PEHICLE NO: SIM 3160G	MAKE & MODEL: Toyoth With AUTO I MANDE						
TIME OF ACCIDENT							
LOCATION OF ACCIDENT	4.30 AM / FM En Tong Les Street.						
XACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PENATE USE / PRIVATE HIRE Powarts						
IAME OF OWNER	Rerry Pre Utd Email. Kin@ Fresh Care. SS.						
ELP NO	Mobile: 9619247 Office: Home:						
RIC							
LAIM TYPE	OB / THIRD PARTY / REPORTENCIONLY						
LEET POLICY.	YES / NO ?						
NSURANCE CO.	NUIC						
YPE OF COVERAGE	VERAGE Comprehensive / Third Party / Third Party Fire & Theft						
OLICY NO.	5122547769						
IAME OF DRIVER	AS ABOVE I IENO Muhammad Taha Bin						
URIC OF BRIDE	AS ABOVE IF NO. Muhammud Taha B.n ST & 271554						
DATE OF BIRTH	2010911975						
ANY PASSENGER	YES/NO:						
NAME OF PASSENGER	PLOTINO.						
GENDER OF PASSENGER	MALE / FEMALE						
OCCUPATION	Outdoor / Indoor						
DATE OF DRIVING PASS	10 1011 2000						
GENDER	Male / Female						
CONTACT NO.	Mobile: \$822,757 Office: Home:						
MAIL:							
ADDRESS	BK 271 Tampiness St 21 -402-108 5 500						
OOES DRIVER OWN OTHER VEHICLES?	NO / If-yes: Reg No. INSURER.						
RELATIONSHIP	Employee / If No. Hire-						
WEATHER CONDITION	Clear / Raining / Other:						
ROAD SURFACE	Dry / Wet-/-Other:						
ANY INJURIES	No / If-yesWho?						
CONTACT NO.							
POLICE REPORT	No / If-yes - Where?						
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?						
VEHICLE B NO.	SKR 83356 Any Passenger:						
NAME	Ong Kah Hoch						
CONTACT NO.	96806223						
VEHICLE C NO.	Any Passenger .						
VEHICLE D NO.	Any Passenger .						
VEHICLE E NO.	Any Passenger :						
VEHICLE F NO.	Any Passenger:						
ANY WITNESS							
WITNESS CONTACT NO.							
WAS THERE ANY VIDEO CAPTURE?	XES I NO XES I NO						
WAS THERE ANY AUDIO RECORDED?							
SCENE ACCIDENT PHOTOS TAKEN?	, XES NO						
Have you have anyoned by							
Have you been approach by unknown person offering accident claims assistance?	soliciting (s) /						

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

RENTY PTE. LTD.

Policyholder's Signature / Date &

Śketch Plab

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

Witnessed by Reporting Centre Personnel

A = SJM 3180 G B = SER \$335

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ULM:	02608200H	1		Mr.					
<u>// /</u> /				7			 		
	's Signature / D	ate &	Driver's Sign	ature (If driver is no	t the noticy holds	er) / Date \	Λήταρες	ed by Repor	rtina Contro