

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 05/03/21 (dd/mm/yy) Time of Accident: 15:20 (24-HR-FORMAT)

Vehicle No.: SPA56612 Vehicle Make & Model: Toyota wish

\*Transmission : ☐ Manual ☒ Auto

\*C.c : 1800

Exact location of Accident: Slip rd of Simei Ave towards upper Changi Rd East

Policyholder's Name: Sim Chow Wan @ and Sim NRIC/FIN/REG No.: 50155281C

\*Policyholder's email address: \_\_\_\_\_

Driver's Name: Sim Chow Wan @ and Sim NRIC/FIN/REG No.: \_\_\_\_\_

\*Driver's email address: \_\_\_\_\_

Driver's Contact No.: 9667 9000 Company Contact No (If any): \_\_\_\_\_

Date of birth: 16/8/49 Driving Pass Date: 4/2/72

Driver's Address: BK664A Buangkok West St 64 #07-26

Insurance Company: AIG 5641664

Policy No.: 2100751033-09 Type of Coverage: ☒ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other \_\_\_\_\_

Occupation (nature job) ☒ Indoor / ☐ Outdoor

\*No. of Passengers / Including Driver): \_\_\_\_\_

\*Passanger Name: \_\_\_\_\_

Gender: Male / Female

\*Passanger Name: \_\_\_\_\_

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your car Car camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person' Name: \_\_\_\_\_

Injuries Sustain : \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party (S) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SMU1937B

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: \_\_\_\_\_

## 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;

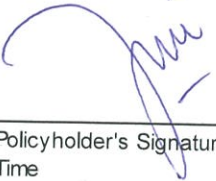
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

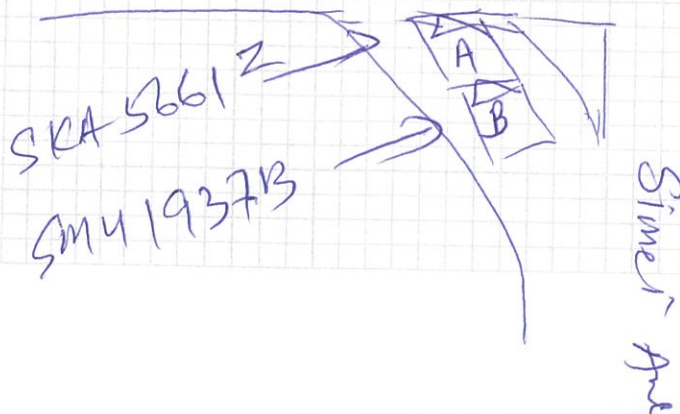
  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Upper Changi Rd East






**Describe Circumstances of the Accident**

My vehicle was stationary at the slip rd of Dimer  
are looking out for oncoming vehicles on the  
main road when vehicle B suddenly came  
from behind and hit the rear portion  
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

Witnessed by Reporting Centre  
Personnel