





VEHICLE NO: <b>GBG 923B</b>	MAKE & MODEL: <b>Nissan NV 200</b> AUTO <b>(MANUAL)</b>
DATE OF ACCIDENT: _____	<b>14/02/2022</b> CC: _____
TIME OF ACCIDENT: _____	<b>11:00</b> HRS
LOCATION OF ACCIDENT: _____	<b>Woodlands Ave 12 → Gambas Ave</b>
EXACT PURPOSE USE DURING ACCIDENT: _____	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER: _____	<b>Takasago International Singapore Pte Ltd</b>
TEL NO: _____	H/P: _____ OFFICE: <b>67791077</b> HOME: _____
NRIC: _____	<b>197500860D</b>
ADDRESS: _____	<b>5 Sunview Road S(627616)</b>
EMAIL: _____	
CLAIM TYPE: _____	OD / <del>THIRD PARTY</del> / REPORTING ONLY
FLEET POLICY: _____	YES / NO ?
INSURANCE COMPANY: _____	<b>Tokio Marine</b>
TYPE OF COVERAGE: _____	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO: _____	<b>21-M1000950-R04</b>
NAME OF DRIVER: _____	AS ABOVE / IF NO: <b>Chng Chee Hai</b>
NRIC: _____	<b>81356156 G</b> ANY PASSENGER: <b>NIL</b>
DATE OF BIRTH: _____	<b>01/10/1959</b> LICENCE PASSED DATE: <b>11/03/1981</b>
OCCUPATION: _____	<u>OUTDOOR</u> / INDOOR
GENDER: _____	<u>MALE</u> / FEMALE
CONTACT NO: _____	H/P: <b>97506590</b> OFFICE: _____ HOME: _____
ADDRESS: _____	<b>Blk 16 Telok Blangah Crescent #10-314 S(090016)</b>
EMAIL: _____	<b>kelvinchng989@gmail.com</b>
DOES DRIVER OWNED ANY VEHICLE: _____	<input checked="" type="checkbox"/> NO IF YES, REG NO: _____ INSURER: _____
RELATIONSHIP: _____	
WEATHER CONDITION: _____	<u>CLEAR</u> / RAINING / OTHERS: _____
ROAD SURFACE: _____	<u>DRY</u> / WET / OTHER: _____
ANY INJURIES: _____	NO / <u>(IF YES)</u> WHO? _____
NAME & CONTACT: _____	<b>Chng Chee Hai</b>
NAME & CONTACT: _____	
POLICE REPORT: _____	<input checked="" type="checkbox"/> NO IF YES, WHERE? _____
NOTICE OF INTENDED PROSECUTION GIVEN? _____	<input checked="" type="checkbox"/> NO / IF YES, WHO? _____
VEHICLE B REG NO: _____	<b>YP9678 E</b> ANY PASSENGERS: <b>NIL</b>
NAME OF DRIVER: _____	<b>Veemarasu Thiyagu</b> CONTACT NO: _____
VEHICLE C REG NO: _____	<b>GBG 1758 E</b> ANY PASSENGERS: <b>NIL</b>
VEHICLE D REG NO: _____	ANY PASSENGERS: _____
VEHICLE E REG NO: _____	ANY PASSENGERS: _____
VEHICLE F REG NO: _____	ANY PASSENGERS: _____
VEHICLE G REG NO: _____	ANY PASSENGERS: _____
ANY WITNESS? IF YES, NAME: _____	WITNESS CONTACT: _____
WAS THERE ANY VIDEO CAPTURE? _____	YES / <input checked="" type="checkbox"/> NO
WAS THERE ANY AUDIO RECORDED? _____	YES / NO
ACCIDENT SCENE PHOTOS TAKEN? _____	<input checked="" type="checkbox"/> YES / NO
ACCIDENT PORTION: _____	<b>REAR &amp; FRONT PORTION</b>
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? _____	YES <input checked="" type="checkbox"/> NO
WORKSHOP PARTICULAR: _____	<b>N-51 AUTOMOTIVE PTE LTD</b>
CONTACT NO: _____	<b>68420051 / 67440510</b>
CONTACT PERSON: _____	<b>JUN MING</b>
FAX NO: _____	<b>67410510</b>
WORKSHOP EMAIL: _____	<b>sales@n51.com.sg</b>



## 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.

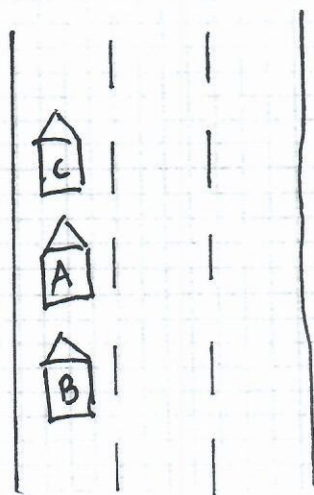


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A: GBG 923 B

Vehicle B: YP 9678 E

Vehicle C: GBG 1758 E

Describe Circumstances of the Accident

On the above date and time I was travelling along Woodlands Ave 12 in the direction of Gambias Ave, I was on lane , As the traffic light turn red and there was a slow down infront of me , I also brake and come to a complete stop , but a lorry bearing plate number YP 9678 E hit the rear of my van and cause it to move forward and hit another van GBG 1758 E .

Declaration

I/We declare the foregoing particulars are true in every respect.



*Te.*

Policyholder's Signature / Date & Time

*Chng*

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

Witnessed by Reporting Centre Personnel