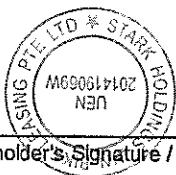


VEHICLE NO. SLJ 1362D	MAKE & MODEL : Honda Shuttle	<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT	14 / 03 / 2022	C.C. 1.6
TIME OF ACCIDENT	12.05 AM / <input checked="" type="radio"/> PM	
LOCATION OF ACCIDENT	Serampoon North ave 1	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <input checked="" type="radio"/> PRIVATE HIRE	
NAME OF OWNER	STARK holdings Inn Bike, Kasing Pte LTD	
EMAIL	STARK holdingsinn@gmail.com	Office.
NRIC	201419669W	MOBILE 92201012
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="radio"/> NO?	
INSURANCE CO	ETIGA insurance	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	m0016412	
NAME OF DRIVER	AS ABOVE / IF NO, Mustidza Bin nazar Bin ahmad-talib	
NRIC	S1357042F	
DATE OF BIRTH	05 / 09 / 1959	
ANY PASSENGER	YES / NO : 1	
NAME OF PASSENGER	Ameirul hidayat Bin Kasroni	
GENDER OF PASSENGER	<input checked="" type="radio"/> MALE / FEMALE	
OCCUPATION	<input checked="" type="radio"/> Outdoor / Indoor	
DATE OF DRIVING PASS	18 / 08 / 1980	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	Mobile 973229151 Office.	Home.
EMAIL	mujads@yahoo.com	
ADDRESS	Blk B14 Serampoon North ave 1 #02-26 Store 550514.	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other.	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other.	
ANY INJURIES	No / If yes, Who? Driver	
CONVEYED BY AMBULANCE	<input checked="" type="radio"/> No / If yes, Who?	
POLICE REPORT	No / If yes, Where? 108 Serampoon North ave 1	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	VQ 1341	Any Passenger.
NAME	Tan Veyan	
CONTACT NO.	86780188.	
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?	<input checked="" type="radio"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> 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.
 - (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

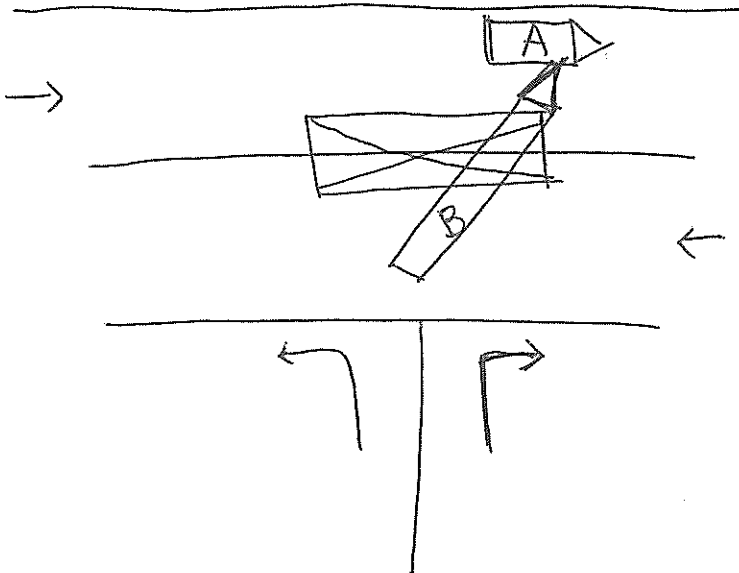
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLJ1362D

B: YQ134L



Vehicle A travelling toward my mo Kio Ave3.
Vehicle B Exit wrong direction instead of the
correct direction. Vehicle B exit out the wrong
direction and hit vehicle A.

We declare the foregoing particulars are true in every respect.



Driver's Signature (If driver is not
& Time

Witnessed by Reporting Centre
Personnel