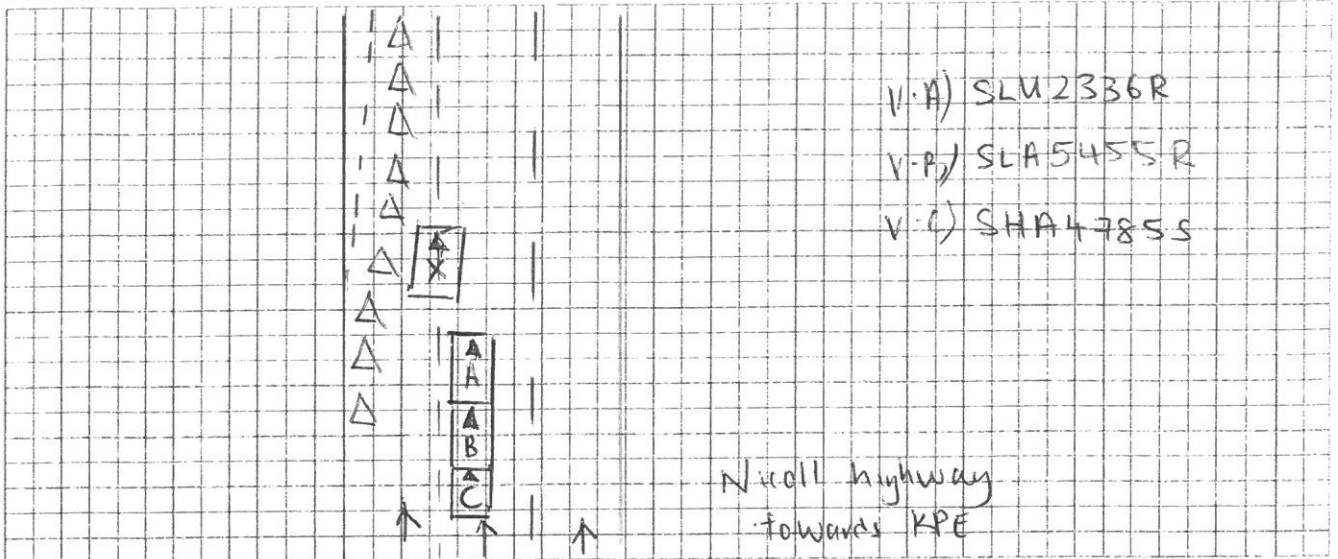


Policyholder's Signature
Date & Time:

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

On the stated date and time, I vehicle 'A' SLU2336R was travelling on the stated venue. I was travelling straight in my lane slowed down my vehicle and came to a stop as there was a silver toyato infront of me stationary. I noticed the front vehicle, releused it's brake, as such I releused my brake and just when I'm about to move off, I felt an impact on my vehicle rear portion. Shortly I got out and realised it was SLA 5455R collided against me, there was another vehicle SHA4785S behind him. It was a 3 car chain collision.

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.: