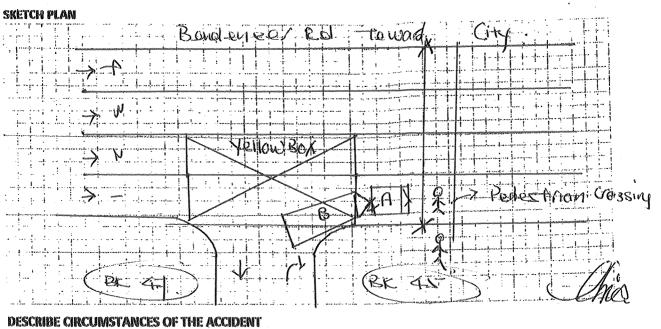
Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 06/01/51 (dd/mm/yy) Time of Accident: 14:00 (24-HR-FORMAT)
Vehicle No.: GBC 8529A Vehicle Make & Model: Nosan NV 200
*Transmission: Manual o Auto *C.c: 1600
Exact location of Accident: along Bundemeer Rd.
Policyholder's Name: Turnon Engineering Pte Hd NRIC/FIN/REG No.: 199906608H
*Policyholder's email address :
Driver's Name: Chia Cheong Peng NRIC/FIN/REG No.: S1574854J
*Driver's email address: chracheongineng agmail. com
Driver's Contact No.: 90230406 Company Contact No (If any): 6-45057
Date of birth: 20-02-1963 Driving Pass Date: 12 Nov 2008
Driver's Address: BIK 46 Bendemeer Road # 07-1431 8(330046)
Insurance Company: Sompo Insurance
Policy No.: DEOMTPCVEOO3463 Type of Coverage: Comprehesive) Third Party / Third Party, Fire & The
Relationship between Owner & Driver: (Please <u>CIRCLE</u> one only)
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please <u>TICK</u> one only)
o Own Insurance /w Other Vehicle (The one you want to claim against)/ o Reporting (For Record Purpose)
Tyce of Accident
o Chain Collision to Head To Rear o Side Swipe o Other
Occupation (nature job) o Indoor / Outdoor *No. of Passengers / Including Driver): Ol
*Passanger Name: Gender: Male / Female
*Passanger Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:
Was there any video captured by your car Car camera? O Yes / No
Any Injuries: o Yes / lo No (If YES) Injured Person' Name:
Injuries Sustain : Injured Person in Which Vehicle:
Police Report field: o Yes / & No (If YES) Which Police Station:
The Other Party (S) Details:
1. Driver's Name / IC No: Vehicle No: YP (708Y
Driver's Contact No: Insurance Company :
2. Driver's Name / IC No (If Any): Vehicle No:
Driver's Contact No: Insurance Company :
*Independent Witness (If Any):Contact No:
Preferred Workshop Name: Contact No:



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DECLARATION

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

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN 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 Drive.
- 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.
- 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:
 - 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 anymquiries 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 hing 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 ad/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and thensurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one of 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 Ingapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claimhistory 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 hvestigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably equired for the purposes stated, or
 - (II) for complying with requirements under any regulations, laws or counterders.

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.: