

VEHICLE NO: 6BF 4638D MAKE & MODEL: TOYOTA HIACE (AUTO) MANUAL

|                                        |                                                        |        |
|----------------------------------------|--------------------------------------------------------|--------|
| DATE OF ACCIDENT                       | 13 09 2022                                             | CC     |
| TIME OF ACCIDENT                       | 6 20 AM / PM                                           |        |
| LOCATION OF ACCIDENT                   | TPE TOWARD PASIR KIS.                                  |        |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE                |        |
| NAME OF OWNER                          | 11 SUBSTANCES LLP                                      |        |
| EMAIL                                  | kensterho@gmail.com                                    | Office |
| NRIC                                   | T06460407F                                             |        |
| CLAIM TYPE                             | YES / NO / THIRD PARTY / REPORTING ONLY                |        |
| FLEET POLICY                           | YES / NO                                               |        |
| INSURANCE CO                           | NTUC                                                   |        |
| TYPE OF COVERAGE                       | Comprehensive / Third Party / Third Party Fire & Theft |        |
| POLICY NO                              | 5104462254-03                                          |        |
| NAME OF DRIVER                         | AS ABOVE / (VNO) KOH HANG BOON                         |        |
| NRIC                                   | S1363245F                                              |        |
| DATE OF BIRTH                          | 01 06 1959                                             |        |
| ANY PASSENGER                          | YES / NO                                               |        |
| NAME OF PASSENGER                      | KEN HO                                                 |        |
| GENDER OF PASSENGER                    | MALE / FEMALE                                          |        |
| OCCUPATION                             | Outdoor / Indoor                                       |        |
| DATE OF DRIVING PASS                   | 20 11 1985                                             |        |
| GENDER                                 | Male / Female                                          |        |
| CONTACT NO                             | Mobile 8406437 Office                                  |        |
| EMAIL                                  |                                                        |        |
| ADDRESS                                | BK 150 RIVERVALE CREST # 09-80 S 640150                |        |
| DOES DRIVER OWN OTHER VEHICLES?        | NO / If yes, Reg No.                                   |        |
| RELATIONSHIP                           | Employee / If No.                                      |        |
| WEATHER CONDITION                      | Clear / Raining / Other                                |        |
| ROAD SURFACE                           | Dry / Wet / Other                                      |        |
| ANY INJURIES                           | No / If yes, Who?                                      |        |
| CONTACT NO                             |                                                        |        |
| POLICE REPORT                          | No / If yes, Where?                                    |        |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | NO / IF YES, WHO?                                      |        |
| VEHICLE B NO.                          | SKS9083X Any Passenger NO                              |        |
| 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                            | NO                                                     |        |
| WITNESS CONTACT NO                     | YES / NO                                               |        |
| WAS THERE ANY VIDEO CAPTURE?           | YES / NO                                               |        |
| WAS THERE ANY AUDIO RECORDED?          | YES / NO                                               |        |
| SCENE ACCIDENT PHOTOS TAKEN?           | YES / NO                                               |        |

**WORKSHOP:**

Have you been approach by unknown person soliciting (s) / offering accident claims assistance?

NO  
YES / NO

**IMPORTANT NOTICE**

1. Please report **SOONEST** the details of the accident to the Police.

Describe Circumstances of the Accident

I WAS DRIVING ALONG THE TOWARD PASIR RIS. MY  
FRONT VEHICLE SLOW DOWN SO I APPLIED MY BRAKE AND  
SLOW DOWN. OUT OF SUDDAJ VEHICLE (B) SK39083X FROM  
MY REAR HIT INTO MY VAN G8F4631'S REAR PORTION.

**Declaration**

I/we declare the foregoing particulars are true in every respect.

Policyholder's Signature & Date & Time

Driver's Signature & Date & Time

**II SUBSTANCES LLP**

Witness's Signature & Date & Time

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
  2. The Form must be completed by the Policyholder and/or the Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 the 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.

*[Signature]*

Policyholder's Signature / Date & Time

Sketch Plan

*[Signature]*

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

II SUBSTANCES LLP

Witnessed by Reporting Centre Personnel

