Johari

PCV Accident Report

(For Reporting only)



/ Ubi Loyang Pandan Sg. Kadut Sin Ming Braddell Section A - To Be Completed By Driver Who Is Involved in The Accident 2 Aug 2022 Date: Date & Time of Accident Time: 9.20am Date & Time of Reporting Place of Accident Make / Model: Vehicle Reg. No. : USE Purpose of Use at Time of Accident: Goods transportation / private usage / others: NRIC / FIN No. an Name Regalia Address : Date Of Birth: Postcode: Handphone: Home: Gender : (om Email: amai Occupation: Management / Sales / Retiree / Housewife / Technical / Education / Others: Licence Pass Date : Type of Claims: (Third Party) Own Damage / Reporting Only 993 Years of Driving Experience: Owner// Non-owner Driver Status: If you are not the owner, the owner's name & tel: Video: YIM) No. of Pox: contact No : Owner's Brights; Hame? Owner's NRIC / Company Reg. No : Relationship with Owner: Yes /No My Insurance Company: Vehicle Towed In? Police Reported? Yes / (No) Police Report Reference No. : Company's Vehicle? Yes /(No. Insurance Policy No: Type of Policy: (Comprehensive) / Third Party Fire & Theft / Third Party Only Yes (No Do you have witness? (If Yes, Witness Name & Contact No: Clear / Cloudy (Light Rains / Heavy Rains Weather Condition Dry (Wet Road Condition Was anyone injuried in the accident? Other vehicle or property damage? Yes / No Was Notice of Intended Prosecution given ? Describe How Accident Happened: Please use SKETCH PLAN for accident description & sketch of accident scene Third Party's Details (Use Annex 2 for Chain Collision as attachment) Vehicle Make / Model ; Vehicle Reg. No Name of Driver: NRIC No. Insurance Company: Handphone Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue. 0 Signature Date 3 Aug 2022

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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)

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

Sketch Plan

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

Sketch Plan

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

Personnel

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Declaration

We declare the foregoing particulars are true in every respect.

COMPORTDELGRO ENGINEERING PTE LTD

980 UBI ROAD 3

Policyboiders Signature / Date & Time

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

Witnessed by Reporting Centre