

VEHICLE NO:	SJN 2948 F	MAKE & MODEL:	TOYOTA PINE	(AUTO)MANUAL
DATE OF ACCIDENT	31/04/22			CC 2.0
TIME OF ACCIDENT	11.25 AM	(PM)		
LOCATION OF ACCIDENT	TAMPINES AVE 10			
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / (PRIVATE USE) PRIVATE HIRE			
NAME OF OWNER	NOH BIN BYEN MOHAMAD ALKAF			
EMAIL	nohalkaff@com OFFICE:		MOBILE: 88686 8032	
NRIC	S71210491			
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY			
FLEET POLICY	YES / (NO)			
INSURANCE CO.	NTUC			
TYPES OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft			
POLICY NO.	510831822603			
NAME OF DRIVER	AS ABOVE / (NO) SHARIFAH DINAH BINTE NOH ALKAF			
NRIC	S9806397 M			
DATE OF BIRTH	20/02/1998			
ANY PASSENGER	(YES) NO:			
NAME OF PASSENGER	SHARIFAH SARAH BINTE NOH ALKAF			
GENDER OF PASSENGER	MALE / (FEMALE)			
OCCUPATION	Outdoor / (Indoor)			
DATE OF DRIVING PASS	04/06/2021			
GENDER	Male / (Female)			
CONTACT NO	Mobile: 86868056		Office: Home:	
EMAIL	dirahalkaff@gmail.com			
ADDRESS	15 Jalan Limbok 5548702			
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No:		INSURER:	
RELATIONSHIP	Employee / If No: daughter			
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?			
VEHICLE B NO.	SLY786M	Any Passenger:	3	
NAME	Sam			
CONTACT NO.	91770732			
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)			
	IMPERIUM AUTOMOTIVE			
	SHAWN7530@HOTMAIL.COM			
	87489940			

Describe Circumstances of the Accident

LAST NIGHT ON 31 MARCH 2022, AT 11:20PM, I WAS DRIVING ALONG TAMPINE AVENUE 10 TOWARDS PASIR RIS. ~~AS I~~ WHILE APPROACHING THE JUNCTION AT TAMPINES AVENUE 1, VEHICLE NUMBER SLV786M ON MY LEFT FAILED TO COMPLY WITH THE ROAD DIRECTIONAL SIGN BY TRAVELLING STRAIGHT, THE DRIVER OF THE SAID VEHICLE SWERVED HIS VEHICLE TO THE RIGHT INSTEAD AND ~~ENCROACHED~~ ENCROACHED INTO MY PATH, THEREBY CAUSING A COLLISION WITH MY VEHICLE.

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

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 willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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.

<p align="center"><i>[Signature]</i></p>	<p align="center"><i>[Signature]</i></p>	<p align="center">Witnessed by Reporting Centre Personnel</p>
<p>Policyholder's Signature / Date & Time</p>	<p>Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Sketch Plan</p> </div> <div style="width: 50%;"> <p>Tampines Ave 1</p> <p>(A) SIN 2948K</p> <p>(B) SLU 786M</p> </div> </div>		