

YEW TEE AUTOMOBILE TECH PTE LTD

[Redacted]

Date & Time of Accident 17/11/2021 12.40 PM
Exact Location of Accident Center Ave

Vehicle Registration Number SLA 2164 S

Name of Registered Owner YAP BAOHENG JUSTIN
NRIC Number / Co Reg. Number S9221687Z

Vehicle Make & Model _____

Exact Purpose for which vehicle was being used at time of accident Private Use / Work Use / Private Hire Use

Please state action to be taken for type of insurance claim Own Damage Third Party / Reporting Only

Vehicle Category Private Car / Commercial / Private Hire / Others

Name of Insurance Company FWD
Policy Number PMFY2020-00005464-01

Name of Driver YAP BAOHENG JUSTIN
NRIC Number S9221687Z

Date of Birth _____
Date of Driving Pass _____
Contact Number 81284286

Address _____
Relationship of the Driver with the Insured amat autohub325@gmail.com

Weather Conditions Clear / Raining / Others _____
Road Surface Wet / Dry / Others _____

Was anybody injured in the Accident? Yes / No
Was any other vehicle or property damage? Yes / No

Number of Passengers (incl Driver) 1 Name & Gender 1 M
Name & Gender _____

Was the Accident reported to the Police? Yes No
Was there any video captured? Yes / No

Vehicle Registration Number SH 9337 E

Name of Driver _____
NRIC Number 97118432

Contact Number _____
Address _____
Vehicle Category Private Car / Commercial / Private Hire / Others

Name & Contact Number _____

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 the 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.

Any **false reporting may be referred to the Police for investigation.**

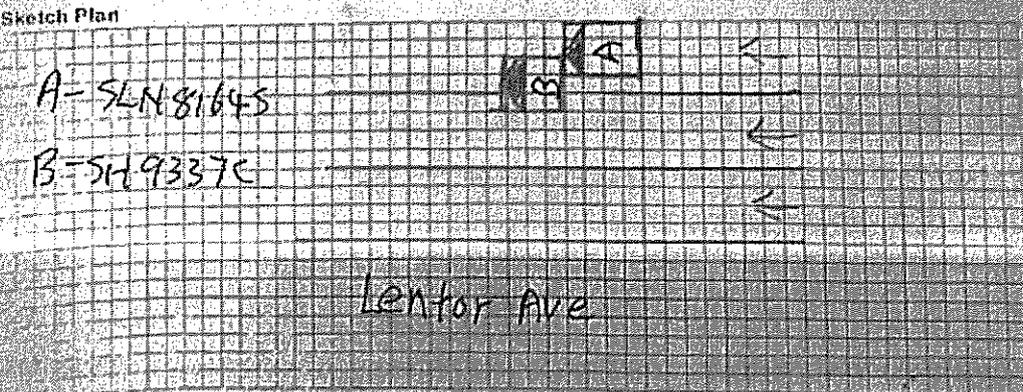
We have a centre established by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available to the policyholder and parties.

By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and its copies of the report being made available aforesaid.

Consent under the Personal Data Protection Act (PDPA)

- I understand, acknowledge, agree and consent that:
- (i) 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 (as 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:
 - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) 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
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (ii) (collectively the "Purposes")
 - (iii) 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
 - (iv) 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
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State Circumstances of the Accident

As I was driving on Lehigh Ave. only about a mile out into my
lane from the left.

W

W
Driver's Signature (If other than the policyholder) / Date

Witnessed by Reporting Claims
Personnel

