Accident Reporting Draft

VEHICLE NO: SJS1495E

MODEL: KIA CERATO

AUTO/MANUAL

DATE OF ACCIDENT	3/8/2022 C.C: 1,591		
TIME OF ACCIDENT	0850 HRS (AM)/PM		
LOCATION OF ACCIDENT	LOYANG AVE NEAR CHANGI VILLAGE ROAD		
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ PRIVATE HIRE		
NAME OF OWNER	TOH WEI LIANG		
CONTACT NO.	94745770 EMAIL: TOH.WEI.LIANG@HOTMAIL.COM		
NRIC	S8518872J		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P		
INSURANCE CO.	BUDGET DIRECT		
TYPE OF COVERAGE	COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE IF NO: TOH WEI LIANG		
NRIC	S8518872J ANY PASSENGER: 0		
DATE OF BIRTH	16/6/1985		
OCCUPATION	OUTDOOR / (NDOOR)		
DATE OF DRIVING PASS	19/1/2010		
GENDER	MALE / FEMALE		
CONTACT NO.	94745770 EMAIL: TOH.WEI.LIANG@HOTMAIL.COM		
ADDRESS	APT BLK 5501 SEGAR ROAD #15-624 S(671550)		
DOES DRIVER OWN OTHER VEHICLES	(NO) IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IFMO: OWNER		
WEATHER CONDITION	CLEAR RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES: YES - DRIVER (TOH WEI LIANG) (M)		
CONTACT NO.	TES - DIXIVER (TOTT WEI LIAMS) (IVI)		
POLICE REPORT	NO DIF 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.	PC7711E 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			
MOBILE NO.	Ruder Auto Pte Ltd		
CONTACT PERSON			
FAX NO.			
HAVE YOU BEEN APPROACHED BY	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921		
UNKNOWN PERSON SOLICITING(S)/	Email: ryderautoworkshop@gmail.com		
OFFERING ACCIDENT CLAIMS	Tel: 67418277		
ASSISTANCE? NO / YES			

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 <u>truthful and accurate as possible</u>. 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
- $(v) \ complying \ w \ ith \ applicable \ law \ \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(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 & Firme	Driver's Signature (If driver is not the policyholder) / Date & Time	the policyholder) / Date Witnessed by Reporting Centre Personnel	
Sketch Plan	LOYAN G AVE NEAR CHANGI VILLAGE	ROAD	
		A: 5751495E	
		A: SJS1495E B: PC7711E	
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Describe Circumstances of the Accident
I WAS TRAVELLING ALONG LOYANG AVE NEAR CHANGI VILLAGE ROAD. VEHICLE
AHEAD FILTERED INTO MY LANE, SLOWED DOWN. I FOLLOWED SUIT. MOMENTS
LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY
VEHICLE.
Declaration
IWe declare the foregoing particulars are true in every respect.
If you wish to plaim against your own policy please he advised that your insurer may have a fourteen (14) days plause whereby the plaim

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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