PCV Accident Report

(For Reporting only)

SPARK CAR CARE
ComfortDelGro Engineering

☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☐ Loyang ☑ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident	Date: 04/10/21	Time:	1800
Date & Time of Reporting	Date: 05/10/21	Time:	1330
Place of Accident	323 Geylang Road SG (389354)		
Vehicle Reg. No. :	FBK 8355B	Make / Model :	Yamaha YSR900
Purpose of Use at Time of Accident : Goods transportation / private usage / others:			P.U.
Name :	Lim Kuan Yu kelvin	NRIC / FIN No.	S9546658C
Address :	B/K 515 Bedok North Ave 2 #02-211		
Postcode :	460515	Date Of Birth :	20/12/1995
Home :	66837945	Handphone :	81236624
Email :	Kelvinfishyyy@gmail.com	Gender :	(Male) / Female
Occupation : Management / Sales / Retiree / Housewife / Technical / Education / Others :			civil servant.
Type of Claims : (Third Party) / Own Damage / Reporting Only		Licence Pass Date :	
Driver Status : (Owner) / Non-owner	Years of Driving Experience :	6	05 Mar 2021

If you are not the owner, the owner's name & tel : _____

Owner's Address : _____

Relationship with Owner : *Owner's NRIC / Company Reg. No :*

Vehicle Towed In ?	Yes / (No)	My Insurance Company:	EQ insurance
Police Reported ?	Yes / (No)	Police Report Reference No. :	
Company's Vehicle ?	Yes / (No)	Insurance Policy No:	DMMPH021-000553
Do you have witness ?	(Yes) / No	Type of Policy: Comprehensive / (Third Party Fire & Theft) / Third Party Only	
(If Yes, Witness Name & Contact No :	Steh Jin mei' 94562321		
Weather Condition :	(Clear) / Cloudy / Light Rains / Heavy Rains		
Road Condition :	(Dry) / Wet	Was anyone injuried in the accident ?	Yes / (No)
Other vehicle or property damage ?	Yes / (No)	Was Notice of Intended Prosecution given ?	Yes / (No)

Describe How Accident Happened : Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details ***(Use Annex 2 for Chain Collision as attachment)***

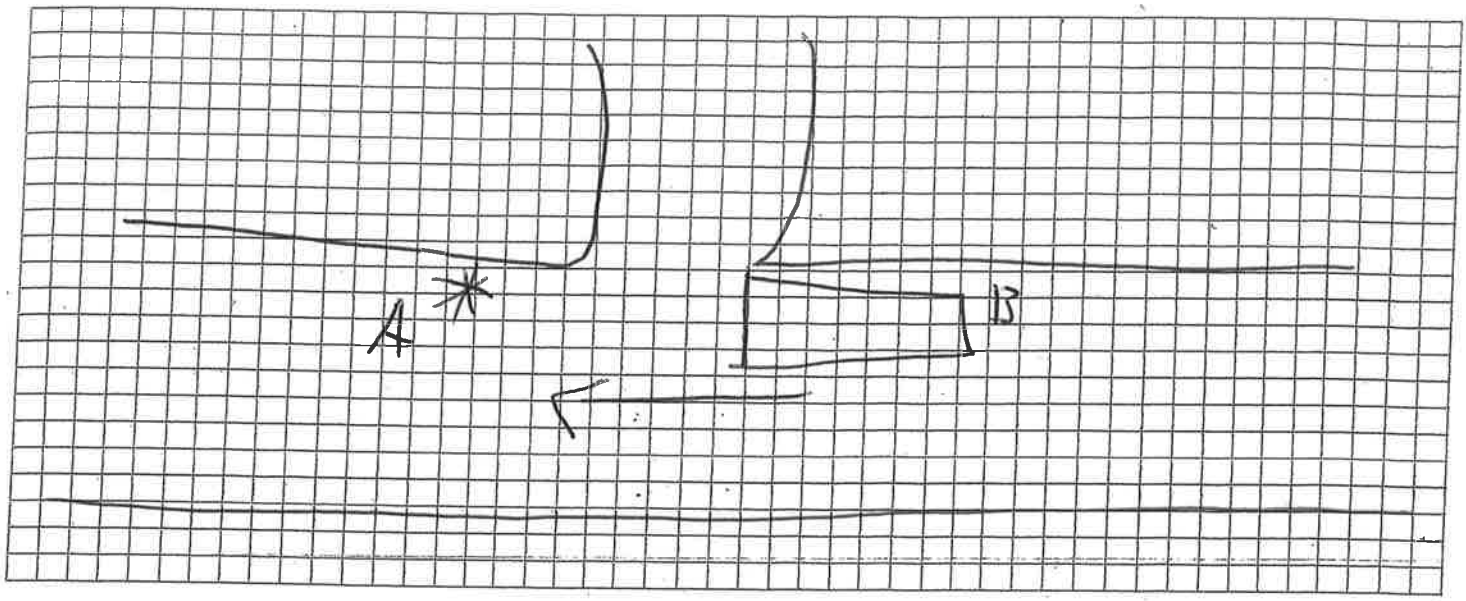
Vehicle Make / Model :		Vehicle Reg. No :	XQ 1024P
Name of Driver :	LIU ZHAO	NRIC No. WP :	078505664
Insurance Company :		Handphone :	84428904

Driver's Declaration : I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature : 

Date : 05/10/21

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Motor cycle (A) FBL 835B
☐ Lorry (B) YQ 1024P

- Lorry reversed and knock into motorcycle one on a one way road.
- Motorcycle was parked stationary.

DECLARATION

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

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, UBI BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

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.

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV. UBI BRANCH
NAME & SIGNATURE:
DESIGNATION: DATE:

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.: