

VEHICLE NO: GBJ 2612U.

MAKE & MODEL : 70407A DYNA.

AUTO / MANUAL

DATE OF ACCIDENT	20 / 04 / 2022	*C.C.
TIME OF ACCIDENT	7:50 <u>(AM)</u> / PM	
LOCATION OF ACCIDENT	P/E TOWARD TUAS 12 KM	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	JG BUILDERS PTB LTD	
EMAIL:	Jjtan@hnb.com.sg	Office: 65093313. MOBILE: 9850 6232
NRIC	197903209C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES <u>(NO)</u> ?	
INSURANCE CO.	SOMPO	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	D21MTPCUE001175	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	ALI MD MOKTER	
DATE OF BIRTH	18 / 05 / 1973.	
ANY PASSENGER	<u>YES</u> / NO:	
NAME OF PASSENGER	REFER TO POLICE REPORT TAL: 5	
GENDER OF PASSENGER	<u>MALE</u> / FEMALE ALL	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	16 / 11 / 2010	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 85486810 Office: Home:	
EMAIL:	mokter73@gmail.com	
ADDRESS	2 TAMPINES PLACE #04-05 S(528821).	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No. INSURER:	
RELATIONSHIP	<u>Employee</u> / If No.	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No <u>(If yes)</u> Who? REFER TO POLICE REPORT	
CONVEYED BY AMBULANCE	No <u>(If yes)</u> Who? ALI MD MOKTER.	
POLICE REPORT	No <u>(If yes)</u> Where? TAMPINES NPC	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B NO.	SMN 9980J Any Passenger: NO	
NAME	AUNG ZIN MIN	
CONTACT NO.	91807 9695.	
VEHICLE C NO.	SKM 1888A. Any Passenger: NO.	
VEHICLE D NO.	SH 8353L. Any Passenger: NO.	
VEHICLE E NO.	PC 4687L. Any Passenger: 1	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	NIL.	
WITNESS CONTACT NO.	NIL.	
- WAS THERE ANY VIDEO CAPTURE?	YES <u>(NO)</u>	
- WAS THERE ANY AUDIO RECORDED?	YES <u>(NO)</u>	
- SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:	Lify SERVICES	
Have you been approach by unknown person soliciting (s) /	NIL	
offering accident claims assistance?	YES / <u>NO</u>	

Describe Circumstances of the Accident

@ 7:50am,
On 20/4/2022, while I was driving on PIE toward Tuas.
I felt a great impact from my vehicle GRJ 2612 U rear portion.
the impact cause my vehicle to move forward and collided
into the front vehicle. SKM 1888A, after that my passenger
a light to check because I was unable to move, he then
informed me that there are total 5 vehicles involved in
the accident.

Refer to police report NO: T/20220420/2113



Declaration

We declare the foregoing particulars are true in every respect.



Mohd Ali



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 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

Mohler



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

Witnessed by Reporting Centre Personnel

Sketch Plan

