VEHICLE NO: SM Z 9183E	MAKE & MODEL: Nissan GTR (AUTO) MANUAL		
DATE OF ACCIDENT	02 112 12022 *C.C. 3,800		
TIME OF ACCIDENT	1.50 AM (PM)		
LOCATION OF ACCIDENT	Public Carpark along Sago Lane		
XACT PURPOSÉ USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE		
NAME OF OWNER	Lim Wei Qiang, Kenny		
EMAIL	Office: MOBILE: 8112 0965		
NRIC	S 830 1573 Z		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	YES /NO?		
NSURANCE CO.	Etiqq		
TYPE OF COVERAGE	Comprehensive Third Party / Third Party Fire & Theft		
POLICY NO.	M0027454		
NAME OF DRIVER	AS ABOVE / IF NO Lim Jia Hui, Kenneth		
NRIC TRIVER	S9634209H		
DATE OF BIRTH	10/09/1996		
ANY PASSENGER	VES/NO: I		
NAME OF PASSENGER	Rena Chan		
GENDER OF PASSENGER	MALE / CEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	25/06/2020		
GENDER	Male / Female		
CONTACT NO.	Mobile: 9029 7929 Office.		
EMAIL.	kenneth blackalchemy Egmail. com		
ADDRESS	718 woodlands Ave. 6 #12-648 5(730718		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No: INSURER.		
RELATIONSHIP	Employee / If No. Siblings		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	/ Wet / Other		
ANY INJURIES	M/ If yes: Who?		
CONVEYED BY AMBULANCE	16 yes . Who?		
POLICE REPORT	1 If yes: Where?		
NOTICE OF INTENDED PROSECUTION GIVE			
VEHICLE B NO. NAME	SHA5758P Any Passenger: Unknown.		
VEHICLE C NO	Any Passenger :		
VEHICLE C NO	Any Passenger :		
VEHICLE E NO	Any Passenger :		
VEHICLE F NO.	Any Passenger		
ANY WITNESS			
WITNESS CONTACT NO.	VIIC / ATO		
WAS THERE ANY VIDEO CAPTURE?	YES / TO		
WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?	YES /NO		
Who is Reporting	Oriver / Owner / Both		
Original Language Used	English / Mandarin / Others:		
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN T			
Have you been approach by unknown pers	on soliciting (s) /		

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust 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)

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) - SMZ9183E Sago Lame
(B) - SHA5758P Public Carpark

On the 02/12/2022 @ about 1.50 p.m., along the corporbic carpark of Sage Lane. It was a jam within the corpork 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.	electron realist sign of the second		umstances of the Accident	feenelins in northear year old page, ledgels
carpark of Sage Lane. It was a jam within the carpark of ter my Vehicle (A) entered the carpark. A Vehicle (B) on front of me started reversing with caution and proper lookout and collided into the front portion) n	the	02/12/2022 @ about 1.50p.m, along the carpubl	ic
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Declaration

tWe declare the foregoing particulars are true in every respect.

Folicyholder's Signature / Date & Time

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

Witnessea by Reporting Centre Personnel