

3. Information provided must be **completed by the Policyholder and/or the Authorised Driver**. 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.

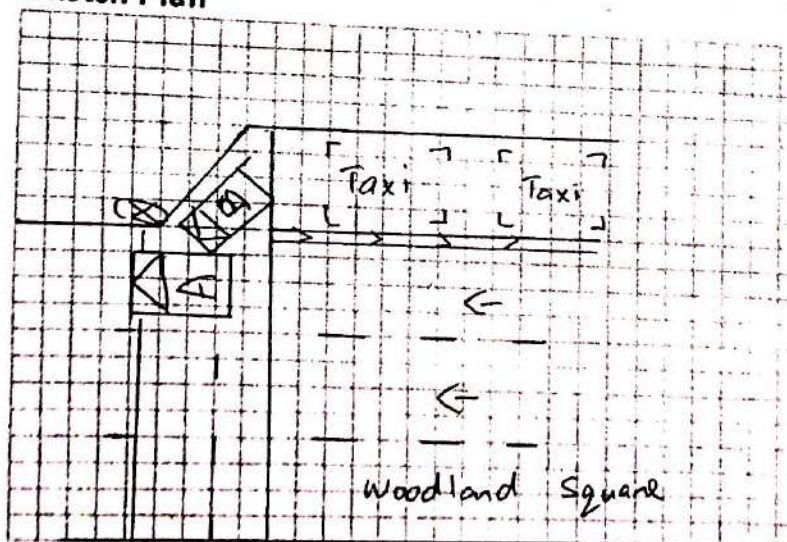


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SMN2942R

B - SHB5386Z

[Signature]



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20210824/2077

CONTINUATION OF REPORT

Driver			
Name	PETER RAMDAS SITARAM		ID No. S1417588A
Related Vehicle	SHB5386Z (Car)		Contact No. 83027441
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RODNEY CHANG TZE LIANG		ID No. S7323399B
Related Vehicle	SMN2942R (Car)		Contact No. 98538548
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	24/08/2021	Date Discharge	24/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 21/08/2021 at about 1735hrs, I was driving my vehicle (SMN2942R) along Woodlands Square. I was driving along the extreme right lane. While I approached the traffic junction, a taxi (SHB5386Z) came out from the taxi lane at the right side of my vehicle and collided into the right rear of my vehicle. I wish to state that the traffic was in my favour.

We came out of our vehicle to make a check. We exchanged particulars and left the area. No police or Ambulance attended to us. No government property was damaged. I felt slight pain on my neck and lower back during the point of accident, however I assume that it will get better.

My vehicle suffered from scratches and dent on the right rear and the taxi suffered from scratches and dent on the front left of it's vehicle.

On 24/08/2021, the pain on my neck and lower back worsen. I then went to National University Polyclinics and was given 3 days outpatient sick leave.

This is the first time such incident happened to me.



SINGAPORE POLICE FORCE



T/20210824/2077

1 of 1

Report No. T/20210824/2077

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2021 17:30		Vide Report No.:		Station Diary No.: 94
Informant's Particulars				
Name of Informant: RODNEY CHANG TZE LIANG		Address: APT BLK 411 SAUJANA ROAD #03-102 SINGAPORE 670411		
ID Type / ID No.: NRIC NO / S7323399B		Contact No.: Home/Office:		Mobile: 98538548
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 48	Date of Birth: 10/06/1973	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/08/2021 17:35	Type of Location: Straight Road
Location: WOODLANDS SQUARE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHB5386Z	Car				Slightly Damaged	1
SMN2942R	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA