





VEHICLE NO:	SNC 1514 x		MAKE & MODEL:	Toyota Harrier Turbo <del>AUTO</del> / MANUAL	
DATE OF ACCIDENT:	01 / 07 / 2022		CC:	2-0	
TIME OF ACCIDENT:	0645 HRS				
LOCATION OF ACCIDENT:	KPE (MCE) before Airport rd Exit.				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE <del>USE</del> / PRIVATE HIRE				
NAME OF OWNER:	Lin Shi Xiang				
TEL NO:	H/P: 8879 6349		OFFICE:	HOME:	
NRIC:	S8736098I				
ADDRESS:	128 Rivervale Street #11-828 (S) 540128				
EMAIL:	KYLERLIN8X@hotmail.com				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / <del>NO</del>				
INSURANCE COMPANY:	NTUC				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	5123962162				
NAME OF DRIVER:	AS <del>ABOVE</del> / IF NO:				
NRIC:	As above		ANY PASSENGER:	1 (male)	
DATE OF BIRTH:	09 / 11 / 1987		LICENCE PASSED DATE:	22 / 09 / 2009	
OCCUPATION:	OUTDOOR / <del>INDOOR</del>				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: As above		OFFICE:	HOME:	
ADDRESS:	As above				
EMAIL:	As above				
DOES DRIVER OWNED ANY VEHICLE:	<del>NO</del> / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	owner				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF <del>YES</del> , WHO?				
NAME & CONTACT:	Lin Shi Xiang, 8879 6349				
NAME & CONTACT:					
POLICE REPORT:	<del>NO</del> / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<del>NO</del> / IF YES, WHO?				
VEHICLE B REG NO:	SMF 5977M		ANY PASSENGERS: N.A		
NAME OF DRIVER:	Alan Tan		CONTACT NO: 9735 7171		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / <del>NO</del>				
WAS THERE ANY AUDIO RECORDED?	YES / <del>NO</del>				
ACCIDENT SCENE PHOTOS TAKEN?	YES / <del>NO</del>				
ACCIDENT PORTION:	Rear portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <del>NO</del>					
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jun Ming				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



## 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

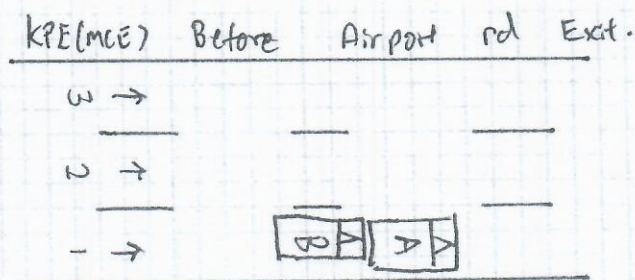
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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 / 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**

As per above date and time, I was driving SNC1514X along KPE(MCE) on the extreme right lane. Somewhere before Airport rd exit, vehicles in front jammed brake and stopped. As such, I applied brake and stopped accordingly. But at sudden, I felt a huge impact from the rear. I alighted and discovered veh(B) SMF 5977m front portion collided onto my vehicle rear portion.

**Declaration**

I/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