VEHICLE NO: SKD2600D MAKE & MODEL: Proton Saga

14/6/21 6.20am

LOCATION OF ACCIDENT	Woodland Road before Sungei Kadut Ave
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / (PRIVATE USE) / PRIVATE HIRE
NAME OF OWNER	Koh Yeow Chiang
EMAIL:	Office: MOBILE:
NRIC	S0562705G
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY
FLEET POLICY:	YES / NO ?
INSURANCE CO.	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft
POLICY NO.	P1027635GR01
NAME OF DRIVER	(AS ABOVE) / IF NO:
NRIC	
DATE OF BIRTH	17 / 3 / 1949
ANY PASSENGER	YES / (NO)
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	(Outdoor) / Indoor
DATE OF DRIVING PASS	3 / 5 / 2003
GENDER	(Male) / Female
CONTACT NO	Mobile: 9711 2600 Office: Home:
EMAIL:	
ADDRESS	1 Maude Road #09-40 Sg 207001
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No: INSURER:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	(Clear) / Raining / Other :
ROAD SURFACE	(Dry) / Wet / Other :
ANY INJURIES	No / If yes : **Who?** Koh Yeow Chiang 2 Days MC
CONTACT NO	9711 2600
POLICE REPORT	(No) / If yes : Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?
VEHICLE B NO.	XE1082X Any Passenger :
NAME	Gopala
CONTACT NO	8319 1776
VEHICLE C NO.	Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO	Any Passenger :
VEHICLE F NO.	Any Passenger :
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)
WAS THERE ANY AUDIO RECORDED?	YES / (NO)
SCENE ACCIDENT PHOTOS TAKEN?	(YES) / NO
****WORKSHOP:**	
Euro Success	
Have you been approach by unknown person offering accident claims assistance?	soliciting (s) / YES / 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 willful 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.

Koh

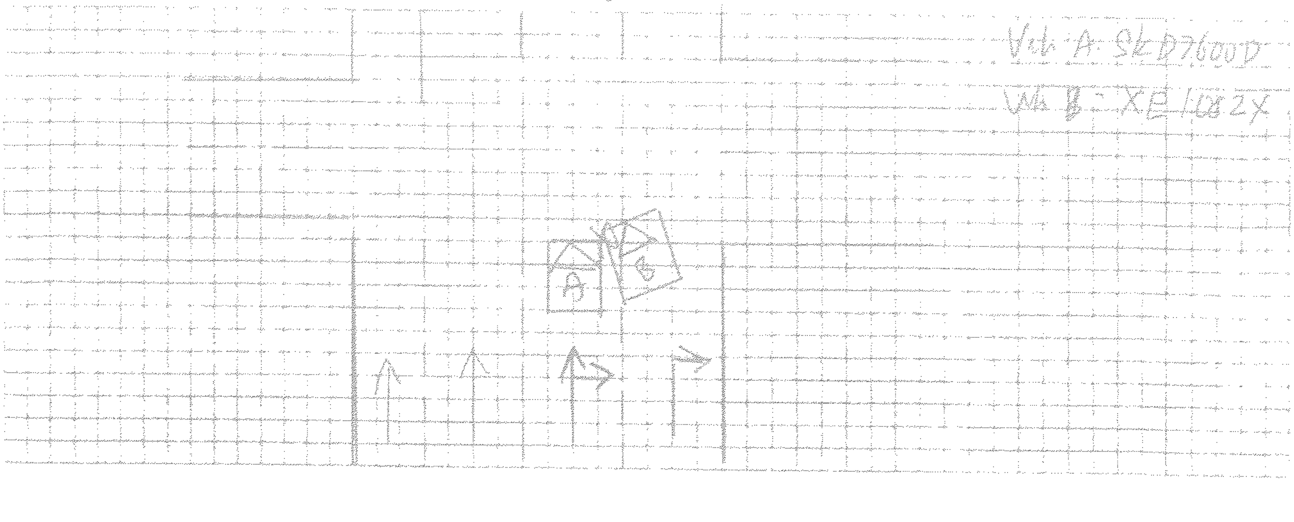
Policyholder's Signature / Date & Time

Koh

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

Witnessed by Reporting Centre Personnel

Sketch Plan Woodlands Road before Sungei Kadut Ave



Describe Circumstances of the Accident

ON The Stated Time and date,

I was driving my vehicle bearing car plate (Veh A : SKD 2600 D) along Woodlands Road

before Sungei Kadut Ave Junction on Lane 2. I was stationary on Lane 2 while the traffic light is Red,

waiting to turning into Sungei Kadut Ave. while the traffic goes green. Suddenly I felt

a Impact from my Front Right portion. I alighted and Realise that a truck bearing

Car plate (Veh B : YE 1082 X) had swerve Left into my Lane abruptly and collided

into my front portion. After the Accident, I felt uncomfortable and went to a doctor

and given 2 Days MC.

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