

VEHICLE NO: SNA 3986F

SM - Indig
 MAKE & MODEL : MINI COPPER GPE AUTO MANUAL

DATE OF ACCIDENT	11 / 09 / 2021	C.C. 1499
TIME OF ACCIDENT	12.45 AM PM	
LOCATION OF ACCIDENT	PIE TOWARD AIRPORT BEFORE KIM KEAT.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	SEBASTIAN FOK HSIEH MIN Email: 69.sebastianfok@gmail.com	
TELP NO	Mobile: 96182079	Office: Home:
NRIC	S9 242103A	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES <input checked="" type="checkbox"/> / NO?	
INSURANCE CO.	HTUC	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	5122818629	
NAME OF DRIVER	<input checked="" type="checkbox"/> AS ABOVE / IF NO:	
NRIC		
DATE OF BIRTH	18 / 11 / 1992	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / NO:	
NAME OF PASSENGER	SERENA GOH JIAMIN	
GENDER OF PASSENGER	MALE <input checked="" type="checkbox"/> / FEMALE	
OCCUPATION	Outdoor <input type="checkbox"/> / Indoor <input checked="" type="checkbox"/>	
DATE OF DRIVING PASS	23 / 03 / 2012	
GENDER	Male <input checked="" type="checkbox"/> / Female	
CONTACT NO	Mobile: 96182079	Office: Home:
EMAIL	69.sebastianfok@gmail.com	
ADDRESS	BLK 784 CHOA CHUKANG DR #08-203 S(680784).	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:	
ANY INJURIES	No / If <input checked="" type="checkbox"/> yes: Who? 1) SEBASTIAN FOK HP: 96182079. (M) 2) SERENA GOH HP: 96908749. (F)	
CONTACT NO.		
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	83F 9332H	Any Passenger: NOT SURE
NAME		
CONTACT NO.	8203 3877	
VEHICLE C NO.	SMG 3323E	Any Passenger: NOT SURE
VEHICLE D NO.	SLH 5531R	Any Passenger: NOT SURE
VEHICLE E NO.	SGW 9239R	Any Passenger: NOT SURE
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="checkbox"/> / NO	
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="checkbox"/> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES <input checked="" type="checkbox"/> / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="checkbox"/> / NO	

Walter Egan

SM AUTOMOTIVE

Email: sm_automotive@hotmail.com

Tel: 6747 9241

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:

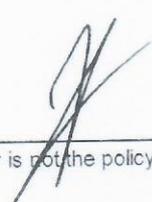
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

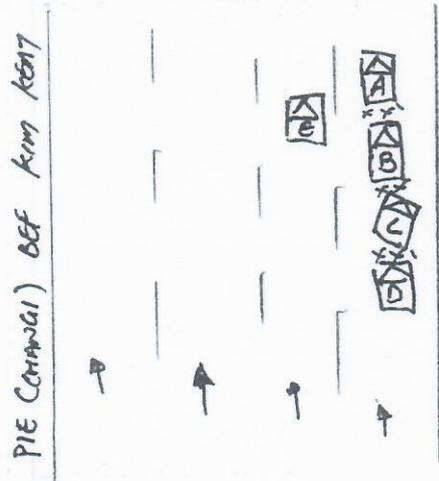


Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

- A) SNA 3906P
- B) SJF 9332H
- C) SMO 3323E
- D) SLH 5531S
- E) SGW 9239R



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI ON THE RIGHT MOST HAND OF 4 LANES, AS I WAS TRAVELLING STRAIGHT VEHICLE IN FRONT BRAKE AND STOP, I THEREFORE APPLIED MY BRAKE TO STOP WHEN SUDDENLY I FELT A STRONG IMPACT AT THE REAR OF MY VEHICLE. AFTER THE COLLISION I CAME OUT OF MY VEHICLE AND REALISED A TOTAL OF 5 VEHICLES INVOLVED IN THE CHAIN COLLISION. AFTER THE COLLISION, MY VEHICLE AIR-CONDITION WAS NOT COOL AND MY AIRBAG LIGHT APPEAL.

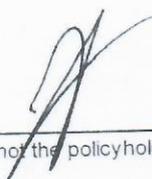
Declaration

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