

VEHICLE NO: SMZ9183E

MAKE &amp; MODEL: Nissan GTR

AUTO MANUAL

DATE OF ACCIDENT	02 / 12 / 2022	CC: 3,800
TIME OF ACCIDENT	1.50 AM <input checked="" type="radio"/> PM	
LOCATION OF ACCIDENT	Public Carpark along Sago Lane	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Lim Wei Qiang, Kenny	
EMAIL	Office:	MOBILE: 8112 0965
NRIC	S 830157Z	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="radio"/> NO	
INSURANCE CO.	Etiqu	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	M0027454	
NAME OF DRIVER	AS ABOVE / IF NO: Lim Jia Hui, Kenneth	
NRIC	S9634209H	
DATE OF BIRTH	10 / 09 / 1996	
ANY PASSENGER	<input checked="" type="radio"/> YES / NO: 1	
NAME OF PASSENGER	Rena Chan	
GENDER OF PASSENGER	MALE / <input checked="" type="radio"/> FEMALE	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	25 / 06 / 2020	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	Mobile: 9029 7929	Office:
EMAIL	kenneth.blackalchemy@gmail.com	
ADDRESS	718 Woodlands Ave. 6 #12-648 S(730718)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No: Siblings	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other:	
ANY INJURIES	<input checked="" type="radio"/> NO / If yes: Who?	
CONVEYED BY AMBULANCE	<input checked="" type="radio"/> NO / If yes: Who?	
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 NO.	SHA5758P	Any Passenger: unknown.
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 / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO	
Who is Reporting	<input checked="" type="radio"/> Driver / Owner / Both	
Original Language Used	<input checked="" type="radio"/> English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / <input checked="" type="radio"/> 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 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' 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

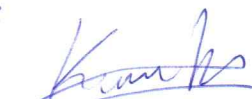
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

(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



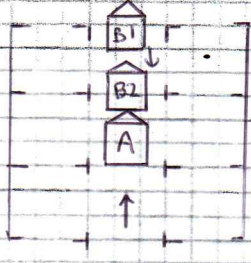
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

(A) - SMZ9183E

(B) - SHA5758P



Sago Lane  
Public Carpark

Describe Circumstances of the Accident

On the 02/12/2022 @ about 1.50 p.m. along the ~~car~~ public carpark of Sage Lane. It was a jam within the carpark after my Vehicle (A) entered the carpark. A Vehicle (B) in front of me started reversing with caution and proper lookout and collided into the front portion of my Vehicle (A) causing damages to my Vehicle.

Declaration

(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