

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25/12/2022 (dd/mm/yy) Time of Accident: 11:45 (24-HR-FORMAT)
Vehicle No.: SLZ 2908P Vehicle Make & Model: Honda Vezel
Exact location of Accident: PIE Towards Changi after TPI Lorong 1 exit.
Policyholder's Name: Alarence Ang I/C / UEN: S9234128C
Driver's Name / IC No.: Alarence Ang (As Above) ☐
Driver's Contact No.: 9889 0929 Company Contact No (Company Veh Only): _____
Driver's Address: BK 107 Teck whye Lane #10-550 (S) 680107.
Email address: Alarence@live.com.sg Insurance Company: Budget Direct

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 2

Gender: Male / Female *Passanger ^{wife}

*Passanger Name: Gina Low

Gender: Male / Female

Name: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera?

☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SCQ1010P

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact 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 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)**

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:

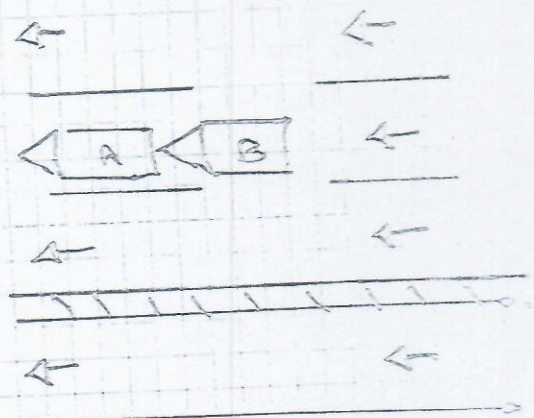
Driver's Signature
(If driver is not the policyholder) Date
& Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A : SL2 290SP

Vehicle B : SCG 1010P

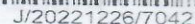
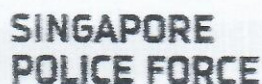


On the stated date & time, I was
driving on the stated avenue. The front vehicle
stopped and I followed suit. Suddenly I felt
a hard impact on the rear of my vehicle. Since
I alighted from my car I realized vehicle B
~~SCA 1010P~~ SCA 1010P could not stop in time &
hit into my car.

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

& Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Report No. J/20221226/7042

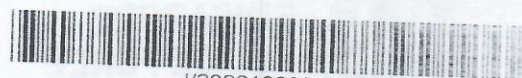
Date/Time Report Made 26/12/2022 16:35	Vide Report No.		Station Diary No.	
Name Of Informant ALARENCE ANG	Address 107 TECK WHYE LANE #10-550 SINGAPORE 680107			
ID Type / ID No. NRIC NO / S9234128C	Contact No. Home/Office: Mobile: 98890929			
Nationality SINGAPORE CITIZEN	Email Address alarence@live.com.sg			
Occupation Supervisor/General foreman (metal, machinery and related trades)	Sex Male	Age 30	Date of Birth 29/09/1992	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 25/12/2022 11:45 - 25/12/2022 11:55	Location Of Incident 107 TECK WHYE LANE #10-550 SINGAPORE 680107			

On the stated date and time, i was driving on the stated venue (PIE towards Changi after Toa Payoh Lorong 1 exit). The front vehicle stopped and i followed suit. Suddenly i felt a hard impact on the rear of my vehicle SLZ2908P. I alighted from my car and realised vehicle SCQ1010P could not stopped in time and hit onto my car. The next following day me and my wife (Low Jing Wen Gina S9613105D) went to consult doctor at Mount Alvernia Hospital and was given 5 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2022 16:35
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20221226/7042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221226/7042

Victim			
Person Name	ALARENCE ANG		
ID Type	NRIC NO	ID No	S9234128C
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	Supervisor/General foreman (metal, machinery and related trades)	Address	107 TECK WHYE LANE #10- 550 SINGAPORE 680107
Mobile No	98890929	Is Informant A Victim?	Yes
Person Name	Low Jing Wen Gina		
ID Type	NRIC NO	ID No	S9613105D
Gender	Female	Age	26
Race	Chinese	Language	English
Occupation	Bank operations clerk	Address	11 Tampines street 86 #04-33 SINGAPORE 528588
Relation To Informant	wife		
Person Name	ALARENCE ANG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2022 16:35
Officer In-Charge Of Case:	Classification Of Case: