Date of Accident : 22/04/2022 Accident Time: 1710 (24-HR-Format)

Accident Place : DUNEARN ROAD TOWARDS NEWTON FLYOVER

Vehicle No. (Car Plate No.) : SLD 3058B Make/Model: HONDA GRACE

Insurance Company : AXA Policy No: GA460387

Owner or Company Name /IC No. : Gayathri D/O Sandra Segaran S8335425I

Owner or Company Contact No. : 9855 5929 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : SAME AS ABOVE

DRIVER'S Date Of Birth : 31/10/1983 DRIVER'S License Pass Date 18/9/2017

Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____

DRIVER'S Address : Blk 41 Teban Gardens Rd #10-352 S600041

DRIVER'S Contact No./ Alt No. :1) 9855 5929 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : gayathri.segaran@yahoo.com.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): NO.

Other Party Driver's Particular (if any)

Vehicle No: SMP 6685X

Vehicle Make \Model: _____

Name Driver: _____

IC No. Driver/Contact: _____

Vehicle No: _____

Vehicle Make \Model: _____

Name Driver: _____

IC No. Driver/Contact: _____

- NEW – Passenger's name & gender:

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 or being 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.

23-4-22 1.33pm	23-4-22 1.33pm	
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On the stated date and time, I vehicle A was travelling straight on the stated verve. Suddenly vehicle B did a U-turn and collided into my vehicle right portion. The impact caused my vehicle to swerve ~~and the front portion left of my vehicle knocked the kerb~~. Vehicle B than collided into my right portion again

Declaration

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

Gayla 23-4-22 1.33pm

Policyholder's Signature / Date & Time

Gayla 23-4-22 1.33pm

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

Witnessed by Reporting Centre Personnel