

# Accident Reporting Draft

VEHICLE NO: GBK4533X

MODEL: MITSUBISHI CANTER

AUTO/MANUAL

DATE OF ACCIDENT	26/8/2022	C.C: 2,998
TIME OF ACCIDENT	1030	HRS <u>AM</u> /PM
LOCATION OF ACCIDENT	JUNCTION OF TUAS SOUTH AVE 2 & TUAS SOUTH AVE 3	
EXACT PURPOSE USE DURING ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	PMAX ONE TECHNOLOGIES PTE LTD	
CONTACT NO.	81102116	EMAIL: ENQUIRY@PMAX.COM.SG
NRIC	200002634Z	
CLAIM TYPE	<u>OD</u> / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF <u>NO</u> : HAR MIN KUON	
NRIC	S8366721D	ANY PASSENGER: 1
DATE OF BIRTH	27/2/1983	WOO TUCK WING (M)
OCCUPATION	<u>OUTDOOR</u> / INDOOR	
DATE OF DRIVING PASS	19/10/2016	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	81102116	EMAIL: ENQUIRY@PMAX.COM.SG
ADDRESS	11A TUAS ROAD S(638507)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	<u>EMPLOYEE</u> / IF NO:	
WEATHER CONDITION	CLEAR / <u>RAINY</u> / OTHER: RAINY	
ROAD SURFACE	DRY / <u>WET</u> / OTHER: WET	
ANY INJURIES	NO / IF <u>YES</u> : YES - DRIVER (HAR MIN KUON) (M)	
CONTACT NO.	YES - PASSENGER (WOO TUCK WING) (M)	
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES
VEHICLE B NO.	GBD1019X ANY PASSENGER:	
NAME		
CONTACT NO.		
VEHICLE C NO.	YP1717D	ANY PASSENGER:
VEHICLE D NO.		ANY PASSENGER:
VEHICLE E NO.		ANY PASSENGER:
VEHICLE F NO.		ANY PASSENGER:
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">   <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: ryderautoworkshop@gmail.com                  Tel: 67418277             </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS 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 **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.

*Helen*



*Helen*

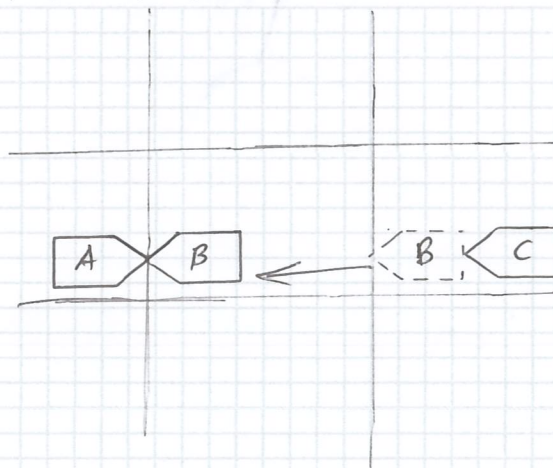
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

JUNCTION OF TUAS SOUTH AVE 2 & TUAS SOUTH AVE 3



A: GBK 4533X  
B: GBD 1019X  
C: YP 1717D



**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG JUNCTION OF TUAS SOUTH AVE 2 & TUAS SOUTH AVE 3. I WAS STOPPED AT THE TRAFFIC JUNCTION WAITING FOR THE SIGNAL TO TURN RIGHT. WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE C (YP1717D) REAR ENDED VEHICLE B (GBD1019X) AND VEHICLE B WAS PUSHED FORWARD, COLLIDING WITH THE FRONT PORTION OF MY VEHICLE.

**Declaration**

We declare the foregoing particulars are true in every respect.

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## LETTER OF AUTHORISATION

**To: Ryder Auto Pte Ltd**

Re: ACCIDENT ON 26/8/2022 INVOLVING GBK4533X GBD1019X YP1717D

ALONG / AT

JUNCTION OF TUAS SOUTH AVE 2 & TUAS SOUTH AVE 3

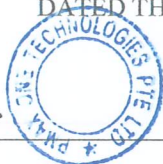
I/We PMAX ONE TECHNOLOGIES PTE LTD (NRIC No. 200002634Z)

of 11A TUAS ROAD S(638507)

1. The owner of motor vehicle no. GBK4533X hereby authorise **Ryder Auto Pte Ltd** to commence repairs of the said vehicle forthwith. I/We agree to assign the whole proceeds of my/our third party claim to **Ryder Auto Pte Ltd** including any claim for Loss of Use if a vehicle had been provided by **Ryder Auto Pte Ltd** during the period of repairs to my/our vehicle if applicable. My/our solicitors (to be appointed by **Ryder Auto Pte Ltd** on my/our behalf) shall accept this as my/our irrevocable authority to pay the amount compensated direct to **Ryder Auto Pte Ltd** after deduction of their cost on a solicitor & client basis. **I/We undertake to co-operate fully with Ryder Auto Pte Ltd and/or my/our solicitors and also with a true Motor Accident Report/Police Report until the claim to a successful conclusion including court proceedings, failing which, I/We undertake to bear repair costs, rental, legal costs and any other incidentals incurred.**
2. If the 3<sup>rd</sup> party claim is unsuccessful or partly successful as the case may be, I/we hereby instruct and authorise **Ryder Auto Pte Ltd** to claim direct from my/our insurance company on my/our vehicle immediately without any delay.
3. If for any reason my/our insurer's are not willing to settle the repair costs either in part or in whole then I/ we undertake to pay **Ryder Auto Pte Ltd** the repair cost.
4. In alternative to serial number2 and 3 above if the 3<sup>rd</sup> party claim fails or is only partly successful then I/we undertake to pay **Ryder Auto Pte Ltd** the difference in amount of the repair cost.
5. I/We authorise **Ryder Auto Pte Ltd** to sign all discharge voucher/indemnity forms and all necessary papers on my/our behalf in connection with the above claim. **We confirm full discharge of all property damage claims upon signing of the discharge voucher by our repairer, Ryder Auto Pte Ltd.**
6. I/We also authorise **Ryder Auto Pte Ltd** to appoint such a firm of solicitors on my/our behalf as **Ryder Auto Pte Ltd** deem fit for the purpose of third party/own insurance claims.
7. I/We undertake to inform **Ryder Auto Pte Ltd** and/or the solicitors appointed by **Ryder Auto Pte Ltd** on my/our behalf in the event the third party's insurance company communicate with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or other or settlement from the third party's insurers without first communicating with you.
8. In the event that third party insurer issued the **Agreed Settlement Cheque** to me/us, I/We undertake to either give the said cheque to **Ryder Auto Pte Ltd**, or bank into my/our account and re-issue the cheque amount to **Ryder Auto Pte Ltd**.

DATED THIS \_\_\_\_\_ DAY OF 26/8/2022 20\_\_\_\_





Signature of owner

(Company's stamp – if any)

Signature of Witness

Name of Witness