

VEHICLE NO: <u>SLM 72280-</u>		MAKE & MODEL: <u>MERC S300</u>		<u>AUTO</u> / MANUAL	
DATE OF ACCIDENT		<u>07 / 12 / 22.</u>			
TIME OF ACCIDENT		<u>2100</u> AM / PM			
LOCATION OF ACCIDENT		<u>CVNOS LINK.</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		<u>KUEO TECK YONG.</u>			
EMAIL		<u>KUEOTECKYONG@gmail.com</u>		OFFICE:	MOBILE: <u>94506958</u>
NRIC		<u>S1500690J.</u>			
CLAIM TYPE		OD / THIRTY PARTY / REPORTING ONLY			
FLEET POLICY		YES / NO?			
INCURANCE CO.					
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.					
NAME OF DRIVER		<u>AS ABOVE / IF NO: "</u>			
NRIC		<u>"</u>			
DATE OF BIRTH		<u>19 / 03 / 61.</u>			
ANY PASSENGER		YES / NO: <u>2</u>			
NAME OF PASSENGER		<u>(F) CHEK TAM FONG, (M) - LEE WEE</u>			
GENDER OF PASSENGER		<u>MALE / FEMALE</u>			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		<u>14 / 04 / 79.</u>			
GENDER		<u>MALE / FEMALE</u>			
CONTACT NO.		Mobile: <u>94506958</u>		Office:	Home:
EMAIL		<u>KUEOTECKYONG@gmail.com</u>			
ADDRESS		<u>40 JOO CHIAT TERRACE S(427201).</u>			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No:		INSURE: <u>-</u>	
RELATIONSHIP		Employee / If No: <u>SELF.</u>			
WEATHER CONDITION		<u>Clear / Raining / Other:</u>			
ROAD SURFACE		<u>Dry / Wet / Other:</u>			
ANY INJURIES		<u>No / If yes, Who? PASSENGER - CHEK TAM FONG.</u>			
CONTACT NO.		<u>SCIOUS - A.</u>			
POLICE REPORT		<u>No / If yes, Where?</u>			
NOTICE OF INTENDED PROSECUTION?		<u>No. / If yes, Who?</u>			
VEHICLE B NO.		<u>SMQ 41596.</u>		Any Passenger: <u>DRIVER ONLY.</u>	
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 / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>			
WHO IS REPORTING		<u>DRIVER / OWNER / BOTH</u>			
Original Language Used		<u>English / Mandarin / Others:</u>			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>NO.</u>			

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

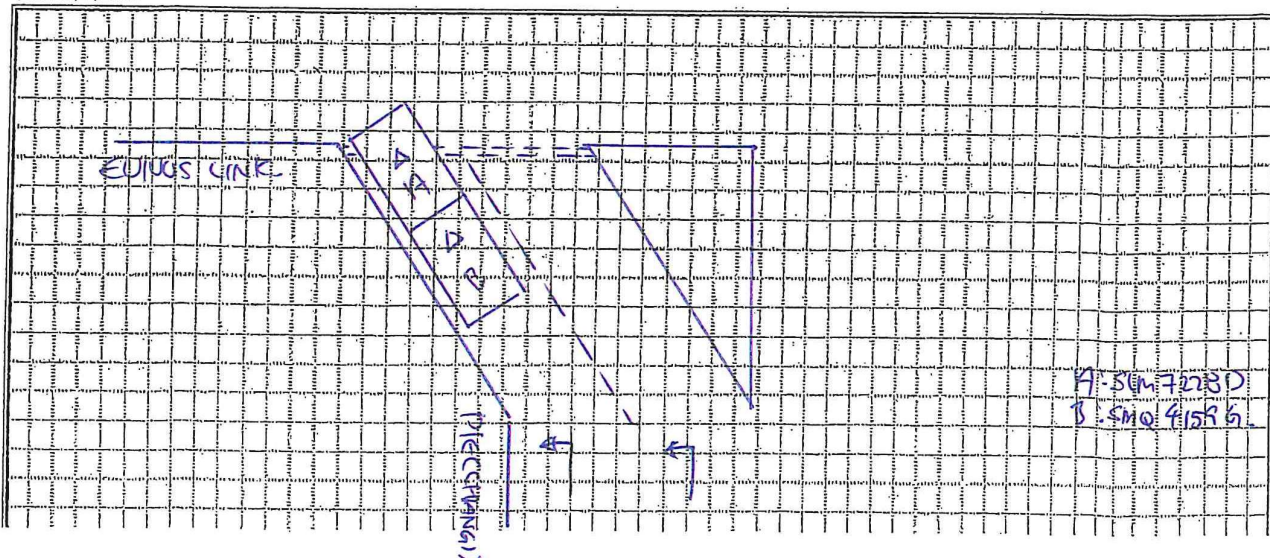
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 STATIONARY
WAITING FOR THE ONCOMING TRAFFIC TO CLEAR.
OUT OF NOWHERE, VEH IS HIT ONTO THE REAR
PORTION OF MY VEHICLE.

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

Witnessed by Reporting Centre Personnel