

[Signature]

ACCIDENT INFORMATION			
Date of accident	07/08/2021	Time of accident (Hrs)	12:30 PM
Location of accident	KTE (Towards PIE (Tans) near Woodland Exit.		

DETAILS OF OWN VEHICLE			
Vehicle registration number	YN 4707 X		
Name of registered owner	dfine Engineering Pte Ltd.		
NRIC/FIN/Passport no.	200810350m		
Email address	dfine@singnet.com.sg		
Mobile phone no.	91398736	Alternative phone no.	

VEHICLE PARTICULARS			
Manufacturer	mit subaru	Model	canter
Insurance company		Policy No.	
Insurance coverage	Comprehensive	Third Party Only	Third Party Fire Theft
Fleet policy	Yes	No	
Vehicle Category	Private Car / Private Hire / Others:		
Reporting purpose	Own Damage	Third Party	Reporting Only

DRIVER'S PARTICULARS			
Name of driver	udaiyar Jeyakumar	Same as owner : Yes / No	
NRIC/FIN/Passport no.	66757627L		
Date of birth	15/05/1983		
Occupation	driver		
Date of driving pass	17 sep 2012		
Gender	Male	Female	
Mobile phone no.	90149172	Alternative phone no.	
Email address			
Address	508 #16 Choa Chu Kang Road #11-73 (F) 698903		
Postcode	698903	Relationship with owner	

GENERAL INFORMATION OF ACCIDENT					
Type of collision	Head to rear / Chain / Side Swipe / Others :				
Weather conditions	Clear	Raining	Road Surface	Dry	Wet
Number of passengers	Name:		Gender:		
	Name:		Gender:		
	Name:		Gender:		
Was anybody injured?	Yes	No	Police report made?	Yes	No
Videos captured?	Yes	No	Please tick if the video is with owner.		
			NIL		
* Please pass the video to person in charge if you would like to attach to the report.					
Name of person injured					

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle registration no.	GBL 2191G		
Name of driver	willie tan		
NRIC/FIN/Passport no.			
Contact Number	91122220		
Name of person injured			
Workshop Name & Email address:	Hrap tek Automobile Trading / hraptek@hotmail.com		

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 Authorized 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.

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 applications 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 envelopes) 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/are 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 situated outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

① 406 21914

(near Woodlands ERP)
KTE Insurance (PTE) Ltd LADPUH NO 93



Describe Circumstances of the Accident

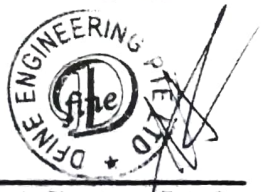
On 07/08/2021 @ about 12.30pm, I am travelling along KJE toward - CPE) Tams at Lamp Post No 93. The cars ahead of me slow down and stop. I too stopped, suddenly, I felt an impact on my rear portion. When I came down, I saw that vehicle (A) hit my vehicle rear portion. Only 2 cars involved.

my vehicle will be repair and claim at

Hip Lek Automobile Trading

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