

Date of Accident : 25.01.2023 Accident Time: 1935hrs (24-HR-Format)
 Accident Place : Junction West Ave 3 Thd's Junction West Ave 5 @ An Patak Junction
 Vehicle. No. (Car Plate No.) : SKH 5030H Make/Model: Subaru Impreza 4DR 1.5R
 Insurance Company : NTUC Policy No: 5132468766
 Owner or Company Name /IC No. : Ravin s/o Servu Krishnan (S1794204H)
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Jehoshua Pitchamuthu (S9843809B)
 DRIVER'S Date Of Birth : 01-05-1998 DRIVER'S License Pass Date 06.09.2016
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 273A Junction West Ave 3 NO4- 41 S(641273)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 92909242
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : JEHOLAHM7@GMAIL.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 4 pax include driver
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): all injured

Other Party Driver's Particular (if any)

Vehicle. No: <u>SPR 6335X</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

- ① JEHOSHUA PITCHAMUTHU (M)
- ② DEV RAJ S/O RAVIN (M)
- ③ EVANGELINE HEPHZIBAH MORGAN (F)
- ④ Karishma Angel S/O Devraj (F)

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Hand-drawn sketch plan on a grid background. The plan shows two vehicles, labeled A and B, involved in an accident. Vehicle A is positioned at the top right, and vehicle B is at the bottom left. Arrows indicate the direction of movement or impact between the vehicles. The sketch is titled 'Sketch Plan' and includes handwritten notes: 'Junction West Ave 3' and 'Junction West Ave 5'. On the right side, there are two circled labels: (A) SKH 5030H and (B) sm R6335X.

Describe Circumstances of the Accident

On 25.01.2023 at about 1935hrs, I was travelling along
Turner West Ave 3 Towards Turner West Ave 5 at John Batters Junction.
Upon reaching the Junction, all of a sudden a vehicle from
opposite road SMR 6335X make a u-turn and collided into
my front RH side 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