

VEHICLE NO: SGW 9829 M	MAKE & MODEL Mitsubishi Lancer <input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL	
DATE OF ACCIDENT:	24 / 10 / 2022 CC: 1-6	
TIME OF ACCIDENT:	0636 HRS	
LOCATION OF ACCIDENT:	Geylang Serai Market BIK 2 multi story carpark Level 2	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="radio"/> (PRIVATE USE) / PRIVATE HIRE	
NAME OF OWNER:	Zaidi Bin Uthi	
TEL NO:	H/P: 9671 9287 OFFICE:	HOME:
NRIC:	S7036261I	
ADDRESS:	Apt BIK 863 Woodlands Street 83 #02-190 S730863	
EMAIL:	ZAIDI.UTTU@gmail-com	
CLAIM TYPE:	OD / <input checked="" type="radio"/> (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> (NO)?	
INSURANCE COMPANY:	AIG	
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	1700028304-05	
NAME OF DRIVER:	AS ABOVE / IF NO: Uthi Bin Ab Rahman	
NRIC:	S0983722A	ANY PASSENGER: N/A
DATE OF BIRTH:	14 / 11 / 1946	LICENCE PASSED DATE: 28 / 06 / 1979
OCCUPATION:	OUTDOOR / <input checked="" type="radio"/> (INDOOR)	
GENDER:	<input checked="" type="radio"/> MALE / FEMALE	
CONTACT NO:	H/P: 94288886 OFFICE:	HOME:
ADDRESS:	Apt BIK 539 Woodlands Drive 16 #03-117 S730539	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Son	
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	<input checked="" type="radio"/> DRY / WET / OTHER:	
ANY INJURIES:	NO / IF <input checked="" type="radio"/> (YES) WHO?	
NAME & CONTACT:	Uthi Bin Ab Rahman (94288886)	
NAME & CONTACT:		
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B REG NO:	SKX 4253 D	ANY PASSENGERS: N/A
NAME OF DRIVER:	Muthalib	CONTACT NO: 96396458
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> (NO)	
ACCIDENT SCENE PHOTOS TAKEN?	YES / <input checked="" type="radio"/> (NO)	
ACCIDENT PORTION:	Front right portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO		
WORKSHOP PARTICULAR:	Turncar Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

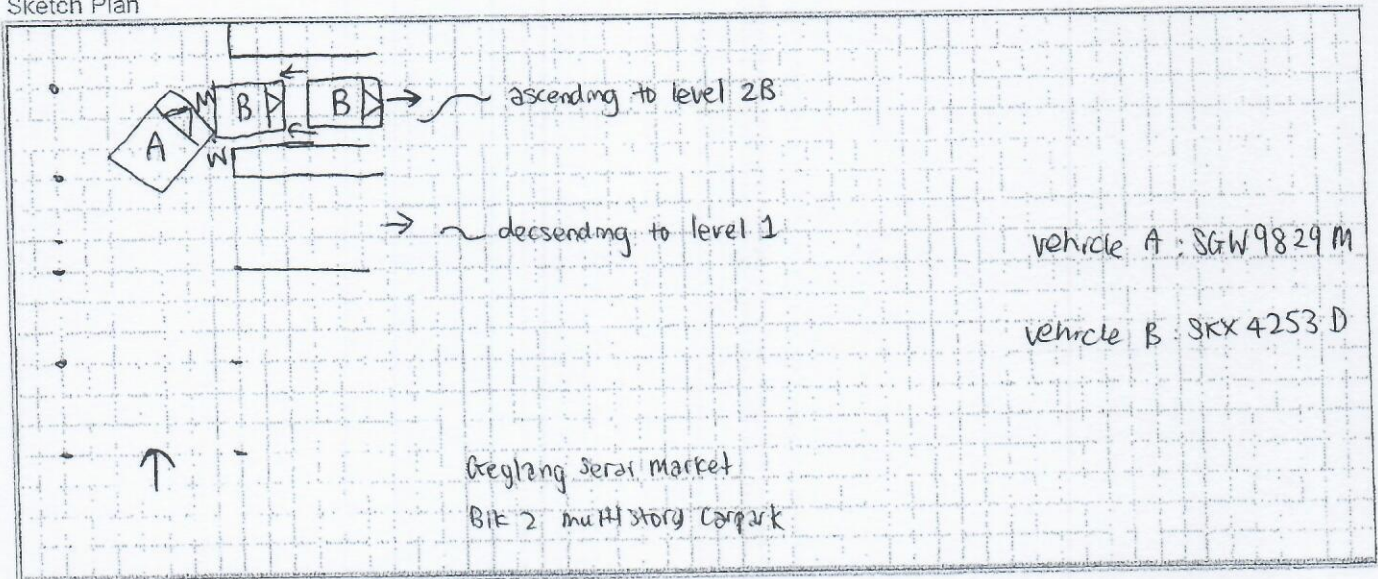
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SGW 9829 M) along Geylang Serai Market BIK 2 on level 2A, vehicle B (SKX 4253 D) was ahead of me and when vehicle B ascended into level 2 B, halfway through vehicle B reversed down the slope and collided into my vehicle front right portion.

Video footage attached

Declaration

I/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 (Name as in NRIC/ID card)