

Accident Reporting Draft

VEHICLE NO: YN7846K

MODEL: HINO XZU710R

AUTO/MANUAL

DATE OF ACCIDENT	27/10/2022	C.C: 4,009
TIME OF ACCIDENT	0850	HRS AM/PM
LOCATION OF ACCIDENT	AYE CORPORATION ROAD EXIT	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	PACIFIC-KSH COMPANY PTE. LTD.	
CONTACT NO.	86717822 (D)	EMAIL: yvette@pacificksh.com.sg
NRIC	200200685H	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	ERGO	
TYPE OF COVERAGE	COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO : THENNARASU ANBARASAN	
NRIC	G5178811M	ANY PASSENGER: 0
DATE OF BIRTH	12/1/1986	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS	1/6/2020	
GENDER	MALE / FEMALE	
CONTACT NO.	86717822 (D)	EMAIL: yvette@pacificksh.com.sg
ADDRESS	53 UBI AVENUE 1 #01-30 PAYA UBI INDUSTRIAL PARK S(408934)	
DOES DRIVER OWN OTHER VEHICLES	NO / IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE / IF NO:	
WEATHER CONDITION	CLEAR / RAINY / OTHER: CLEAR	
ROAD SURFACE	DRY / WET / OTHER: DRY	
ANY INJURIES	NO / IF YES : YES - DRIVER (THENNARASU ANBARASAN) (M)	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	NOTICE OF INTENDED PROSECUTION GIVEN?
VIDEO RECORDING	NO / YES	NO / IF YES: WHO?
AUDIO RECORDING	NO / YES	SCENE PHOTO(S) NO / YES
VEHICLE B NO.	SMQ1859P	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.		
PARTICULAR WORKSHOP		
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

Ryder

Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277

PHOTO - 27/10
PERSONAL STAMP

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 willful 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X  

Policyholder's Signature / Date & Time

Sketch Plan



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

AYE CORPORATION ROAD EXIT

Witnessed by Reporting Centre Personnel

YN7846K
SMQ1859P





Describe Circumstances of the Accident


I WAS TRAVELLING ALONG AYE CORPORATION ROAD EXIT. I WAS TRAVELLING STRAIGHT AHEAD ON MY LANE. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE.

Declaration

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.

X  
Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel