

Queue No. _____

DATE OF ACCIDENT : 17/01/2023 TIME : 11:55 HRS
LOCATION : PERCIVAL ROAD WTS (FORT CANNING HILL)

INFORMANT'S PARTICULARS

- 1) VEHICLE NO.: SKX4631X MODEL: TOYOTA ALTIS 1.6 / BLACK
2) INSURANCE CO.: CHINA TAIPIING POLICY NO.: DWHCSNA 00009442202
3) CLAIM TYPE : OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)
4) OWNER NAME : KINETIC AUTO PREMIER PTE LTD I/C 2017001844 TEL: 9784 9075
5) OWNER EMAIL : SUPPORT@KINETIC-ALLIANCE.COM ALTERNATIVE PHONE NO.: _____
6) DRIVER NAME : HUI YIP KHONG I/C 56917515E TEL: 9105 3150
7) DRIVER OCCUPATION : OUTDOOR EMAIL : NERKOVERSEAS @ GMAIL.COM
8) RELATIONSHIP WITH OWNER : HUSBAND
9) DOES DRIVER OWN ANY CAR? YES / NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)
10) DRIVER'S OWN VEHICLE REG NO.: _____ INS CO.: _____
11) WEATHER CONDITION : CLEAR / RAINING / OTHERS _____
12) ROAD SURFACE : DRY / WET / OTHERS _____
13) ANY SCENE PHOTOS : YES / NO
14) ANY VIDEO CAPTURED BY CAR CAMERA YES / NO
15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT : GRAB SERVICE
16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING
ACCIDENT CLAIMS ASSISTANCE : YES / NO
17) NO. OF PASSENGERS (INCLUDING DRIVER) : 4 A) PASSENGER NAME: UNKNOWN
18) No. of Vehicle involved (including own vehicle): 2 MALE / FEMALE
B) PASSENGER NAME: UNKNOWN
MALE / FEMALE

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1** 1) VEHICLE NO.: S1980CD MODEL: AUDI A4
2) DRIVER NAME : CHRISTOPHER CALDWELL RAINS I/C 44515377R
3) ADDRESS : _____
4) CONTACT NO.: 9051 2384 INS CO.: _____

- VEHICLE 2** 1) VEHICLE NO.: _____ MODEL: _____
2) DRIVER NAME : _____ I/C _____
3) ADDRESS : _____
4) CONTACT NO.: _____ INS CO.: _____

* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)
IF YES, FOREIGN VEHICLE NO.: _____
FOREIGN VEHICLE CATEGORY : _____

WITNESS PARTICULARS

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW :-
2) NAME & NRIC : _____ TEL: _____
3) RELATIONSHIP WITH INVOLVED PARTIES : _____

OTHERS

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN : _____
2) WAS ACCIDENT REPORTED TO POLICE (YES / NO) - IF YES, PLEASE PROVIDE A
COPY OF POLICE REPORT.
3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES / NO) - IF YES, PLS PROVIDE
A COPY OF THE NOTICE.
4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO
THE ABOVE ACCIDENT (YES / NO) _____

DRIVER'S SIGNATURE & DATE

CHENG HOE MOTOR PTE LTD (AMK)

97820185 (Whatsapp)

Email : chmamk@singnet.com

SKETCH PLAN

1. VEHICLE NO.: QKX4631X
2. INSURER CO: CHINA TAIPIING
3. ACCIDENT DATE & TIME: 11/01/2023 @ 11:55HRS

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.



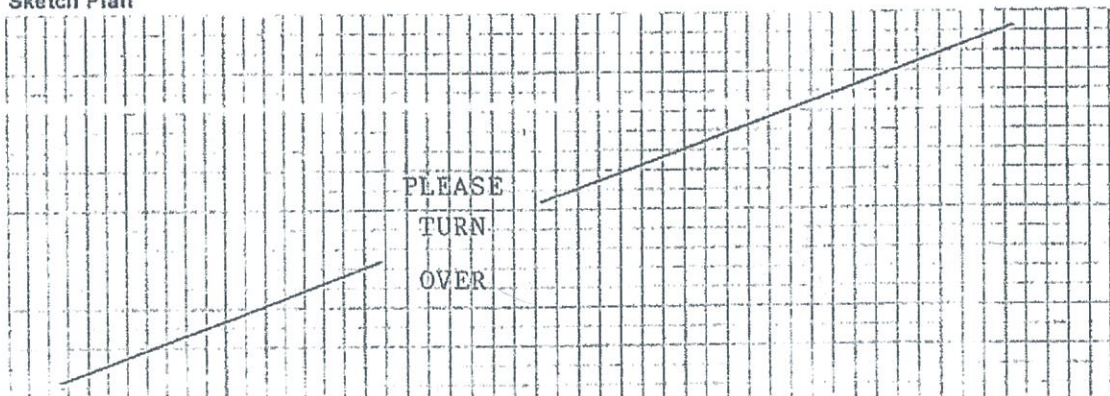
18/01/23

Policyholder's Signature / Date & Time

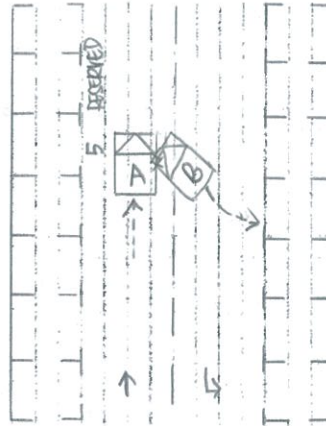
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



(A) - SKX4631X

(B) - S1980CD

LOCATION: PERCIVAL ROAD
LOT: 5
(FORT CANNING HILL)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18/01/2023 @ 11:55 HOURS, I WAS TRAVELLING UP FORT CANNING HILL

AT PERCIVAL ROAD. VEHICLE B: S1980CD WAS TRAVELLING IN FRONT OF ME,

OUT OF SUDEN VEHICLE B CHANGED TO OPPOSITE LANE AND MAKE A SUDEN

REVERSED AND COLLIDED INTO MY VEHICLE A: SKX4631X RIGHT SIDE

CAUSING DAMAGE - WE BOTH EXCHANGED OUR PARTICULARS.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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 & Time: 18/01/23

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

() Claim Own Policy () Claim Third Party () Reporting Only
(✓) Claim OD/TP at other workshop (OPTIMA WORKS P/L)