AS	SSIGNMENT	Strain Edition and a serie of		
Fiete:	Veh No: SMK1871	J. Yr Regn: 2019, March		
rom: Date:	Type: M.Car / M.Cycle / Bus / Van /			
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	in the susception between the f		
	Make: Marba 6.	c.c 1998		
o Inspect Vehicle No:	Colour Grey.	A/C: Insured / Std / NI / NA		
t Workshop m/s	Sp.Reading 61832	T/Radio: Insured / Std / NI / NA		
	Eng/No:			
nsured:	1 -	n7740214377		
olicy No.	C/No: Jm66L1072k0314377  Gen. Conde Good Fair / Poor / Burnt			
Claims No.	Steering: morder/ Jammed / Leaked / Burnt or			
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or			
(Client's Record)	Modi: Nil / S/Rim / STD A/Rim or			
Make of Veh:	-	221/20217		
att and value of a second at a case	Tyre Size: F: 21	-11 =		
(Policy Condition)  Remark: The yeh had commenced its  N/S  O/				
repair at the time of inspection.	TOYO/YOKO or	BS / DUN / EXNOVA / GY / FS / LIZA MIC JOHTSU / PIR / SUMI /		
		No. of the Control of		
Bal. or Market Value:	R/Bal. 06 mm	Rear R/Bal. Db mm		
DAC Accident Rport: Consistent? : Yes or No	1.15.1	L/Bal. 06, mm		
GIA / PR Seen: Consistent? : Yes or No	D.O.A. mm	D.O.I. 17/05/22		
Est. Repairs: days Res.: Yes or No	R	yder The		
Lum Sum: % 3 Val.: Yes or No	Contract of the second second second			
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / C	ols I Mis I UIC I Rookop of		
Vehicle: IN / C  Date: Person Contacted:		Body Structure affected due to collision		
Date / Time   Action / Instruction		- Quanto hel basurati que de		
TP A16.		And how This extra succession		
man can text be secure and the protein some at	general rissis backweet up of other?	nonerocini lanone Vym (b)		
	Salara and the first of the salara			
MV :	AND DESTRICTED AND ADDRESS OF RESPONDENCE.			
PV:				
Nett:				
Date/Time, File Pass to? : Prell. Report	Days Of Repair:			
: Final Report	Resurvey No. of Trip:	Survey Fee:		
· laund	entrest to taking	Transportation:		
Date/Time, File Return to?	The second secon	Transportation.		

: Tech. Invs (\$

Report Formst:

Others

## Accident Reporting Draft

VEHICLE NO: SMK1871J

MODEL: MAZDA 6



DATE OF ACCIDENT	13/5/2022 C.C: 1 998		
TIME OF ACCIDENT	1435 HRS AMAM		
LOCATION OF ACCIDENT	WOODLANDS AVE 6 JUNCTION		
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/PRIVATE USE/ PRIVATE HIRE		
NAME OF OWNER	TOH SIEW LOON		
NAME OF OWNER	96370455 EMAIL: loonank@gmail.com		
CONTACT NO.	S1627357J		
NRIC	OD/ THIRD PARTY / REPORTING ONLY 3P		
CLAIM TYPE	MSIG		
INSURANCE CO.	COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT		
TYPE OF COVERAGE POLICY NO.	COMPREHENSIVE TIME THAT I THE		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: TOH SIEW LOON		
NRIC	S1627357J ANY PASSENGER: 0		
DATE OF BIRTH	18/10/1964		
OCCUPATION	OUTDOOR (INDOOR)		
DATE OF DRIVING PASS	6/3/2003		
GENDER	MALE FEMALE		
CONTACT NO.	96370455 EMAIL: loonank@gmail.com		
ADDRESS	BLK 732 WOODLANDS CIRCLE #11-77 S(730732)		
DOES DRIVER OWN OTHER VEHICLES	NOT IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:OUNER		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY/ WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES: YES - (TOH SIEW LOON) (M)		
CONTACT NO.			
POLICE REPORT	NO / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN		
VIDEO RECORDING	NO/YES NO/IF YES: WHO?		
AUDIO RECORDING	NO / YES SCENE PHOTO(S) NO / YES		
VEHICLE B NO.	SNB1509S ANY PASSENGER:		
NAME			
CONTACT NO.			
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.			
PARTICULAR WORKSHOP	Trees. of		
MOBILE NO.	Ruder Auto Pte Ltd		
CONTACT PERSON			
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE? NO / YES	Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277		

## 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.
- 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)

l 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 Fersonal 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.

Policyholder's Signature Time

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

Sketch Plan

WOODLANDS AVE 6 JUNCTION

A: SMK1871J

Witnessed by Reporting Centre

B: SNB15095

GIVE WAY LINE

Describe Circumstances of the	ne Accident	
GIVE WAY LINE WAITIN	ONG WOODLANDS AVE 6 JUNCTION . I G FOR TRAFFIC. SUDDENLY, WHILE M B REAR-ENDED MY VEHICLE.	
Declaration		
We declare the foregoing particular	s are true in every respect.	
If you wish to claim against your own	n policy, please be advised that your insurer may have a four imeframe from the day of occurrence. Kindly check with you	urteen (14) days clause whereby the claim or insurer for more details.
17	27	
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time	& Time	Personnel