

ACCIDENT DATE: 23/12/20 (DD/MM/YYYY) TIME: 10:30 (HH:MM)
LOCATION: Tampines Link Slip Rd into Tampines Ave 10

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SJM 276 D
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Fit 1.3 Auto
f) TYPE: (HATCHBACK / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
a) NAME: Yee Yung Ming (MALE / FEMALE)
b) NIC/FIN/PASSPORT: _____ CONTACT: 9696 5681
c) ADDRESS: _____

2/ No. of passengers
(including driver)
(1)

- * CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER
- DRIVER
a) NAME: Yee Yung Ming (MALE / FEMALE)
b) NIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____
- * (DATE OF BIRTH: _____) (DD/MM/YYYY)
d) OCCUPATION: (INDOOR / OUTDOOR)
e) YEARS OF DRIVING EXPERIENCE: _____
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
5. WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
6. ROAD SURFACE: (DRY / WET / OTHERS)
7. WAS ANYBODY INJURED (YES / NO)
8. IF REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

2/ No. of passengers
(including driver)
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3. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: SKW 4948T MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NIC/FIN/PASSPORT: _____
4. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NIC/FIN/PASSPORT: _____

2/ No. of passengers
(including driver)
()

Chap 1
Fax =
VIDEo = 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 willful 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 lodgement 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 purposes 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 claim;
(iii) carrying out and/or dealing with my instruction or responding to any enquiries by me;
(iv) administering my claim, including the making 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 any postal 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/are 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 based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Tampines Ave 10

A = SJN 276 D

B = SKW 4848 T

Tampines Link

Describe Circumstances of the Accident

I stop at the Slip Rd from Tampines Link towards
Tampines Ave 10 to check on the main road
traffic. Suddenly I felt an impact from behind.
After the incident, I realized Veh B from behind
collided onto my veh rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

Y. Lim
Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel