



VEHICLE NO:	SMK6118M		VEHICLE MODEL:	HONDA Vezel 1.6	
DATE OF ACCIDENT	3 / 03 / 21		AM(PM)		
TIME OF ACCIDENT	4.35				
LOCATION OF ACCIDENT	Geylang Road Toward Town				
Contact Purpose use during accident					
NAME OF OWNER	OSCARS LEASING PRIVATE LIMITED		KRIS@oscarsleasing.com.sg		
TEL NO	8218 8800				
NRIC	201431292N				
CLAIM TYPE	OD/THIRD PARTY/ REPORTING ONLY				
INSURANCE CO	NTUC				
TYPE OF COVERAGE	Comprehensive / Third party / third Party Fire & Theft				
POLICY NO	5109910175-01-000022				
NAME OF DRIVER	As above / (if no)		Goh Hock Lay		
NRIC	S0418862D		Any passengers: Nil		
DATE OF BIRTH	07 / 12 / 1943				
OCCUPATION	(Outdoor) / Indoor				
DATE OF DRIVING PASS	20 / 05 / 1963				
GENDER	(Male) / Female				
CONTACT NO	91089262		Office:		Home:
ADDRESS	Blk 40 Sims Drive #05-211 S380040				
DRIVER HAVE ANY OWN Vehicle	(No) / if yes: Reg No:				
RELATIONSHIP	Employee / if No:		Retail		
WEATHER CONDITION	(Clear) / Raining / Other:				
ROAD SURFACE	(Dry) / Wet / Others:				
ANY INJURIES	(No) / if yes: Who?				
CONTACT NO	91089262				
POLICE REPORT	(No) / if yes: Where?				
VEHICLE B NO	SHA 8051 A		Any passengers: Nil		
NAME					
CONTACT NO					
VEHICLE C NO	Any passengers:				
VEHICLE D NO	Any passengers:				
VEHICLE E NO	Any passengers:				
VEHICLE F NO	Any passengers:				
ANY WITNESS					
WITNESS CONTACT NO					
PARTICULAR WORKSHOP	IMPERIUM AUTOMOTIVE				
TEL NO	26 KAKI BUKIT ROAD 4				
CONTACT PERSON	#01-49 SYNERGY @ KB				
FAX NO	SINGAPORE 417800				
	TEL: 9748 9940 FAX: 63467213				
	Reg. No. 53293624L				

Describe Circumstances of the Accident

On 3.03.21 at about 16.35 hours, I was driving my vehicle NO SML6118M along Lorong 19 Geylang After turning out from Lorong 19 Geylang and travelling along the 2nd right lane of Geylang Road a taxi SHA8051H moved off from the parking lot on the extreme right lane and collided into the right side of my vehicle.

Declaration


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

H. 3. 21  


Witnessed by Reporting Centre Personnel

## 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 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 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;

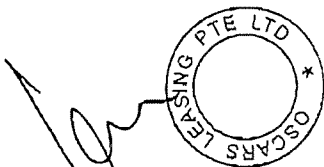
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



Policyholder's Signature / Date & Time



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

4.3.21

Witnessed by Reporting Centre Personnel

### Sketch Plan

