

VEHICLE NO: 8M28139R

MAKE &amp; MODEL: Lexus RX300h

AUTO / MANUAL

DATE OF ACCIDENT	13 / 01 / 2008	C.C. 2.5
TIME OF ACCIDENT	7.02 (AM) PM	
LOCATION OF ACCIDENT	Blk 160 Bukit Batok Street 11 Carpark	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE	
NAME OF OWNER	CHAN JOO CHUNG (XIF) YUCHONG	
EMAIL	nickchan@yahoo.com.sg	Office: MOBILE 91543440
NRIC	S7805334H	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	Singlife with AVIVA	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO.	11390139	
NAME OF DRIVER	(AS ABOVE) IF NO:	
NRIC	S7805334H	
DATE OF BIRTH	18 / 02 / 1978	
ANY PASSENGER	(YES) / NO:	
NAME OF PASSENGER	Mardha Chong	
GENDER OF PASSENGER	MALE / (FEMALE) wife	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	13 / Jun / 1997	
GENDER	(Male) / Female	
CONTACT NO.	Mobile 91543440 Office:	
EMAIL	nickchan@yahoo.com.sg	
ADDRESS	Blk 85 Dawson Road #43-03 S141081	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No. INSURER	
RELATIONSHIP	Employee / If No, Owner	
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.	SFRV9966S Any Passenger: Nil	
NAME	Tao Yew Ghee	
CONTACT NO.	91113291	
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)	
Person Reporting	Driver (Owner) Both	
Original Language Used	(English) Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES (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

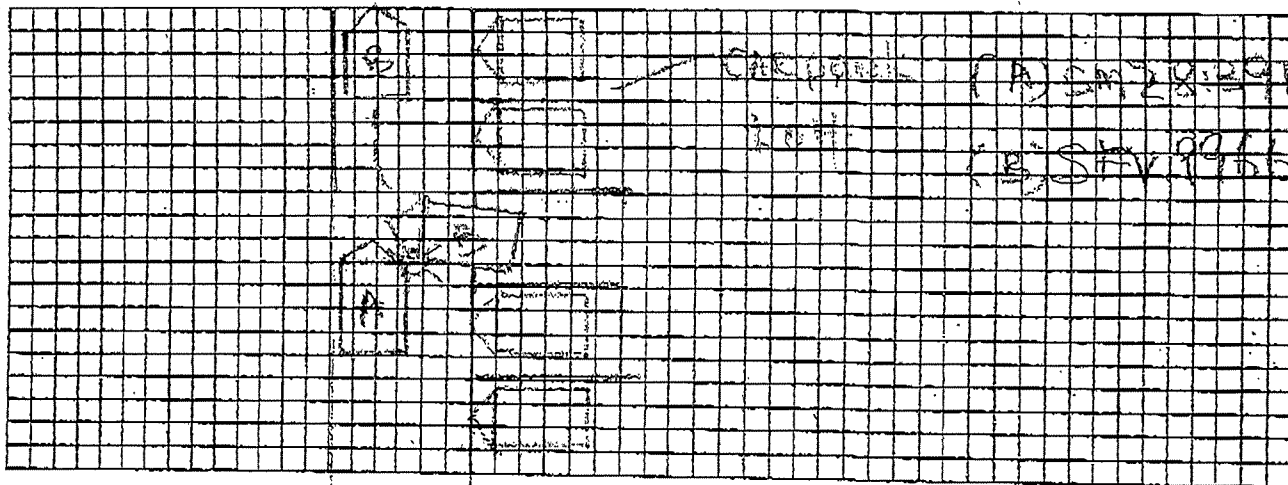
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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Witnessed by Reporting Centre Personnel

### Sketch Plan

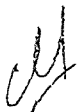


**Describe Circumstances of the Accident**

Today 13-01-2023, time 7:02 AM, I was at the carpark in front of BIK 160 Bukit Batok Street 11. My car is stationary, waiting for a lot to park. The car vehicle SFV 9966S reverse and hit on my car front right portion.

**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