


# Accident Reporting Draft

VEHICLE NO: SLB5499J

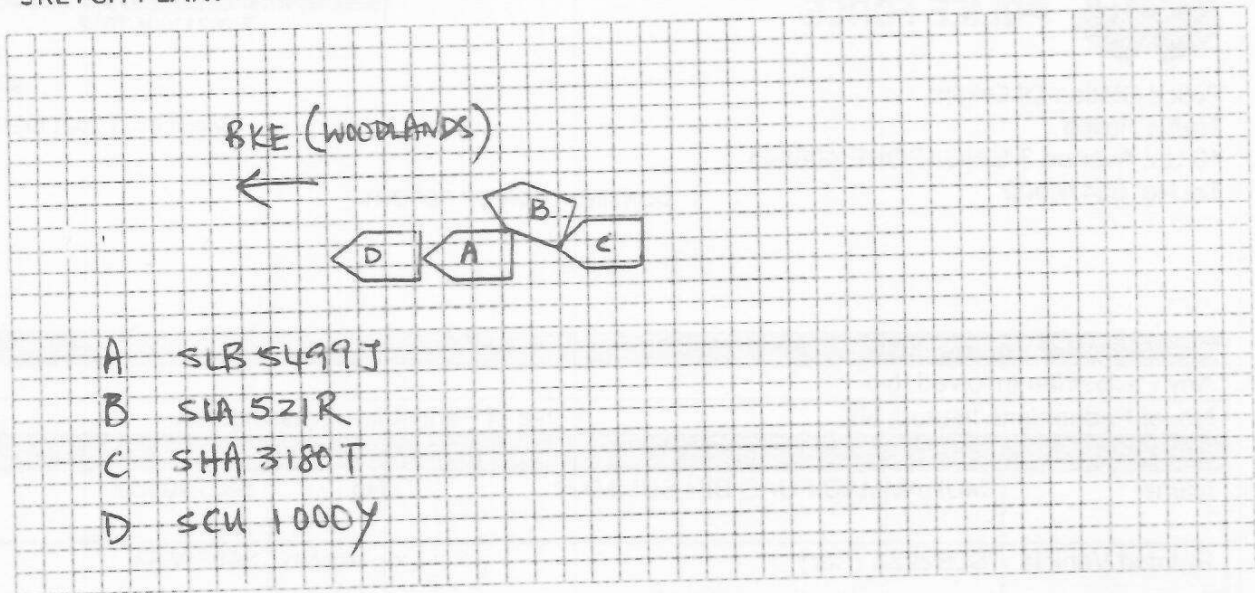
MODEL: HONDA VEZEL

AUTO/MANUAL

DATE OF ACCIDENT	01/10/2021	C.C: 1,496
TIME OF ACCIDENT	2040	HRS AM/PM
LOCATION OF ACCIDENT	BKE (WOODLANDS) BEFORE DAIRY FARM EXIT	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	HUIN MAY FOONG SANDRA	
CONTACT NO.	90268738	EMAIL: SANDRAHUIN60@GMAIL.COM
NRIC	S1436531A	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY <u>3P</u>	
INSURANCE CO.	LONPAC	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: WOO SAU YUE SHERYL	
NRIC	S93189461	ANY PASSENGER: <u>1</u>
DATE OF BIRTH	26/05/1993	FLORIA LOW FENG ER
OCCUPATION	OUTDOOR / INDOOR	S9434282A
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	90268738	EMAIL: SANDRAHUIN60@GMAIL.COM
ADDRESS	APT BLK 642 PASIR RIS DRIVE 10 #07-38 S(510642)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: <u>RAINY</u>	
ROAD SURFACE	DRY / WET/ OTHER: <u>WET</u>	
ANY INJURIES	<u>NO</u> / IF YES:	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	SLA521R	ANY PASSENGER: <u>0</u>
NAME		
CONTACT NO.		
VEHICLE C NO.	SHA3180T	ANY PASSENGER: <u>0</u>
VEHICLE D NO.	SCU1000Y	ANY PASSENGER: <u>0</u>
VEHICLE E NO.		ANY PASSENGER:
VEHICLE F NO.		ANY PASSENGER:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p><b>Ryder</b> Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		

2/10 photos taken, driver came, pending CI and IC / license

# SKETCH PLAN:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BKE (WOODLANDS) B4 DAIRY FARM EXIT ON LANE 2. VEHICLES AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STATIONARY, VEHICLE B REAR ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO CONTACT VEHICLE D. A TOTAL OF 4 VEHICLES WERE INVOLVED IN THE CHAIN COLLISION.

## DECLARATION

I/ We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
 Date & Time: 02/10/21

*[Signature]*

Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time: 02/10/21 10:40

Reporting Centre Personnel's Signature  
 Name:  
 NRIC / FIN 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 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 lodgment 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature

Date & Time: 02/10/21  
10:40

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02/10/21 10:40

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.