

Date of Accident : 17092021 Accident Time: 1435 (24-HR-FORMAT)  
Accident Place : PIE towards Tuas before CTE SLE Exit.  
Vehicle Reg. No (Car plate No.) : GBJ1717H Vehicle Make/Model: TOYOTA DYNA  
Insurance Company : CHINA TAIPENG Policy No. DMCUSNW00047352100  
Name of Registered Owner : Company / Individual MG PAINTING SERVICES PTE LTD.  
ID of Registered Owner : Co Reg No: 2012116 00M Owner's NRIC No: \_\_\_\_\_  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_  
DRIVER'S Name : CHAN WEI SIONG DRIVER'S NRIC No: S7362719B  
DRIVER'S Date of Birth : 06091973 DRIVER'S License Pass Date 27092001  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : APT BLUE 310C PUNGGOL WALK #17-600 #S823310  
DRIVER'S Contact No./ All No. : 1) 91892862 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : ~~Reporting Only~~ \ Claim Other Party \ ~~Claim Own Insurance~~  
Number of Passengers (including Driver): 4 Name & Gender: CHAN WEI SIONG,  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: ~~Private use~~ \ <sup>PRIVATE USE</sup> Work purpose  
Any injuries, if yes (name of the injured person) BACK AND NECK.

Other Party Driver's Particulars (if any)

Vehicle Reg No: WC 6588T	Vehicle Reg No: SMY2255H
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

# **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.



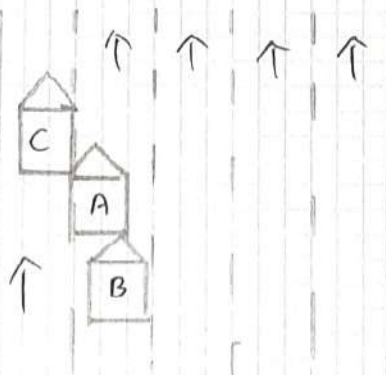
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**

PIE towards Tuas Before CTE SLE Exit



A : GBS1717H  
B : WCG588T  
C : SMY22SSH

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circumstances of the accident

We declare the foregoing particulars are true in every respect.



Spaul