

PCV Accident Report

(For Reporting only)



☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☐ Loyang ☐ Ubi

Section A - To Be Completed By Driver Who Is Involved In The Accident

Date & Time of Accident : Date: 30/04/2020 Time: 21:00
 Date & Time of Reporting : Date: 1/10/2020 Time: 12:00
 Place of Accident : Bedok Hawker Centre Car Park
 Vehicle Reg. No. : SLG 9411J Make / Model : Subaru XV
 Purpose of Use at Time of Accident : Goods transportation / private usage / others :
 Name : JOEHARI BIN AS'ARI NRIC / FIN No. : S8827558F
 Address : APT BLK 706 Yishun Avenue 5 #02-194
 Postcode : 760706 Date Of Birth : 22/07/1988
 Home : Handphone : 91829103
 Email : Gender : Male / Female
 Occupation : Management / Sales / Retiree / Housewife / Technical / Education / Others : Soundman
 Type of Claims : Third Party / Own Damage / Reporting Only Licence Pass Date :
 Driver Status : Owner / Non-owner Years of Driving Experience : 7 04/06/2013

If you are not the owner, the owner's name & tel :

Owner's Address :

Relationship with Owner :

Owner's NRIC / Company Reg. No. :

Vehicle Towed In ? Yes / No My Insurance Company : GOMPO
 Police Reported ? Yes / No Police Report Reference No. :
 Company's Vehicle ? Yes / No Insurance Policy No. : D20MTPV01009583
 Do you have witness ? Yes / No Type of Policy : Comprehensive / Third Party Fire & Theft / Third Party Only

(If Yes, Witness Name & Contact No. :

Weather Condition : Clear / Cloudy / Light Rains / Heavy Rains
 Road Condition : Dry / Wet Was anyone injured in the accident ? Yes / No
 Other vehicle or property damage ? Yes / No Was Notice of Intended Prosecution given ? Yes / No

Describe How Accident Happened : Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model : Mercedes C180 Vehicle Reg. No. : SBE 228K
 Name of Driver : NRIC No. :
 Insurance Company : Handphone :

Driver's Declaration : I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part 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)**

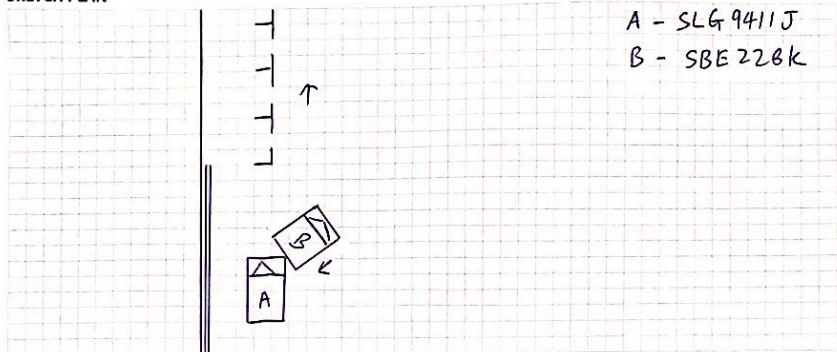
I understand, acknowledge, agree and consent that:

- (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

A - SLG 9411J

B - SBE 22BK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was exiting Bedde Hawker Centre Carpark. As I was travelling in the carpark, I saw vehicle B bearing (SBE 22BK) stop. Hence, I stopped my vehicle bearing (SLG 9411J) as well. Seconds later, he started to reverse. I sounded my horn but he still reverse and collide onto my vehicle front right portion. We exchange particulars and decide to proceed with insurance claims.

DECLARATION

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature