

**ACCIDENT INFORMATION**

Date of accident	25/11/2020	Time of accident (Hrs)	8.25am
Location of accident	KPE (from buang kok East drive)		

**DETAILS OF OWN VEHICLE**

Vehicle registration number	SLM 5022T		
Name of registered owner	Muhammad Hafiz Bin Latif		
NRIC/FIN/Passport no.	S8840517Z		
Email address	hizibul@gmail.com		
Mobile phone no.	8128 3044	Alternative phone no.	

**VEHICLE PARTICULARS**

Manufacturer	Mitsubishi	Model	Lancer EX
Insurance company	Direct Asia	Policy No.	MT/00842840
Insurance coverage	<u>Comprehensive</u>	Third Party Only	Third Party Fire Theft
Fleet policy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vehicle Category	<u>Private Car</u> / Private Hire / Others:		
Reporting purpose	Own Damage	<u>Third Party</u>	Reporting Only

**DRIVER'S PARTICULARS**

Name of driver	muhammad Hafiz Bin Latif		Same as owner: <u>Yes</u> / No
NRIC/FIN/Passport no.	S8840517Z		
Date of birth	17/10/1988		
Occupation			
Date of driving pass			
Gender	<u>Male</u>	Female	
Mobile phone no.	8128 3044	Alternative phone no.	
Email address			
Address	Blk 274A Compassvale Bow #03-531		
Postcode	54124	Relationship with owner	owner

**GENERAL INFORMATION OF ACCIDENT**

Type of collision	Head to rear / <u>Chain</u> / Side Swipe / Others:		
Weather conditions	<u>Clear</u> / Raining	Road Surface	<u>Dry</u> / Wet
Number of passengers	Name:	Nur Azleen Binti Samad	Gender: Female
1	Name:		Gender:
	Name:		Gender:
	Name:		Gender:
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Police report made?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Videos captured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Please tick if the video is with owner.	
* Please pass the video to person in charge if you would like to attach to the report.			
Name of person injured			

**DETAILS OF OTHER VEHICLE**

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle registration no.	<u>B</u> SLW 7762A	<u>C</u> SKS 4122A	
Name of driver			
NRIC/FIN/Passport no.			
Contact Number			
Name of person injured			
Workshop Name & Email address:			

## 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.:



(A) SLM 5022T

(B) SLW 7762A

(C) SKS 4122A

KPE (from buangkok East Drive)



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 25/11/2020 @ about 8.25am, I am travelling along buangkok East Drive towards KPE. At KPE, the car ahead of me slow down and stop. I too stopped with safe keeping without hitting the front car. Moment later, I felt an impact on my rear portion and the strong impact cause my vehicle to surge forward and hit into the front vehicle. When I got down, I found myself in a 3 car chain collisions. I am the second vehicle.

The vehicle will be claiming third party at hia per Automobile Trading.

### 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/PIN No.: