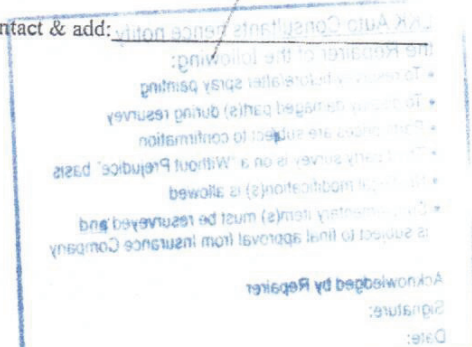


Date of Accident : 16 May 2022 Accident Time: 2045 (24-HR-FORMAT)
 Accident Place : Changi Road
 Vehicle Reg. No (Car plate No.) : SPK 2026L Vehicle Make/Model: Mitsubishi Dashique
 Insurance Company : Direct Asia Policy No. MT/00P79357
 Name of Registered Owner : Company / Individual Roman Palanisamy
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S8243189P
 : Co Contact No: _____ Owner's Contact No: 8950 8176
 DRIVER'S Name : Mohd Uweis Ahmad DRIVER'S NRIC No: 894321256
 : Bin Abdul Halim
 DRIVER'S Date of Birth : 07 Sept 1994 DRIVER'S License Pass Date 11 Aug 2016
 Relationship bet. Owner & Driver : ~~Spouse~~ \ ~~Parents~~ \ ~~Children~~ \ ~~Sibling~~ \ ~~Employee~~ \ Others: Friend
 DRIVER'S Address : Block 51 Marine Terrace #07-145 S/440051
 DRIVER'S Contact No./ Alt No. : 1) 8748 2903 2) _____
 DRIVER'S Occupation : ~~INDOOR~~ \ ~~OUTDOOR~~ (eg. working inside or outside of an ofc)
 Email Address : nweistennysons@gmail.com
 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): 2 Name & Gender: Zubidah Binte Ali (F)
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) Driver & Passenger

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SH131182x</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



Describe Circumstances of the Accident

my vehicle was stationary waiting for traffic. Suddenly,
I felt a huge impact from the rear. I got down
I realized vehicle B hit into the rear of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AT SINGAPORE
General Insurance Association of Singapore
GIA
123-456789
123-456789