LOCATION: Sevanguan Road towards CTE	unoussino/kuthAnthiisi4
	ELECTRICAL STATE OF THE STATE O
INFORMANT'S PARTICULARS	, a
1) VEHICLE NO.: SMT8464H MODEL: Tomata Carolla	
2) INSURANCE CO.: NTUC POLICY NO.: 5128 632 20	S CIDCLE)
3) CLAIM TYPE: OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PL 4) OWNER NAME: Na Lai Renovation and I/C TEL:	9/1/2 ////
4) OWNER NAME: NA LAI REPOVATION AND I/C TELL.	143 6666
5) OWNER EMAIL: <u>Kenz nalairne Egnal ion</u> ALTERNATIVE PHONE NO. 6) DRIVER NAME: <u>Pans Jins Xun</u> <u>I/C \$77383x21</u> TEL:	34591111
7) DRIVER OCCUPATION: Director EMAIL: Kenz. Projects 6	
8) RELATIONSHIP WITH OWNER:	YVIII COVI
9) DOES DRIVER OWN ANY CAR? YES / NO (QN 9 & 10 APPLY FOR NON OWN)	FR ONLY)
10) DRIVER'S OWN VEHICLE REG NO.: INS CO.:	
11) WEATHER CONDITION: CLEAR / RAINING / OTHERS	
12) ROAD SURFACE: DRY / WET / OTHERS	
13) ANY SCENE PHOTOS : YÉS/ NO	•
14) ANY VIDEO CAPTURED BY CAR CAMERA : YES / NO 15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT :	te Use .
16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFEF	RING
ACCIDENT OF AIMS ASSISTANCE - VES / NO	
17) NO. OF PASSENGERS (INCLUDING DRIVER): 0 A)PASSENGER N. 18)No. of Vehicle involved (including own vehicle): 02 MALE / FEMALE	AME:
10/110:01 10:110:0 11:10:100 (11:0:0:0:0:0:)	AME:
MALE / FEMALE	
THIRD PARTY (OTHER VEHICLE) PARTICULARS	
VEHICLE 1 1) VEHICLE NO .: SKR 37618 MODEL:	
2) DRIVER NAME :I/C	reproduction and to demand
3) ADDRESS :	
4) CONTACT NO.: INS CO:	
VEHICLE 2 1) VEHICLE NO.: MODEL:	
2) DRIVER NAME :I/C	
3) ADDRESS :	
4) CONTACT NO.: INS CO:	According to the state of
* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)	
IF YES, FOREIGN VEHICLE NO.: FOREIGN VEHICLE CATEGORY:	
FOREIGN VEHICLE CATEGORY:	
WITNESS PARTICULARS	×
1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW:	(A)
2) NAME & NRIC:TEL:	
3)RELATIONSHIP WITH INVOLVED PARTIES :	36
OTHERS	gr s to the state of the state
1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN :	
COPY OF POLICE REPORT.	<i>*</i>
3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES/NO) - IF YES,PLS PROVIDE A COPY OF THE NOTICE.	4-11
4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO	4
THE ABOVE ACCIDENT (YES/NO).	DIS SIGNATURE & DATE

CHENG HOE MOTOR PTE LTD (AMK)

97820185 (Whatsapp)

Email: chmamk@singnet.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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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, acknow ledge, 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.

Na Lai Renovation & Construction Pte Ltd

Reg. No: 202200278C 80 Geylang Bahru #01-2630

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sevangeon Kocal

Towarde CPE

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Veh B - SKR3+615

Describe C	Jii Cuilist	anceso	the Acc	ident	 				
Re	tes to	Police	Report	1					
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									-
Declaration									

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

Describe Circumstances of the Acaldont

Na Lai Renovation & Construction Pte Ltd

Reg. No: 202200278C 80 Ceylang Bahru #01-2630 Singapore 339688

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

& Time

Witnessed by Reporting Centre Personnel