

# Accident Reporting Draft

VEHICLE NO: SMX3719K

MODEL: HONDA FIT

AUTO/MANUAL

DATE OF ACCIDENT	27/1/2022		C.C: 1,317
TIME OF ACCIDENT	1600	HRS	AM/ <u>PM</u>
LOCATION OF ACCIDENT	JALAN TOA PAYOH & UPPER SERANGOON ROAD JUNCTION		
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ <u>PRIVATE</u> USE/ PRIVATE HIRE		
NAME OF OWNER	HAO ZHICHAO		
CONTACT NO.	94561590	EMAIL: ZHICHAO2008.ZH@GMAIL.COM	
NRIC	S8477190B		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	BUDGET DIRECT		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: HAO ZHICHAO		
NRIC	S8477190B	ANY PASSENGER: 0	
DATE OF BIRTH	20/1/1984		
OCCUPATION	OUTDOOR / <u>INDOOR</u>		
DATE OF DRIVING PASS	6/11/2009		
GENDER	MALE / <u>FEMALE</u>		
CONTACT NO.	94561590	EMAIL: ZHICHAO2008.ZH@GMAIL.COM	
ADDRESS	APT BLK 176B EDGEFIELD PLAINS #06-172 S(822176)		
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF <u>NO</u> : <u>OWNER</u>		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	NO / IF <u>YES</u> : HAO ZHICHAO		
CONTACT NO.			
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?		
VIDEO RECORDING	NO / <u>YES</u> <u>NO</u> /IF YES: WHO?		
AUDIO RECORDING	<u>NO</u> / YES SCENE PHOTO(S) <u>NO</u> / YES		
VEHICLE B NO.	GBL4629Z ANY PASSENGER:		
NAME			
CONTACT NO.			
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.			
PARTICULAR WORKSHOP	<div style="text-align: center;">   <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: ryderautoworkshop@gmail.com                  Tel: 67418277             </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?			

NO / YES

## 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

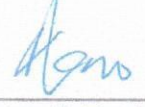
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

x   
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

Sketch Plan

JLN TOA PAYOH & UPP SERANGOON RD JUNCTION

A: SMX37198K

B: GBL4629Z





Describe Circumstances of the Accident


I WAS TRAVELLING ALONG JALAN TOA PAYOH. AT THE JALAN TOA PAYOH & UPPER SERANGOON ROAD JUNCTION, THE TRAFFIC LIGHT HAD TURNED AMBER AND I BRAKED AND STOPPED. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE. I HAVE A VIDEO FOOTAGE OF THE ACCIDENT.

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.

x   
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel