

ICM: 4941802

TRANS: AUTO

Motor accident report and claim form

Policy number 5011576092-15	Vehicle number SFR 7140S	Name of policyholder NEO TICK WATT
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Reason for reporting

☐ To claim for damage I have caused

☒ To make a third-party claim

☐ To report my accident only

Brief description of accident

Date (dd/mm/yyyy)

16/03/2021

Time

1730 HRS

Type of collision

HEAD INTO REAR

Weather condition

☒ Clear ☐ Raining ☐ Others

Location

ALONG PETIR ROAD

Road surface

☐ Wet ☒ Dry ☐ Others

Was the accident reported to the police?

☐ Yes ☒ No

If yes, please state which police station.

Details of driver

Name (as shown in NRIC)

POH GEOK ANN @ POH MARIA

Pass date of driving licence

NRIC number

S02501301

Contact number

9822 7605

Date of birth (dd/mm/yyyy)

16/02/1947

Email

TWNEO7@GMAIL.COM

Sex

☐ Male ☒ Female

Address

5 MEI HWAN CRESCENT SPORE 568450

Is your occupation:

☒ indoor? ☐ outdoor?

Purpose for which the vehicle was being used at the time of the accident

☒ Personal ☐ Commercial ☐ Private Hire

☐ Others, please specify:

Relationship to policyholder

SPOUSE

Details of passenger(s)

Number of passenger(s) including Driver

02

	Name of passenger(s)	Sex
1	MR NEO	<input type="checkbox"/> Male <input type="checkbox"/> Female
2		<input type="checkbox"/> Male <input type="checkbox"/> Female
3		<input type="checkbox"/> Male <input type="checkbox"/> Female
4		<input type="checkbox"/> Male <input type="checkbox"/> Female

Details of the other driver(s) and vehicle(s) involved

	Name of other driver (or drivers)	Vehicle number	NRIC number	Contact number
1	TI KOK CHON	SKW 1771A	S8261771Z	97345117
2				
3				

Injury details

Was anybody injured in this accident?

☐ Yes ☒ No

If yes, please go to the next question.

	Name of injured person	Sex	Convey by ambulance	Vehicle number	Contact number
1		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Declaration by person reporting

I declare that the information given above is true, correct and complete.

I understand that you may reject my claim if I have not given any relevant information or it is later proven that it is false or I have deliberately not included it.

I agree to authorise you (Income), to repair the damage to my vehicle in a reasonable time including the right to arrange for my vehicle to be repaired at another workshop if you decide to accept legal responsibility for this claim.

[Handwritten Signature]

Signature of driver

17/03/2021

Date (dd/mm/yyyy)

1000 HRS

Time

For official use

Report taken by

SUMAKI SULKUMAR

Staff code

S990968

Date (dd/mm/yyyy)

17/03/2021

Time

1000 HRS

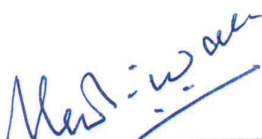
SKETCH PLAN

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 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)**

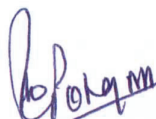
I understand, acknowledge, agree and consent that:

- (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: 17/03/2021
1000hrs



Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/03/2021
1000hrs



Reporting Centre Personnel's Signature

Name: Sumari Sukumaa
NRIC/FIN No.: S8B23603C

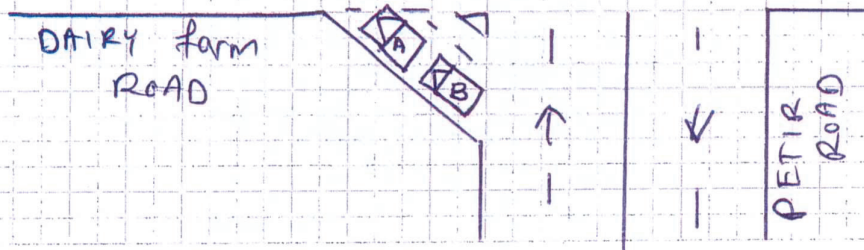
DAIRY Farm ROAD

PETIR ROAD

A

B

B! SKW 1771 F



On the 16/03/2021 at about 1730hrs,
I was driving my vehicle SFR7140S along
Petr Road. I went into left Slip Road that
leads into Dairy farm Road. STOPPED at give
way line to wait for traffic to clear. That's
when vehicle SKW1771A collided into the rear
of my vehicle. No one was injured.

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

Date & Time: 17/03/2021

(If driver is not the policyholder)

Name: SUMAXI SUKUMAR

NRIC/EIN No. : 8 00021420