

AH LIM MOTOR COMPANY

Data Collection for Accident Reporting

Please write clearly

Insurance Company- EQ INSURANCE COMPANY LTD OD/TP/ Reporting Only
Date Of Accident- 31/10/21 Time Of Accident- 7:45 p.m
Exact Location of Accident- W. COLEMAN'S AVE 5 AFTER U-TURN JUNCTION WISH AVE?
Weather- Clear/Dry/Raining/Drizzling After Rain Wet Others CC
Vehicle Number- SMN8765X Vehicle Model- Audi A4 Auto Manual

Policy Holder Name - TAN ENG KEAT
Policy Holder NRIC/Fin No - F0273063N Email Address tigerterrytan@gmail.com
Policy Holder HP - 92469277 Alt Phone No - -
Home Address - 12 PASIR RIS LINK, #09-48 RIPPLE BAY, S(518164)

Driver Name - TAN ENG KEAT Relation with owner OWNER
Driver NRIC /Fin - F0273063N Policy Holder HP - 92469277 Alt Phone -
Date Of Birth - 8/4/64 Licence Pass date 1984 Occupation Indoor Outdoor
Email Address tigerterrytan@gmail.com
Home Address - 12 PASIR RIS LINK, #09-48 RIPPLE BAY, S(518164)
Injury - Yes No Conveyance to Hosp Y/ N Video In Car Yes No

No. Of Pax In Own Car - 2 Names / Gender S1W M/F
Names / Gender _____ M/F
Names / Gender _____ M/F

Third Party's Particulars: Vehicle No. SHD3506Y HPN 90077755 Name
Sim Chin Hee Nric/Fin S1191977D

Third Party's Particulars: Vehicle No. _____ HPN _____ Name
Nric/Fin _____

Date of accident: 31/10/21 Time: 7.45pm Location: Junction of Woodlands Ave 5 & Ave 3
 My Vehicle A: SMN 8765X Vehicle B: SHD 3506Y Vehicle C: —


SKETCH PLAN
 Describe Circumstances of the Accident:

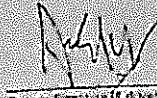
I WAS WAITING AT THE JUNCTION OF WOODLANDS AVE 5 & AVE 3, WAITING FOR THE TURNING LIGHT TO TURN GREEN. UPON THE TRAFFIC ~~LEFT~~ TURNING LIGHT CHANGING TO GREEN I PROCEEDED TO MAKE A U-TURN INTO THE LEFT MOST LANE ALONG WOODLANDS AVE 5. THE LANE WAS CLEAR & I PROCEEDED STRAIGHT AHEAD THE LANE. SUDDENLY I FELT AN IMPACT ON THE LEFT SIDE OF THE CAR. A TAXI HAD COME OUT FROM THE GIVE WAY LANE & HIT ME.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

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


 Policyholder's Signature / Date & Time 31/10/21


 Driver's Signature (if driver is not the policyholder) / Date & Time 31/10/21

Witnessed by Police / Date & Time

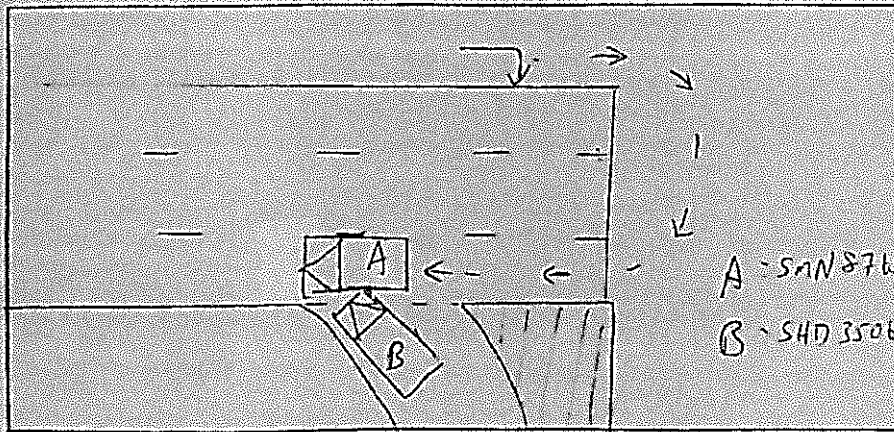
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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 Authorized 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. This report will be forwarded by the Insurers of the G.A. Roadside 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 judgement 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' lawyer/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 making of correspondence, statements, evidence, 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' lawyer/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/are be disclosed by any of the Insurers and/or GIA, to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan



[Signature]
1/11/21
Policyholder's Signature / Date & Time
Tan Eng Keat

[Signature]
1/11/21
Driver's Signature (if driver is not the policyholder) / Date & Time
Tan Eng Keat

Witnessed by Reporting Centre Personnel

TRAFFIC POLICE

