



Date of accident: 20.08.2022 Time: 2245 HRS.  
 Location of accident: SUEI TPE HIGHWAY EXITING SUP ROAD ALONG TAMPAINE AVE ID

**Details of Own Vehicle**

Vehicle Number: CBH4025L Make/Model: P. PARTNER  
 Insurer: EQ INSURANCE Passenger (incl. Driver):  
 Policy No: DMCPHQ22-004140 Policy Type:  TPFT/TPO

**Policyholder**

Name: JEDIDIAH ENTERPRISE NRIC/FIN no.: 531359183  
 Contact no.: 9678 4711

**Driver**

Name: V ANANDAN NRIC/FIN no.: S15967400  
 Contact no.: 9678 4711 D.O.B: 03.11.1963  
 Email: vedan@.anan@gmail.com Occupation: OUTDOOR  
 Address: BLK 523 CHOA CHU KANG ST 51 #01-309 (680523)  
 Driving pass date: 20.12.1984 Relationship with Policyholder: OWNER

**General Information**

Weather conditions:  Clear  Raining Road surface:  Dry  Wet  
 Police report: Yes/  No Video Footage: Yes/  No  
 Prosecution Letter: Yes/  No If Yes against whom: \_\_\_\_\_  
 Injuries: Yes/  No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

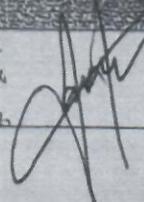
**Details of Third party**

	Vehicle B	Vehicle C
Vehicle no.:	<u>SFX 1115 Z</u>	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: <small>(Make/Model, Passenger, property info &amp; etc)</small>		

**Detail of Witness**

	Witness 1	Witness 2
Name:		
Contact no.:		

**Claim Type & Acknowledgement**

Claim Type: Own Damage  Third Party Reporting Only Policyholder/  driver   
 Workshop: \_\_\_\_\_ Signature: 

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

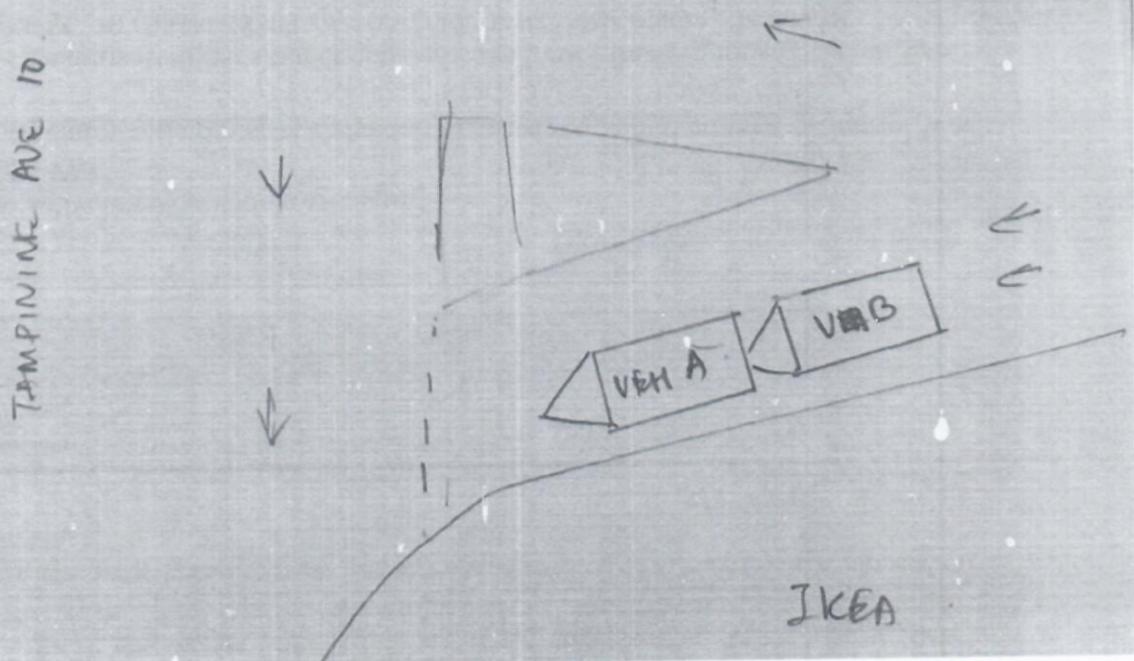
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 22/8/22  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

 22/8/22  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

On the stated dated and timed, I was traveling along  
SUE/TPE HIGHWAY exiting SLP ROAD along TAMPIKES AVE 10. + slow  
down and stop as there approaching vehicle from right side  
and within a second vehicle B collided onto my rear  
portion.

Vehicle A GBH 4025L

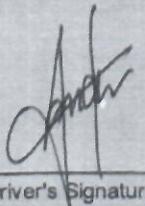
Vehicle B SFX 1115 Z

Declaration

We declare the foregoing particulars are true in every respect.

 22/8/22

Policyholder's Signature / Date & Time

 22/8/22

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

Witnessed by Reporting Centre Personnel