


468		VEHICLE MODEL: <u>YAMAHA X-MAX</u>	
		24 / 10 / 21	
		3.51 AM/PM	
ACCIDENT		New Upper Changi Road Toward Bedok North Road	
purpose use during accident			
NAME OF OWNER		Sulaiman Bin Dawd (No admit ambulance)	
TEL NO		9818 8695 : sulaimansiz@gmail.com	
NRIC		S87404652	
CLAIM TYPE		OD/THIRD PARTY/ REPORTING ONLY	
INSURANCE CO		NTUC	
TYPE OF COVERAGE		Comprehensive / Third party (third Party Fire & Theft)	
POLICY NO		512 3447697	
NAME OF DRIVER		(As above) / if no:	
NRIC		S87404652 Any passengers: Nil	
DATE OF BIRTH		13 / 12 / 1987	
OCCUPATION		Outdoor / (Indoor)	
DATE OF DRIVING PASS		12 / 12 / 2016	
GENDER		(Male) / Female	
CONTACT NO		9818 8695 2 Office: Home:	
ADDRESS		81145 TAM CHEE Street #07-140 5461045	
DRIVER HAVE ANY OWN Vehicle		(No) / if yes: Reg No:	
RELATIONSHIP		Employee / if No: Owner	
WEATHER CONDITION		(Clear) / Raining / Other:	
ROAD SURFACE		(Dry) / Wet / Others:	
ANY INJURIES		No / (if yes: Who?	
CONTACT NO		9818 8695	
POLICE REPORT		(No) / if yes: Where?	
VEHICLE B NO		SHC 81434 Any passengers: Not sure	
NAME		NG Ser Hua	
CONTACT NO		9137 7292	
VEHICLE C NO		Any passengers:	
VEHICLE D NO		Any passengers:	
VEHICLE E NO		Any passengers:	
VEHICLE F NO		Any passengers:	
ANY WITNESS			
WITNESS CONTACT NO			
PARTICULAR WORKSHOP			
TEL NO			
CONTACT PERSON			
FAX NO			
		 H L Cycle Pte Ltd	
		AutoBay @ Kallit Bukit 1 Kallit Bukit Ave 6 #02-58/60 Singapore 417883	
		Tel: 6484 4842 / 6484 4034 Fax: 6484 4342 Email: info@hleye.com.sg	

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.

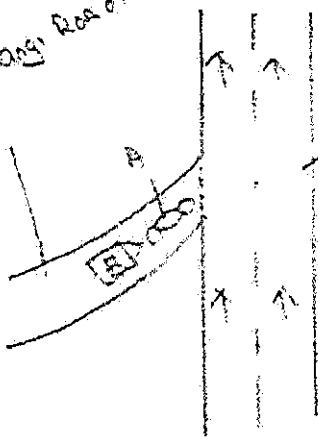

Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre
Personnel

Sketch Plan

New Upper Changi Road



Bedok North Road

(A) FBS 8346B


(B) SHC 81434


Describe Circumstances of the Accident

On 24th October at around 3:51pm, i was riding my motorcycle along New Upper Changi Road and i entered the slip road towards Bedok North Road. As i was waiting inside the slip road for the traffic to be cleared, a taxi from behind suddenly hit me from the back and i fell down.

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

Witnessed by Reporting Centre
Personnel