

VEHICLE NO. SJK19545D MAKE & MODEL: Toyota Camry CC: 2487

DATE OF ACCIDENT: 16/09/2021
 TIME OF ACCIDENT: 1005 AM / PM
 LOCATION OF ACCIDENT: Slip Road of Tampines Ave 7 towards TPE
 EXACT PURPOSE USED AT TIME OF ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER Chew Chong Hong Email: CH.CHEW.2282@GMAIL.
 TELP NO: Mobile: 97932406 Office: Home: COM
 NRIC: S8204511B
 CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
 FLEET POLICY: YES / NO?
 INSURANCE CO.: Budget Direct
 TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft
 POLICY NO: P10479216R00

NAME OF DRIVER AS ABOVE / IF NO:
 NRIC:
 DATE OF BIRTH: 02/02/1982
 ANY PASSENGER: YES / NO:
 NAME OF PASSENGER:
 GENDER OF PASSENGER: MALE / FEMALE
 OCCUPATION: Outdoor / Indoor
 DATE OF DRIVING PASS: 30/03/2004
 GENDER: Male / Female
 CONTACT NO.: Mobile: Office: Home:
 EMAIL: CH.CHEW.2282@GMAIL.COM
 ADDRESS: Blk 301 Tampines Street 32 #02-16 (S)
 DOES DRIVER OWN OTHER VEHICLES? NO / If yes: Reg No. INSURER: S20301
 RELATIONSHIP: Employee / If No.
 WEATHER CONDITION: Clear / Raining / Other:
 ROAD SURFACE: Dry / Wet / Other:
 ANY INJURIES: No / If yes: Who? 01) Chew Chong Hong
 CONTACT NO.:
 POLICE REPORT: No / If yes: Where?
 NOTICE OF INTENDED PROSECUTION GIVEN? NO/IF YES: WHO?
 VEHICLE B NO. SLW11014 Any Passenger: NIL
 NAME:
 CONTACT NO.:
 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
 Have you been approach by unknown person soliciting (s) / offering accident claims assistance? 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.



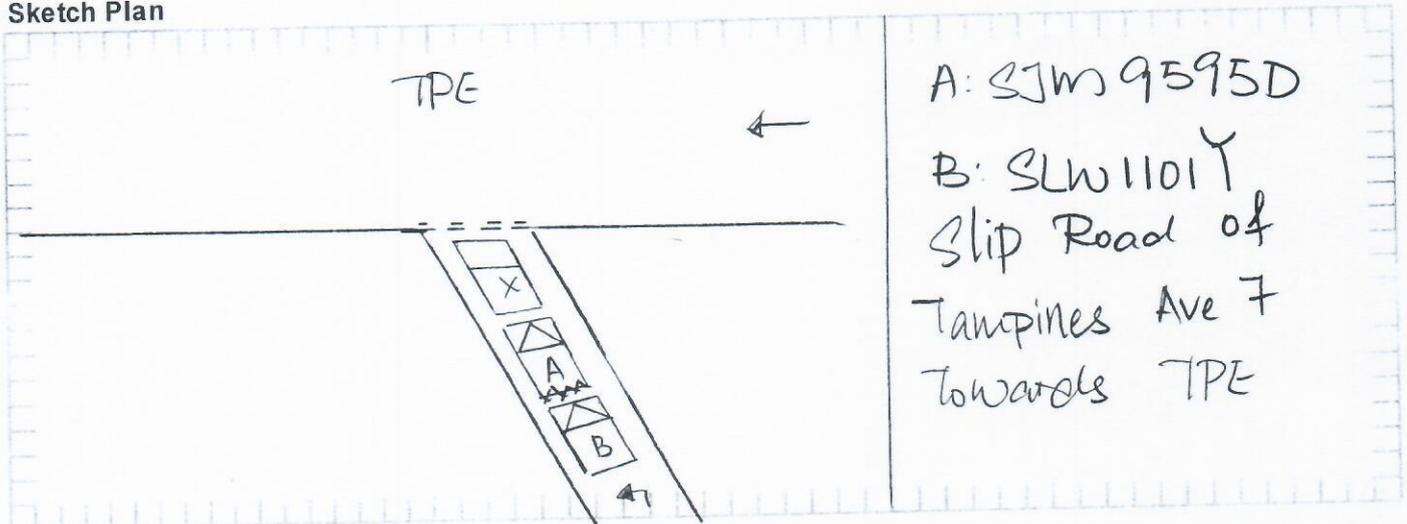
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along slip road of Tampines Ave 7 towards TPE.

The vehicle in front of me had slowed down and stopped, I also followed suit.

Suddenly, i felt a huge impact. Veh "B" collided onto the rear portion of my vehicle and caused damages.



DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: