

VEHICLE NO: SMW 8726L	MAKE & MODEL: SMW 116	(AUTO/MANUAL)
DATE OF ACCIDENT	11/09/22	cc 1.6
TIME OF ACCIDENT	4.22 AM/PM	
LOCATION OF ACCIDENT	ORCHARD ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	JAY JOEL ONG JUN JIE (WANG JUN JIE)	
EMAIL: Jayjoel.ong@gmail.com	OFFICE:	MOBILE:
NRIC	S88361051	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES (NO)?	
INSURANCE CO.	INDIA	
TYPES OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	D21mPc0001997-01	
NAME OF DRIVER	AS ABOVE / (IF NO) ELIZABETH YAP WELLING	
NRIC	S9048304H	
DATE OF BIRTH	11/12/1990	
ANY PASSENGER	YES (NO):	
NAME OF PASSENGER	NIL	
GENDER OF PASSENGER	MALE / FEMALE: NIL	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	15 JUN 2011	
GENDER	Male / <u>Female</u>	
CONTACT NO	Mobile: 98500614	Office: Home:
EMAIL	BETHYAPWL@GMAIL.COM	
ADDRESS	150 MARIAN WAY #05-07 S507079	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No:	
RELATIONSHIP	Employee / If No:	INSURER: <u>Girlfriend</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No (If yes, Who?)	
CONVEYED BY AMBULANCE	(No) / If yes, Who?	
POLICE REPORT	No / If yes, Where?	
VEHICLE B NO.	SMG 78876	Any Passenger: 4
NAME	TAN CHENG HA	
CONTACT NO.	84684518	
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.		
WAS THERE ANY VIDEO CAPTURE?	YES (NO)	
WAS THERE ANY AUDIO RECORDED?	YES (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	YES (NO)	
IMPERIUM AUTOMOTIVE		
SHAWN7830@HOTMAIL.COM		
97489940		

Describe Circumstances of the Accident

on 11 Sep 2022, around 4:22pm I was driving on orchard road
while waiting at the lights for it to turn green, I was rear ended
by a veffire. sm47687-G

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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 Authorized 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	(A) SMW 8726L
	(B) SMG 7687G