

Personal Particulars

Date of Accident: 02/06/21 (dd/mm/yy) Time of Accident: 10:30 (24 Hrs)

Vehicle No: SAY 6547K Vehicle Make/Model: SUZUKI SX4

Exact Location of Accident: C7E TOWARD BALESTZER EXIT

Owner's Name / IC No: ~~ANH JZONH SONH~~ ANH SWEET TIANH

Owner's Contact No: 91118380 Owner's Email*: _____

Driver's Name / IC No: ANH JZONH SONH

Driver's Contact No: 9753 0435 Driver's Email*: _____

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/

Others please specify: _____ Insurance Company & Policy No: ECICS MPC21A00036900

Does the driver own any other vehicle?

Yes ☒ No ☐ If Yes, Vehicle no. _____ & Insurance Company & Policy No: _____

What do you wish to claim? (Please circle one only) *Number of passengers (Including Driver): 2

Own Insurance / Third Party / Reporting Only

Exact purpose for which the vehicle was being used at the time of accident?

Private use / Work purpose

Weather condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation _____ Any Witness? _____

*Any Video? _____

Indoor / Outdoor _____ Yes / No If Yes, please specify _____

Yes ☒ No ☐

Any Injuries? (Police report is required if mc is above 3 days)

*Seat Belt? _____

Yes / No If Yes, which police station, which part? _____

Yes / No ☒

Third Party (Vehicle B) details:

Driver's Name/IC No: ASTON LIN Vehicle No: SMP 57904

Third Party Insurance: _____ Driver's Contact No: 91701122

Other's Vehicle Involved (If applicable)

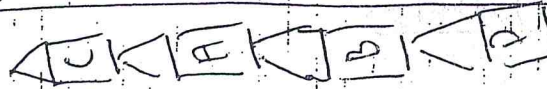
Vehicle C: SQ SMQ 2484E Vehicle D: SMQ 9431L Vehicle E: _____

Was any foreign vehicle involved in this accident?

If yes, Foreign Vehicle Registration Number: _____

SKETCH PLAN

CITE TOWARDS CITY



A=>SGY 6547K

B=>SMP 5790G

C=>SMQ 2484E

D=>SMQ 9431L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on lane 1 at CITE towards the city, suddenly vehicle C jammed his brakes. After seeing that, I also jammed my brakes and managed to stop in time. After that, I feel a hard impact on my back of the car from vehicle B. The impact was so hard that it pushes me to hit vehicle C.

DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN 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 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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 03 Jun 2021 / 10:01:33
Receipt Date/Time : 03 Jun 2021 / 10:01:33

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210603-000659

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SMP5790G
As at 02 Jun 2021/10:30:00
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SMP5790G
Enquiry Fee

7.00	0.49	7.49
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20210603100027010489

Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

		0.04
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Total Amount Payable

		7.45
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Paid By

Direct Debit: eNETS Debit
(Internet Banking) 7.45

20210603100043262

Total

		7.45
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Cash Change

		0.00
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Tendered Amount

		7.45
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Excess Refundable Amount

		0.00
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THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.