

REF:

## TOTAL


Date of Accident : 29/11/2020 Accident Time: 10:25 (24-HR-Format)  
Accident Place : MSCP of 925 Yishun Central 1 Deck 2A  
Vehicle. No. (Car Plate No.) : SLJ 3947D Make/Model: Toyota Corolla Altis  
Insurance Company : NTUC Policy No: 5114063647  
Owner or Company Name / IC No. : Ong Ban Hoe (S1413928A)  
Owner or Company Contact No. : 9757 3975 Owner's Hp - Company Tel  
DRIVER'S Name / IC No. : Ong Ban Hoe (S1413928A)  
DRIVER'S Date Of Birth : 13/09/1960 DRIVER'S License Pass Date 16/10/1984  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : BLK 463 Tampines Street 44 #08-86 S (520463)  
DRIVER'S Contact No./ Alt No. : 1) 9757 3975 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : decort2463@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Ong Ban Hoe - Right Shoulder

Other Party Driver's Particular (if any)

Vehicle. No:	<u>SMP 3435 X</u>	Vehicle. No:	<u>-</u>
Vehicle Make/Model:	<u>-</u>	Vehicle Make/Model:	<u>-</u>
Name Driver:	<u>-</u>	Name Driver:	<u>-</u>
IC No. Driver/Contact:	<u>-</u>	IC No. Driver/Contact:	<u>-</u>

\* NEW - Passenger's name & gender:


## 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:

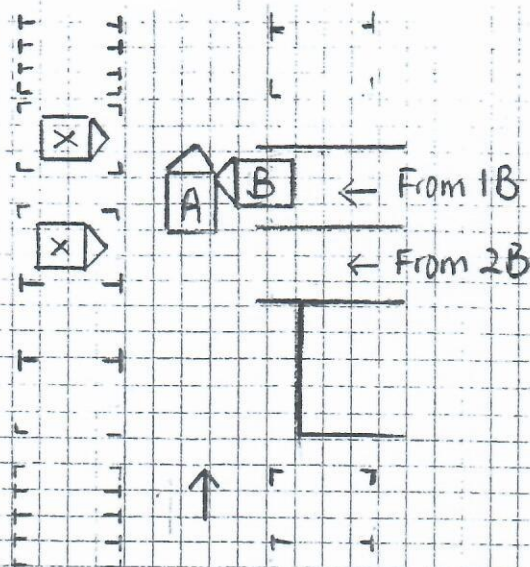
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Reporting Centre Personnel's Signature  
Singapore 415933  
Name: **Tel: 67416697 Fax: 67492305**  
NRIC/PR No.:  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

# SKETCH PLAN



A=SLJ3947D

B=SMP3435X

MSCP of 925 Yishun  
Central 1 Deck 2A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

## 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:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415933  
Name: \_\_\_\_\_  
Tel: 67416697 Fax: 67492305  
NEIC/FIN No.: \_\_\_\_\_  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

On 29.11.2020 at about 10:25 hours at MSCP of 925 Yishun Central 1 Deck 2A. I was travelling straight on my lane, suddenly vehicle (B) was coming up from 1B without checking the traffic condition hence collided onto the right hand side portion of my vehicle (A).

Vehicle (A): SLJ 3947D

Vehicle (B): SMP 3435X

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by 'my' and a large closing flourish.