

VEHICLE NO: SNG 4058E

MAKE & MODEL : Subaru Impreza

AUTO / MANUAL

DATE OF ACCIDENT	25 / 10 / 2022	*C.C: 1498
TIME OF ACCIDENT	14:00	AM / PM
LOCATION OF ACCIDENT	Basement Carpark of Rivervale Condo	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Amaravadi Sandhya Email: sureshvikas@gmail.com	
TELP NO	Mobile: Moorthy Office: 88135441 Home:	
NRIC	S7385398B	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	Direct Asia	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	MT / 01081314	
NAME OF DRIVER	AS ABOVE / IF <u>NO</u> Suresh Vikas	
NRIC	T0307071E	
DATE OF BIRTH	11 / 03 / 2003	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE -	
OCCUPATION	Outdoor / Indoor Student	
DATE OF DRIVING PASS	23 / 09 / 2021	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 8786 5685 Office: Home:	
EMAIL	sureshvikas@gmail.com	
ADDRESS	1 Rivervale Link #02-16 Singapore 545118	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No. INSURER.	
RELATIONSHIP	Employee / If <u>NO</u> Son	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If <u>YES</u> Who? Suresh Vikas	
CONTACT NO.	8786 5685	
POLICE REPORT	<u>NO</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?	
VEHICLE B NO.	GBH 8747K Any Passenger:	
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		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u> SD card not working.	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

Email: sureshvikas@gmail.com.

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.

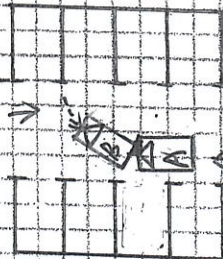
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

26/10/22



(A) SNG 4058E

(B) GSH 8747K

Basement Carpark of Rivervale Condo

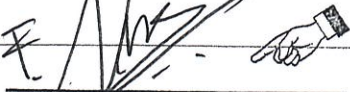
Describe Circumstances of the Accident


On 25/10/2022 @ 1400 hrs, I was driving my car (SNG 4058E) at basement carpark of Rivervale Condo. The van in front of me stopped so I also stationary in time. Out of suddenly, the van in front of me <GBH 8747K> make a reverse without check his traffic status behind and I immediately press my car horn to warning the van driver, however the van still continue reversing and then collided onto front portion of my car. Both driver had exchange particulars after accident. I was felt discomfort after the accident impact so I went to visited my doctor & was given 2 days of MC. Hence, I hereto lodge this report to claim against Veh. B <GBH 8747K>'s Insurance for my accident damages.

Declaration

I/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

26/10/22

Witnessed by Reporting Centre Personnel