YÉW TEE,A	utomobile tech pteltd
	CIDENT STATEMENT TO SEE THE TOTAL TO SEE
Date & Time of Accident	10/4/22 7.28 am
Exact Location of Accident	271 BUKIT BATOK GAST CARPADA
DESCAILS OF OWN VEHICLE	Constitution of the second of
Vehicle Registration Number	GBB 4966C
Name of Registered Owner	FIRST AUTO PTE LTD
NRIC Number / Co Reg. Number	***************************************
agreelities	
Vehicle Make & Model	
Exact Purpose for which vehicle was being sed at time of accident	
Please state action to be taken for type o	f Own Damage / Third Party / Reporting Only
vehicle Category	
mane Company	Private Car (Commerical)/ Private Hire / Others
Name of Insurance Company	
	Muc
Policy Number	
F15.00: 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TOWN THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED
Name of Driver VRIC Number	IM HOTE I
Sate of Birth	2 8016368 E
Date of Driving Pass	07-06-1980
Contact Number	19 Sep 2006
ddress	91525 888
	- K-D-LT NOW HA
αργίου of the Driver with the Insured	KUNTINSHIHA- GI 9 MAIL . COM
cheralantemanona ethicuscus insulen	Kuntinshiha @ gmail-com
Veather Conditions	
load Surface	Clear Praining / Others
The state of the s	Wet (DD) Others
as anybody injured in the Accident?	
as any other vehicle or property damage?	Yes /No
umber of Passengers (Incl Driver)/	Yes No
oursel of Lassenders (tuci Duvet)	Name & Gender _ Priver
to the Addidant rangital to the pure	Name & Gender
as the Accident reported to the Police? as there any video captured?	Yes/No
	Yes /(No)
THE RESIDENCE OF THE PARTY OF T	
EIAILS OF OTHER VEHICLE (S) / PRO	
hicle Registration Number	SLU 1980E
hicle Registration Number the of Driver	
shicle Registration Number time of Driver RIC Number	
chicle Registration Number Time of Driver RIC Number Ordact Number	
shicle Registration Number time of Driver RIC Number	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

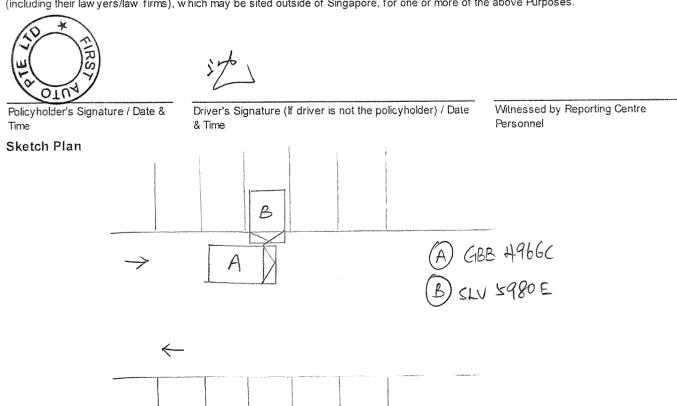
8. Consent under the Personal Data Protection Act (PDPA)

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.



Describe Circumstances of the Accident
ON 10/7/22 A 0728HR
WHEN I SAW BRIUNDS AT 271 BUKIT BATOL EAST AUE 4 CARPARE
(GBB 4966C)
SUDDENLY THERE WAS A CAR (SLV 5980E) DRIVE OUT of THE
SUSPENDED THERE THE WAS IN CHA COLO STORE OF THE
PARKING LOT WO 295) AND HIT ON MY LORRY FROUT
PARKING LOT (LOT NO 295) AND HIT ON MY LORRY FROUT
Left AT SIDE.

Declaration

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

Policy net Date & Time

it.

X

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

Witnessed by Reporting Centre Personnel