

VEHICLE NO: SLV 3000 L

MAKE & MODEL: Kia Sorento

AUTO / MANUAL

DATE OF ACCIDENT	09 / 12 / 2020	2400	*C.C.
TIME OF ACCIDENT	0850	AM / PM	
LOCATION OF ACCIDENT	B11C 942	Tampines Ave 5	open carpark
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT	PRIVATE USE	PRIVATE HIRE
NAME OF OWNER	ANG BACK LANG	Email:	ypjenn@yahoo.com.sg
TELP NO	Mobile: 93211288	Office:	Home:
NRIC	51653488 I		
CLAIM TYPE	OD /	THIRD PARTY	REPORTING ONLY
FLEET POLICY:	YES / NO?		PR sent 9/12
INSURANCE CO.	NTUC		335H5
TYPE OF COVERAGE	Comprehensive	Third Party	Third Party Fire & Theft
POLICY NO.	5117480239		
NAME OF DRIVER	AS ABOVE /	IF NO:	
NRIC	51653488 I		
DATE OF BIRTH	24 / 03 / 1964		
ANY PASSENGER	YES / NO?		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor /	Indoor	
DATE OF DRIVING PASS	16 / 09 / 1987		
GENDER	Male /	Female	
CONTACT NO.	Mobile: 93211288	Office:	Home:
EMAIL	yp-jenn@yahoo.com.sg		
ADDRESS			
DOES DRIVER OWN OTHER VEHICLES?	NO /	If yes: Reg No.	INSURER:
RELATIONSHIP	Employee /	If No:	
WEATHER CONDITION	Clear	Raining / Other:	
ROAD SURFACE	Dry	Wet / Other:	
ANY INJURIES	No /	If yes: Who?	
CONTACT NO.			
POLICE REPORT	No /	If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO /	IF YES: WHO?	
VEHICLE B NO.	SLM 2607B	Any Passenger:	unknown
NAME			
CONTACT NO.			
VEHICLE C NO.		Any Passenger:	
VEHICLE D NO.		Any Passenger:	
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES /	NO	
WAS THERE ANY AUDIO RECORDED?	YES /	NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES /	NO	
	allan @ casgarage . sg		
Have you been approach by unknown person soliciting (s) /			
offering accident claims assistance?	YES /	NO	

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.:

I hereby authorise SME motor Pte Ltd
to send my accident report to my workshop
Cas Garage Pte Ltd via email : allan@casgarage.sg

Signature :



SKETCH PLAN

A - SLE 3000 L
B - SLE 2607 B




Bllc 942, Tampines Ave 5 open carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09-12-2020 at about 0850, my vehicle A was parked stationary at Bllc 942, Tampines Ave 5 open carpark. I received a call from the owner of vehicle B stating his vehicle B rear portion had collided to the front portion of my vehicle A, causing the damages.

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.: