

Date of Accident : 28/11/2021 Accident Time: 1500 (24-HR-FORMAT)
Accident Place : Commonwealth Ave
Vehicle Reg. No (Car plate No.) : SMC90964 Vehicle Make/Model: HYUNDAI ELANTRA
Insurance Company : ETIQA Policy No. MAD14916
Name of Registered Owner : Company / Individual FOO Seng Lee
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S0077151A
: Co Contact No: _____ Owner's Contact No: 96421061
DRIVER'S Name : Foo Sek Kiang DRIVER'S NRIC No: S8803408B
DRIVER'S Date of Birth : 29/1/1988 DRIVER'S License Pass Date: 8/1/2017
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 781 Yishun Ring Road #06-5566
DRIVER'S Contact No./ Alt No. : 1) 9231 1247 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Scotchhere 123 @ Gmail. com
Weather & Road Surface : CLEAR \ DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 1 Name & Gender: _____
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) Foo Sek Kiang

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>FBN8574</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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

A: SMC90964
B: FB18571

Describe Circumstances of the Accident

refer to police report

Declaration

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



**SINGAPORE
POLICE FORCE**



T/20211128/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211128/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2021 21:56	Vide Report No.: E/20211128/0142	Station Diary No.:
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Informant's Particulars

Name of Informant: FOO SEK KIANG			Address: 781 YISHUN RING ROAD #06-3566 SINGAPORE 760781		
ID Type / ID No.: NRIC NO / S8803408B			Contact No.: Home/Office: Mobile: 92311297		
Nationality: SINGAPORE CITIZEN			Email: ericfoosk88@gmail.com		
Sex: Male	Age: 33	Date of Birth: 29/01/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2021 15:05	Type of Location: Straight Road
Location: COMMONWEALTH AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN857Y	Motorcycle					0
SMC9096U	Car					0

Details of Person Involved



**SINGAPORE
POLICE FORCE**



T/20211128/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211128/7023

CONTINUATION OF REPORT

Driver				
Name	FOO SEK KIANG		ID No.	S8803408B
Related Vehicle	SMC9096U (Car)		Contact No.	92311297
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

On the stated date and time, I was driving my car (SMC9096U) on Commonwealth Ave. As the traffic light was red and I come to a complete stop. As I was stationary for more than 6 seconds, out of a sudden i felt a huge impact from the rear of my car. I Went down to check and found out that a motorbike (FBN857Y) had collided into my rear right portion of my car. I felt discomfort after the accident and when to see a doctor. Was granted 3days of MC.



**SINGAPORE
POLICE FORCE**



T/20211128/7023

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20211128/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/11/2021 21:56

Classification Of Case: