

FILE: _____

VEH REG NO: SND8579H**MOTOR ACCIDENT REPAIR BASIC INFORMATION**

| | |
|--------------------------------|--------------------|
| DATE OF ACCIDENT | 25 / 02 / 2022. |
| TIME OF ACCIDENT (24HR FORMAT) | 19:18 HR. |
| EXACT LOCATION OF ACCIDENT | 132 Clarence Lane. |

OWN VEHICLE DETAILS

| | |
|--------------------------|----------------------------|
| NAME OF REGISTERED OWNER | Miroshini D/O Kannathasan. |
| ID OF REGISTERED OWNER | 893229768 |
| OFFICE NUMBER | |
| EMAIL ADDRESS | |

VEHICLE PARTICULARS (OWN VEHICLE)

| | | | | | |
|--|-------------|----------|-----------|------------------------|-------------|
| VEHICLE REG NUMBER | SND8579H | | | | |
| VEHICLE MAKE / MODEL | BMW. 523i | | | | |
| EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT | Private. | | | | |
| ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY | YES | | 3RD PTY | | REPORT ONLY |
| VEHICLE CATEGORY | PRIVATE CAR | COMM VEH | GOODS VEH | MOTOR TRADE GOVERNMENT | GOVERN VEH |

INSURANCE COMPANY (OWN VEHICLE)

| | |
|-------------------|-------------|
| INSURANCE COMPANY | Direct Asia |
| TYPE OF COVERAGE | compre |
| FLEET POLICY | No |
| POLICY NUMBER | MT101010154 |

DRIVER PARTICULARS

| | | | | | |
|--|------------------------------------|--|--------|------------------|--|
| NAME OF DRIVER | Subramaniam S/O Kannathasan | | | | |
| ID OF DRIVER | 89518850H | | | | |
| DATE OF BIRTH | 26 / 05 / 1995 | | | | |
| RELATIONSHIP WITH OWNER / OCCUPATION | Sibling | | | INDOOR / OUTDOOR | |
| DRIVING PASS DATE | 12 / 02 / 2016 | | | | |
| GENDER | MALE | | FEMALE | | |
| MOBILE NUMBER | 9125 3349 | | | | |
| OFFICE / HOME / OTHER NUMBER | | | | | |
| HOME ADDRESS | 132 Clarence Lane #04-14 S(140132) | | | | |
| EMAIL ADDRESS | Subra266@gmail.com | | | | |
| WAS THE DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY | YES | | | NO | |
| DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES, PLEASE INDICATE | YES | | | NO | |
| DRIVER'S OWN CAR VEHICLE NUMBER | | | | | |

OWNER / DRIVER'S SIGNATURE: Subra

DATE / TIME: _____

GENERAL INFORMATION OF THE ACCIDENT

| | | | | |
|---|--|--------------------------------------|--------------------------------------|------------------------------|
| TYPE OF ACCIDENT | Against Parked vehicle. | | | |
| WEATHER CONDITIONS | <input checked="" type="radio"/> CLEAR | | <input type="radio"/> RAINING | <input type="radio"/> OTHERS |
| IF OTHERS, PLS STATE THE CONDITION | | | | |
| ROAD SURFACE | <input type="radio"/> WET | | <input checked="" type="radio"/> DRY | <input type="radio"/> OTHERS |
| IF OTHERS, PLS STATE THE CONDITION | | | | |
| WAS ANY FOREIGN VEHICLE INVOLVED IN THIS ACCIDENT | | <input type="radio"/> YES | <input checked="" type="radio"/> NO | |
| IF YES, PLS STATE THE VEHICLE REG NUMBER | | | | |
| WAS ANY BODY INJURED IN THE ACCIDENT | | <input type="radio"/> YES | <input checked="" type="radio"/> NO | |
| WAS ANY OTHER MATERIAL OR PROPERTY DAMAGE? (INCLUDING WITNESS) | | <input checked="" type="radio"/> YES | <input type="radio"/> NO | |
| HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE | | <input type="radio"/> YES | <input checked="" type="radio"/> NO | |
| NUMBER OF PASSENGERS (INC DRIVER) | - | | FEMALE: | MALE: |
| WAS THE ACCIDENT REPORTED TO THE POLICE? | | <input type="radio"/> YES | <input checked="" type="radio"/> NO | |
| IF YES, PLS STATE WHICH STATION | | | | |
| WAS NOTICE OF INTENDED PROSECUTION GIVEN? | | <input type="radio"/> YES | <input checked="" type="radio"/> NO | |
| IF YES, AGAINST WHOM? | | | | |
| ARE ACCIDENT PHOTOS AVAILABLE FOR ATTACHMENT? | | <input type="radio"/> YES | <input checked="" type="radio"/> NO | |
| WAS THERE ANY VIDEO CAR CAMERA? | | <input type="radio"/> YES | <input checked="" type="radio"/> NO | |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

THIRD PARTY VEHICLE DETAIL

| | 1 | 2 | 3 |
|-------------------------------|-----------------|---|---|
| VEHICLE REG NUMBER | SmC5096X | | |
| VEHICLE MAKE / MODEL / COLOUR | Subaru Forester | | |
| DETAILS OF PROPERTY | | | |
| NAME OF DRIVER | | | |
| DRIVER NRIC / CO REG NUMBER | | | |
| CONTACT NUMBER | | | |
| NAME OF INSURANCE COMPANY | | | |
| NATURE OF DAMAGE | | | |

WITNESS PARTICULARS

| | 1 | 2 | 3 | 4 | 5 |
|--------------------------------------|-------------|------------|-------------|-------------|---------------|
| DETAIL OF WITNESS - NAME | | | | | |
| DETAIL OF WITNESS - PHONE | | | | | |
| DETAIL OF WITNESS - EMAIL | | | | | |
| | VEH REG NUM | DETAILS OF | DRIVER NAME | CONTACT NUM | OTHER DETAILS |
| DAMAGES TO OTHER VEHICLES & PROPERTY | | | | | |
| | | | | | |

DETAILS OF INJURED PERSON

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| NAME OF INJURED | | | | | |
| INJURY SUSTAINED | | | | | |
| INJURED PERSON IS ON WHICH VEHICLE NUMBER | | | | | |
| WERE SEAT BELTS WORN? | | | | | |
| WAS INJURED CONVEYED TO HOSPITAL BY AMBULANCE | | | | | |

OWNER / DRIVER'S SIGNATURE:

DATE / TIME:

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

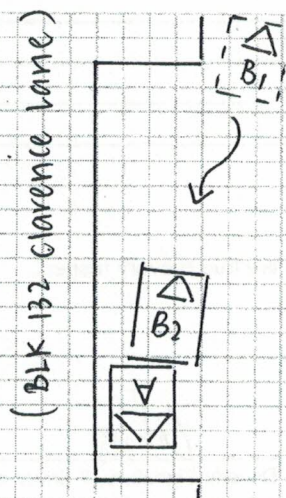
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

Vehicle A: SMD8579H

Vehicle B: SMC5096X




Describe Circumstances of the Accident

On the stated date & time, I parked my vehicle along the loading / unloading bay below my place. When I was walking back to my vehicle with my parents, I saw vehicle 'B', SMC 5096X, reversed into my vehicle's rear portion.

Declaration

I/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