

FILE: \_\_\_\_\_

VEH REG NO: SND 71546

MOTOR ACCIDENT REPAIR BASIC INFORMATION					
DATE OF ACCIDENT	16 / 04 / 22				
TIME OF ACCIDENT (24HR FORMAT)	11 40				
EXACT LOCATION OF ACCIDENT	KPE Sim Ave Exit				
OWN VEHICLE DETAILS					
NAME OF REGISTERED OWNER	Flash Car Pte Ltd				
ID OF REGISTERED OWNER	2016J85402				
OFFICE NUMBER					
EMAIL ADDRESS	junnie@flashcar.sg				
VEHICLE PARTICULARS (OWN VEHICLE)					
VEHICLE REG NUMBER	SND71546				
VEHICLE MAKE / MODEL	Honda Shuttle 1.5				
EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT	Private hire use.				
ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY	YES		<input checked="" type="radio"/> 3RD PTY		REPORT ONLY
VEHICLE CATEGORY	<input checked="" type="radio"/> PRIVATE CAR	COMM VEH	GOODS VEH	MOTOR TRADE GOVERNMENT	GOVERN VEH
INSURANCE COMPANY (OWN VEHICLE)					
INSURANCE COMPANY	China Tai Ping				
TYPE OF COVERAGE	Comprehensive				
FLEET POLICY					
POLICY NUMBER	DMHCSWA 000098/2101				
DRIVER PARTICULARS					
NAME OF DRIVER	Jefree Bin Maivee				
ID OF DRIVER	Singaporean				
DATE OF BIRTH	15 / 08 / 1966				
RELATIONSHIP WITH OWNER / OCCUPATION	Hirer		INDOOR / <input checked="" type="radio"/> OUTDOOR		
DRIVING PASS DATE	07 / 05 / 1999				
GENDER		<input checked="" type="radio"/> MALE		FEMALE	
MOBILE NUMBER					
OFFICE / HOME / OTHER NUMBER					
HOME ADDRESS	Blk 27C Simang walk #04-936 S(823327)				
EMAIL ADDRESS	jefree.maivee@gmail.com				
DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES, PLEASE INDICATE					
		YES		<input checked="" type="radio"/> NO	

OWNER / DRIVER'S SIGNATURE: \_\_\_\_\_

DATE / TIME: \_\_\_\_\_

*[Signature]*  
18/4/22



## 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.

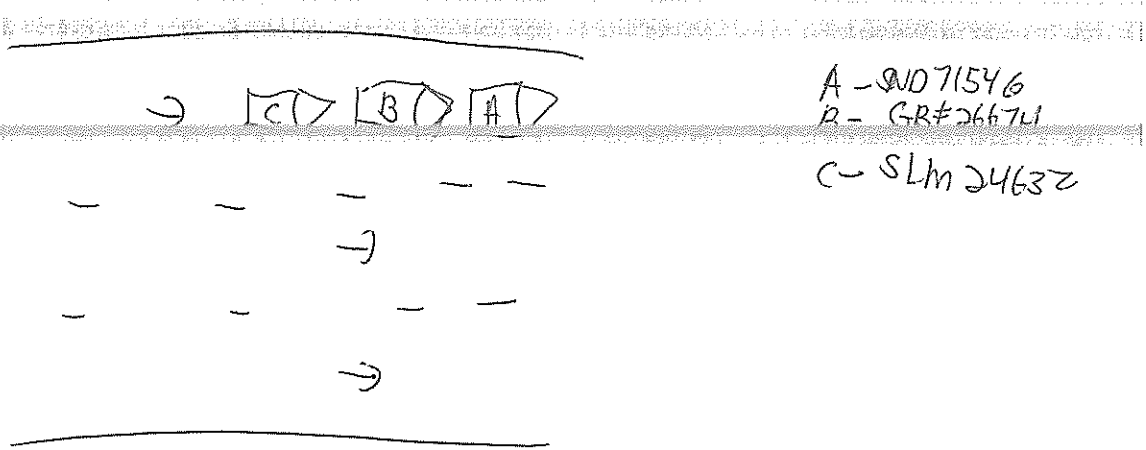
**FRESH CARS PTE LTD**  
UEN: 201608540Z

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

18/4/22  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan



A - QND71546  
B - GR#266741  
C - SLm 24632

**Describe Circumstances of the Accident**

I was exiting Sims Ave exit ~~at~~ on KPE, there was a traffic build up at the exit. My vehicle was stationary due to the build up of traffic. Suddenly, a vehicle (B) from the rear hit the rear portion of my vehicle. There was a total of 3 cars involve in this accident.

**Declaration**

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

**FRESH CARS PTE LTD**  
UEN: 201608540Z

Policyholder's Signature / Date &  
Time



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

18/4/22

Witnessed by Reporting Centre  
Personnel