

VEHICLE NO:	SGG 1175C	VEHICLE MODEL:	BMW 520i
DATE OF ACCIDENT	21 / 08 / 21	TIME OF ACCIDENT	1.52 AM (PM)
LOCATION OF ACCIDENT	Bedok North Road		
Contact Purpose use during accident			
NAME OF OWNER	Tom Boon kok (24uo wen Guo) No admit ambulance		
TEL NO	8688 8066	alantoh2303@gmail.com	
NRIC	S7508483		
CLAIM TYPE	OD (THIRD PARTY) / REPORTING ONLY		
INSURANCE CO	N TUC		
TYPE OF COVERAGE	(Comprehensive) / Third party / third Party Fire & Theft		
POLICY NO	5121526864		
NAME OF DRIVER	(As above) / if no:		
NRIC	S7508483	Any passengers: Nil	
DATE OF BIRTH	23 / 03 / 1975		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	27 / Sep / 1995		
GENDER	(Male) / Female		
CONTACT NO	8688 2066	Office:	Home:
ADDRESS	Blk 847 Tampines Street 83 #09-172 S520847		
DRIVER HAVE ANY OWN Vehicle	(No) / if yes: Reg No:		
RELATIONSHIP	Employee / if No:	Owner	
WEATHER CONDITION	(Clear) / Raining / Other:		
ROAD SURFACE	(Dry) / Wet / Others:		
ANY INJURIES	(No) / if yes: Who?		
CONTACT NO	8688 8066		
POLICE REPORT	(No) / if yes: Where?		
VEHICLE B NO	SMP7091C	Any passengers: 1	
NAME	Zhang Quanpo		
CONTACT NO	91788278	Any passengers:	
VEHICLE C NO		Any passengers:	
VEHICLE D NO		Any passengers:	
VEHICLE E NO		Any passengers:	
VEHICLE F NO		Any passengers:	
ANY WITNESS			
WITNESS CONTACT NO			
PARTICULAR WORKSHOP	IMPERIUM AUTOMOTIVE		
TEL NO	26 KAKI BUKIT ROAD 4		
CONTACT PERSON	#01-49 SYNERGY @ KB		
FAX NO	SINGAPORE 417800		
	TEL: 9748 9940 FAX: 63467213		
	Reg. No. 53293624L		

## 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 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**

Bedok North Road



C A) SGG1175C

C B) SMP7091C

**Describe Circumstances of the Accident**

On 21 of Aug 2021, at about 1.52pm My vehicle  
SGG1175C Travelling along Bedok North Road.  
In front of me the vehicle stop I also stop and my  
Vehicle stationary. I feel Impact hit on my Rear  
portion SMP7091C

**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