

ACCIDENT REPORTING

Accident Date: (13 / 11 / 2023) (DD/MM/YYYY)

Time: (14 : 00) (HH:MM)

Location: JURONG TOWN hall ENTERING AVE Towards Changi

1. Accident Details

- a) Type Of Accident: CHAIN COLLISION.
- b) Weather Condition: (Clear / Raining / Others: DRIZZLING)
- c) Road Surface: (Dry / Wet / Others: _____)
- d) Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third Party Claim / Reporting Only)
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
If Yes, Please State Vehicle No: _____
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- g) Was The Accident Reported To The Police? (Yes / No)
If Yes, Police Station Name: _____
- h) Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- a) Vehicle Registration No: SNA 2643K.
- b) Vehicle Category: PRIVATE.
- c) Vehicle Manufacturer: MERC Vehicle Model: E200
- d) Transmission: Manual / Auto CC: 1991
- e) No. Of Passengers (Including Driver) 1
- Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: ETIQA (MAD20343)
- b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- c) Fleet Policy? (Yes / No) QUIM
- d) Owner Name: MUHAMMAD AR'BAIN QUIM BIN ABDUL (Female / Male)
- e) ID Type: S8929888A (UEN / NRIC / Passport Or Fin / Work Permit)
- f) Email: ALIFASRAF21@hotmail.com Mobile: 9277 7844.
- f) Alt No. Type: (Home / Office / Not In List) : _____

4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
- b) Driver Name: MUHAMMAD ALIF ASRAF BIN DAMLI (Female / Male)
- c) ID Type: S9036692J (UEN / NRIC / Passport Or Fin / Work Permit)
- d) Date Of Birth: 5.10.1990
- e) Driving Pass Date: 02.11.2011
- f) Email: ALIFASRAF21@hotmail.com Mobile: 91279 300
- g) Address: BLK 446A BUKIT BATOK WEST AVENUE 8 #14-409.
- h) Postal Code: 651446
- i) Occupation: (Indoor / Outdoor)
- j) Driver Owner Relationship: FRIEND. Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

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5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SLL 9020C

Vehicle Category: PHV Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: SMY1564M

Vehicle Category: PRIVATE Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / No)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: MUHAMMAD ALIF ASRAF BIN DAMLI (Female / Male)

Vehicle Registration No: SNA 2643K

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

a) Are Accident Photos Available For Attachment? (Yes / No)

b) Was There Any Video Captured? (Yes / No)

a) Was There Any Audio Captured? (Yes / No)

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.



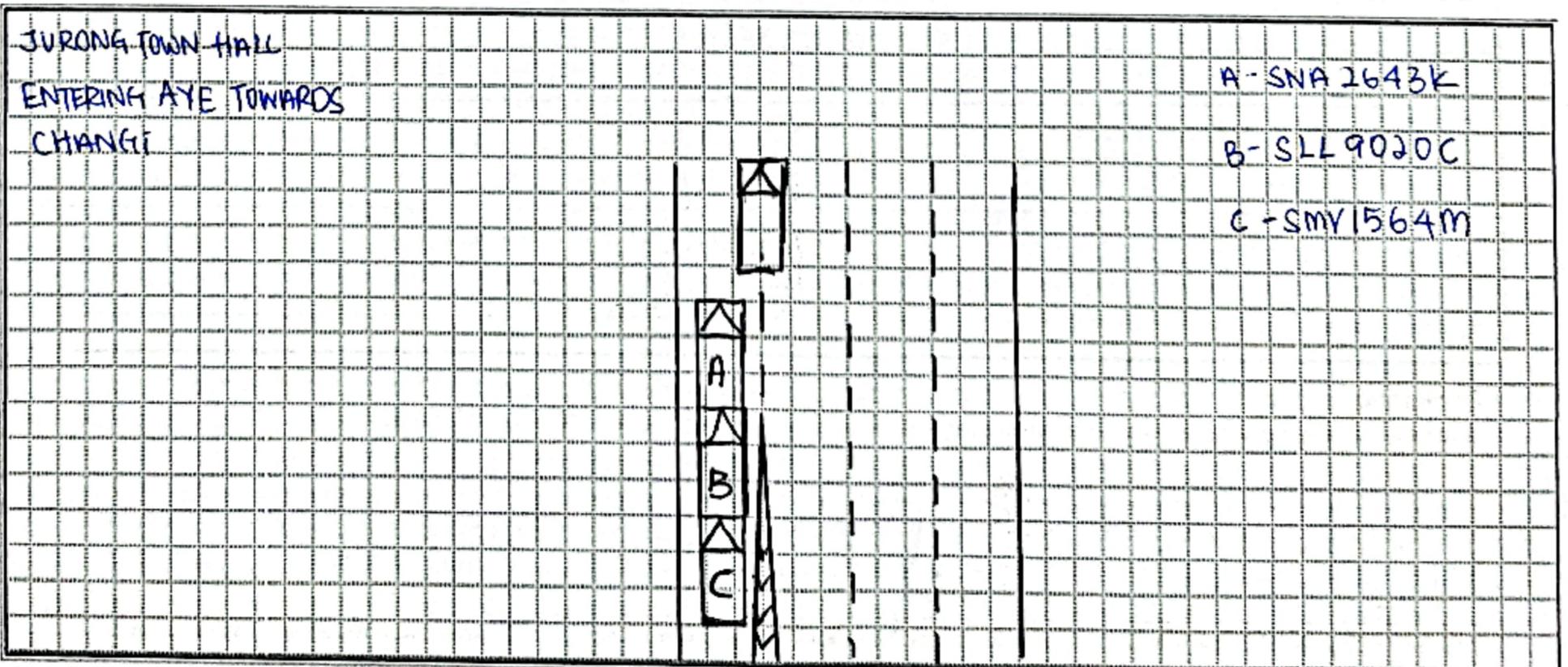
Policyholder's Signature / Date & Time



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

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE A (SNA 2643K),

THERE WAS A VEHICLE IN FRONT OF MY VEHICLE FILTERING RIGHT TO THE

THIRD LANE. THUS I SLOWED MY VEHICLE DOWN, SUDDENLY I FELT AN

IMPACT FROM THE REAR OF MY VEHICLE. AFTER AWHILE, I GOT OFF MY

VEHICLE AND REALIZED VEHICLE B (SL49020C) HAD COLLIDED ON TO

THE REAR OF MY VEHICLE AND VEHICLE C (SMV1564M) HAD COLLIDED

ON TO THE REAR OF VEHICLE B.

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)