

## GIA ACCIDENT REPORT

## ACCIDENT DETAILS

Are you claiming under your own insurance policy for repairs to your vehicle?

☐ Yes - Claiming Own Insurance☒ No - Claiming Third Party☐ No - Reporting Only

Date: 14/12/2021	Time: 3:00 PM	Location: Along Stadium Walk
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Type of Accident:	In-Car Camera Footage Available: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## VEHICLE DETAILS

Own Vehicle		Third Party Vehicle or Property	
Vehicle Registration No: SKZ 4214 G		Vehicle Registration No: SMH 3676 J	
Vehicle Category: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade		Vehicle Category: <input type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade	
Vehicle Manufacturer: Honda	Vehicle Model: JAZZ	Vehicle Manufacturer:	Vehicle Model:
Transmission: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Auto	CC:	Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Auto	CC:
Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Private Use		Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use	
Number of passengers (including driver): 2		Number of passengers (including driver):	
Passenger name: Mas Analia Binte Maglan	Passenger gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Passenger name:	Passenger gender: <input type="checkbox"/> M <input type="checkbox"/> F

## INSURANCE DETAILS

Own Vehicle Insurance Policy		Third Party Vehicle Insurance Policy	
Handling Insurer: NTUC		Handling Insurer:	
Coverage Type: <input type="checkbox"/> ACT <input checked="" type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT		Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT	
Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy/Cover Note Number: 6122392086	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy/Cover Note Number:
Registered Owner Name: AZIZAH BTE SURANI		Registered Owner Name:	
ID Type: <input type="checkbox"/> Company Registration No. <input type="checkbox"/> Passport No./FIN <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.		ID Type: <input type="checkbox"/> Company Registration No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.	
Registered Owner ID: S 1783217D		Registered Owner ID:	
Owner Address: Blk 764B, WOODLAND Cikie # 11-204, 762764		Owner Address:	
Owner Email: AZIZAH.SURANI7@gmail.com		Owner Email:	
Owner Mobile No: 8162 2997		Owner Mobile No.:	
Alternate Phone No. Type: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:		Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	

## GIA ACCIDENT REPORT

## DRIVER DETAILS

## Own Vehicle Driver Information

Is the driver the policyholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Third Party Vehicle Driver Information	
Name of driver: MUHAMMAD KHAIRUNNAHARIR		Name of driver:	
Driver ID Type: <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN		Driver ID Type: <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN	
Driver ID: S 9933667 F		Driver ID:	
Driver Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Driver Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Driver Date of Birth: 20/10/1999	Driving Pass Date: 15 MAR 2021	Driver Date of Birth:	Driving Pass Date:
Driver Address: BHK 764 B, WOODLAND CIRCLE #11-2014, 762764		Driver Address:	
Driver Email:		Driver Email:	
Driver Mobile No.: 9770 7463		Driver Mobile No.:	
Driver Occupation: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driver/Owner Relationship: Parent	Driver Occupation: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driver/Owner Relationship:
Does driver own other vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Does driver own other vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Registration No:	Handling Insurer:	Vehicle Registration No:	Handling Insurer:

## INJURY DETAILS

Was anybody injured in the accident?

☒ Yes ☐ No

Name, Address, Approximate Age:	Gender:	Vehicle No:	Nature of Injury:	Seatbelt?	Ambulance?
Muhammad Khairunnaharir	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	SK2 4214 G	CHEST Pain	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mas Amalia Binte Mazlan	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	SK2 4214 G	CHEST Pain	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## WITNESS DETAILS

Was there any witnesses?

☐ Yes ☒ No

Witness name:	Witness phone:	Witness email:
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## OTHERS

Number of vehicles involved in the accident (including own vehicle):

Name, Address of Driver	Gender:	Vehicle No:	Contact No:	Driver ID:	Insurer:
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				

Weather Condition: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	Road Surface: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others: _____
Was the accident reported to the police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Police Station: _____	Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Against Whom: _____
Was any foreign vehicle involved in accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## 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

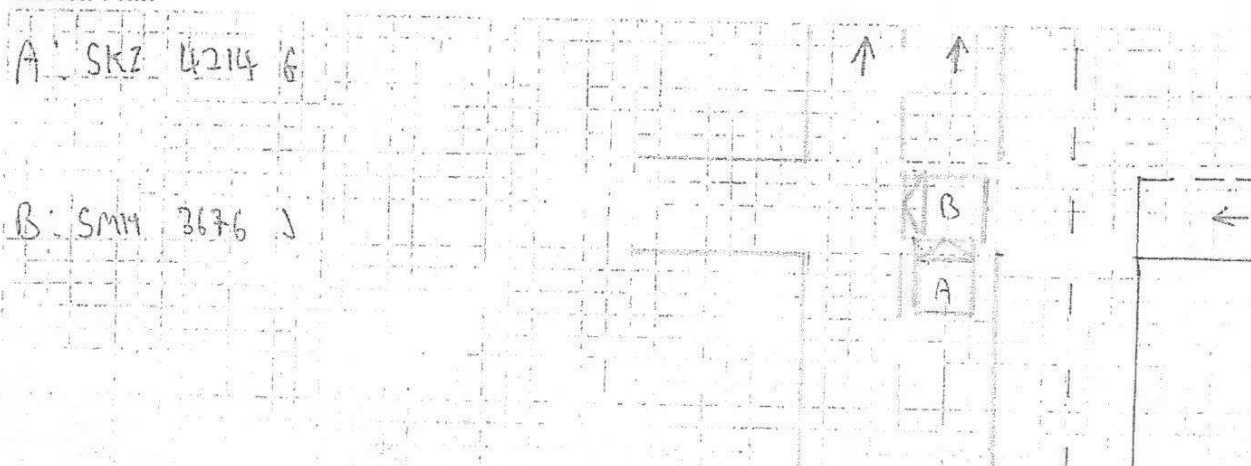
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

I was travelling straight along Stadium Walk.

As I was approaching the slip road to Telling

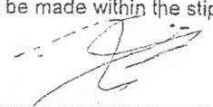
Leisure park, vehicle (B) suddenly flashed out

and our cars collided.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre