

VEHICLE NO: SMD2877L

MAKE & MODEL: Porsche Panamera

AUTO / MANUAL

DATE OF ACCIDENT

04 / 01 / 2023

*C.C. 2995cc

TIME OF ACCIDENT

15:00

AM / PM

LOCATION OF ACCIDENT

Gaylang Lor 21

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

Wen Ting

EMAIL: ytam55@yahoo.com

Office:

MOBILE: 88381168

NRIC S8365250J

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY:

YES / NO ?

INSURANCE CO. China Taiping

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO. DMPCSNW00206142200

NAME OF DRIVER

AS ABOVE / IF NO:

NRIC S8365250J

DATE OF BIRTH

07 / 06 / 1983

ANY PASSENGER

YES / NO

NAME OF PASSENGER

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

26 / 01 / 2015

GENDER

Male / Female

CONTACT NO.

Mobile:

Office:

Home:

EMAIL:

ADDRESS

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes: Reg No.

INSURER:

RELATIONSHIP

Employee / If No:

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who?

CONVEYED BY AMBULANCE

No / If yes: Who?

POLICE REPORT

No / If yes: Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO / IF YES: WHO?

VEHICLE B NO. SHD47285

Any Passenger:

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 / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

**WORKSHOP:

Have you been approach by unknown person soliciting (s) /

YES / NO

Offering accident claims assistance?

ytam55@yahoo.com

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.

Wen ting

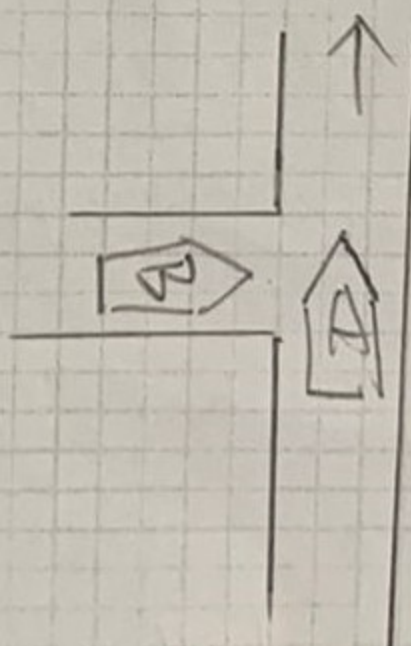
Policyholder's Signature / Date & Time

Wen ting

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SVD2877L

B: SHD4728S

Describe Circumstances of the Accident

I was driving along at Geylang Lor 21, Vehicle B drive from Lor Bachok Road didn't stop and hit my car left portion cause the damage.

Declaration

We declare the foregoing particulars are true in every respect.

Wen ting X
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel