FILE:	
VEH REG NO:	SND 71546

MOTOR ACCIDENT REPAIR BASIC INFORMATION	100				
DATE OF ACCIDENT		16	1 04	195	
TIME OF ACCIDENT (24HR FORMAT)		11 40			
EXACT LOCATION OF ACCIDENT	KPE Sim	Ave Exit			
OWN VEHICLE DETAILS					
NAME OF REGISTERED OWNER	Fred Car 2014/186	Ptc Ud			
ID OF REGISTERED OWNER	2014086	102			
OFFICE NUMBER					
EMAIL ADDRESS	junile 6.	freshcar &	7.		
VEHICLE PARTICULARS (OWN VEHICLE)					
VEHICLE REG NUMBER	SVD7/540	g,			
VEHICLE MAKE / MODEL	Horda U	huffle 15			
EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT	Private	faire use.			
ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY	YES		8RD PTYL		REPORT O
			$\rightarrow$	MOTOR TRADE	
VEHICLE CATEGORY	PRIVATE CAR	COMM VEH	GOODS VEH	GOVERNMENT	GOVERN V
INSURANCE COMPANY (OWN VEHICLE)					
INSURANCE COMPANY	China To	ui fing	· , · · , · · · · · · · · · · · · · · ·		
TYPE OF COVERAGE	Compre he	rolle			
FLEET POLICY	,				
POLICY NUMBER	I DWHOOMA	te/3000 98/21	0/		
DRIVER PARTICULARS	المستحد المستحد				
NAME OF DRIVER	Setree Bi	n Mauree			
id of driver	Sirappora	λγ			
DATE OF BIRTH	7 '	1	5 / 08	1 1966	
RELATIONSHIP WITH OWNER / OCCUPATION		Hire	7	INDOOR	/ OUTDOOR
DRIVING PASS DATE		_ 0	7 / 05	1 19aa	
GENDER		MALE		FEMALE	
MOBILE NUMBER					
OFFICE / HOME / OTHER NUMBER					
HOME ADDRESS	B/K 327C	Simoney Civi	a/V#04-9	36 e(3 <i>5</i> 33.7	7)
EMAIL ADDRESS	jetrez mau	e O gradio	<b>о</b> м		
COMPANY				1 00	
DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES, PLEASE INDICATE		YES		(NO)	

OWNER / DRIVER'S SIGNATURE:	Ar.
DATE / TIME:	118H127

GENERAL INFORMATION OF THE ACCIDENT					
TYPE OF ACCIDENT	Chain A	ccident.			
WEATHER CONDITIONS	FLEAD		RAINING		OTHERS
FOTHERS, PLS STATE THE CONDITION		*******		1	
ROAD SURFACE	WET		一流		OTHERS
FOTHERS, PLS STATE THE CONDITION	<u></u>		السريخة سا		
WAS ANY FOREIGN VEHICLE INVOLVED IN THIS ACCIDENT		YES		一窗口	
FYES, PL5 STATE THE VEHICLE REG NUMBER			L		
WAS ANY BODY INJURED IN THE ACCIDENT		<b>®</b>		NO	
vas any other material or property damage? Including witness)		YES		<u>60</u>	
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE		ÝES		(10)	
NUMBER OF PASSENGERS (INC DRIVER)					
VAS THE ACCIDENT REPORTED TO THE POLICE?		1100			MALE:
FYES, PLS STATE WHICH STATION	<u> </u>	YES			
WAS NOTICE OF INTENDED PROSECUTION GIVEN?		YES	<u> </u>	- w -	
FYES, AGAINST WHOM?	<u></u> _	3 123		💆	
ARE ACCIDENT PHOTOS AVAILABLE FOR ATTACHMENT?		YES		(ND)	
WAS THERE ANY VIDEO CAR CAMERA?		EaY			
CIRCUMSTANCES OF ACCIDENT			1		
REFER TO ATTACHMENT					
THRID PARTY VEHICLE DETAIL					
UPWELT DOG MILLION	GB = 26		014	2	3 -
VEHICLE REG NUMBER VEHICLE MAICE / MODEL / COLOUR	Nissan	21n	. SLM246	57	
	NNSON		Horda Vez	e/	
DETAILS OF PROPERTY			<u> </u>		
NAME OF DRIVER .	1	<u> </u>	i .	, ,	
DRIVER NRIC / CO REG NUMBER					
CONTACT NUMBER					
NAME OF INSURANCE COMPANY		· · · · · · · · · · · · · · · · · · ·	15		
NATURE OF DAMAGE		**************************************			
WITNESS PARTICULARS					
	1	2	3	4	5
DETAIL OF WITNESS - NAME					
DETAIL OF WITNESS - PHONE DETAIL OF WITNESS - EMAIL		**********	<u> </u>		
Polisipas Autitions - Philip	VEH REG NUM	DETAILS OF	DRIVER NAME	CONTACT NUM	OTHER DETAILS
BANAGE TO OTHER BEHILD TO A DEODERS				0011110111011	OTTERBETALS
DAMAGES TO OTHER VEHICLES & PROPERTY					
72			MANUAL TOWNS		Harrist Stranger of the second fractions
		2			5
NAME OF INJURED	Notree Brigh				5-22-22-22-2
	134,334,311	<b>*</b>			
INJURED PERSON IS ON WHICH VEHICLE NUMBER					
WERE SEAT BELTS WORN?		<u> </u>			
WAS INJURED CONVEYED TO HOSPITAL BY AMBULANCE	1	1	1		

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' law yers/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' law yers/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 law yers/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 & Driver's Signature (If driver is not the policyholder) / Date Time & Time & Time

Sketch Plan

\*\*Time\*\* Time\*\* Tim

A-80071546 B-GR#26674 C-SLM 24632

	I was exting Sims the exit on KPE, there was a traffic b
	up at the exit my vehicle was stationery due to the build up of traffic.
	Sudderly, a vehicle (B) from the vear Let the vear portion of my vshick.
	There age atotal of 3 care involve in this accident.
_	
<u> </u>	
_	
_	

Deciaration

WWe declare the foregoing particulars are true in every respect.

FRESH CARS PTE LTD UEN: 201608540Z

**3**.

18/4/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel