

VEHICLE NO: SKA 5420C		MAKE & MODEL: Toyota Vellfire		AUTO / MANUAL	
DATE OF ACCIDENT		10 / 02 / 2022		C.C. 3500	
TIME OF ACCIDENT		7:47 AM / PM			
LOCATION OF ACCIDENT		PIE Hong Kah Flyover			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		Ruan Yun Yun			
EMAIL: ruanyunyun@gmail.com		Office:		MOBILE: 93207611	
NRIC: S8181351E					
CLAIM TYPE		OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:		YES / NO ?			
INSURANCE CO. NTUC Income					
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO. 5120829204					
NAME OF DRIVER		AS ABOVE / IF NO: Wu Da			
NRIC: S8181350G					
DATE OF BIRTH		03 / 01 / 1981			
ANY PASSENGER		YES / NO :			
NAME OF PASSENGER		Ruan Yunyun			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		20 / 05 / 2011			
GENDER		Male / Female			
CONTACT NO. 82018265		Mobile:		Office:	
EMAIL: wuda.0521@gmail.com				Home:	
ADDRESS					
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No.		INSURER.	
RELATIONSHIP		Employee / If No.			
WEATHER CONDITION		Clear / Raining / Other			
ROAD SURFACE		Dry / Wet / Other			
ANY INJURIES		No / If yes, Who?			
CONVEYED BY AMBULANCE		No / If yes, Who?			
POLICE REPORT		No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO / IF YES, WHO?			
VEHICLE B NO. SMS 9077 M		Any Passenger :			
NAME Ngiam Xing Hao					
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.					
WAS THERE ANY VIDEO CAPTURE?		YES / NO			
WAS THERE ANY AUDIO RECORDED?		YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO			
**WORKSHOP:					
Have you been approach by unknown person soliciting (s) /					
offering accident claims assistance?		YES / 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 :

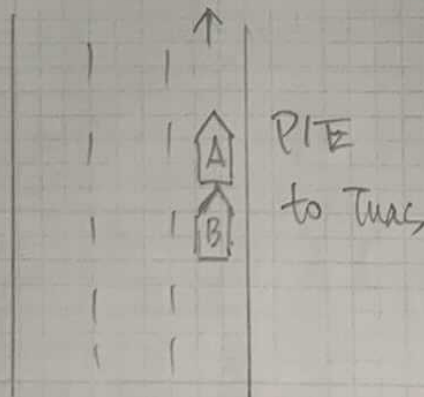
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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



A: SKA5420C
B: SMJ9077M


Describe Circumstances of the Accident

I was driving along PIE towards Tuas near Hong Kah Flyover,
I was followed by the vehicle in front of me to stop.
Suddenly I heard a bang sound and felt an impact from my
rear. Vehicle B was collided onto rear portion of my vehicle.
I felt uncomfortable after accident will consult doctor.

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