

VEHICLE NO: SKC6716H

MAKE & MODEL: HONDA FREEED

AUTO / MANUAL

DATE OF ACCIDENT	26.01.2023	CC 1.5CC
TIME OF ACCIDENT	8-52 AM	
LOCATION OF ACCIDENT	SLIP ROAD OF JALAN AHMAD IBRAHIM TOWARD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	TRUCK PICK UP
NAME OF OWNER	MUHAMMAD EFFENDY BIN SAMAT	
EMAIL	effendy12@yahoo.com.sg	Office. MOBILE 93385053
NRIC	87926460A	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INSURANCE CO.	ALLIANZ	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	SP2003519321-01	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC	87926460A	
DATE OF BIRTH	12/09/1979	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	THUNG HAN RU / NURSYAFRIQAH	
GENDER OF PASSENGER	MALE / FEMALE	1 MALE 1 FEMALE
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	12/12/2001	
GENDER	Male / Female	
CONTACT NO.	Mobile 93385053 Office. Home.	
EMAIL	effendy12@yahoo.com.sg	
ADDRESS	BLK 223 PENDING ROAD #02-99 S670223	
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?	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	PC9359B	Any Passenger: ALOT
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	NO	
WITNESS CONTACT NO.	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) /
offering accident claims assistance?

NO
YES / NO

effendy12@yahoo.com.sg

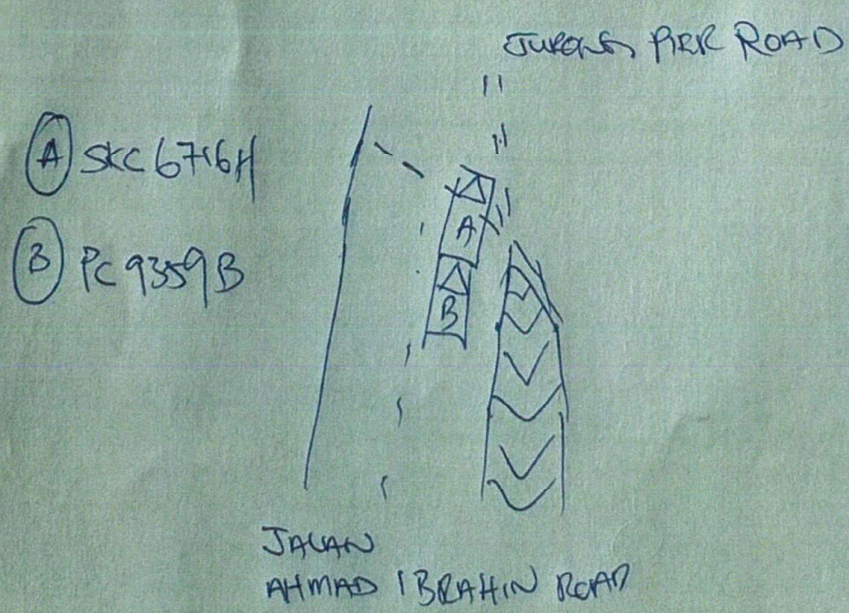
IMPORTANT NOTICE

1. Please report correctly the details of the accident to SURETY (P) LTD.
2. This Form must be completed by the Policyholder and/or its Authorised Person.
3. Information provided must be as truthful and accurate as possible. Any intentional withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance company is for the purpose of recording the accident and for the purpose of making the report available to the 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 Recovers Verageme (Singapore) Ltd. to 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 its 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 be 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 or transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"); the Insurers' lawyers, law firms, the Insurance Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:
(i) processing, handling and/or dealing with my claims including the settlement of my 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; and
(iv) administering my claims (including the making of correspondence, statements, witness 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 Insurers(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers, law firms, may be 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 shed outside of Singapore for the purpose of the above Purposes.

effandy
Policyholder's Signature / Date & Time
Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On 26 Jan 2023 at about 8-52 am. I was driving my car, SKC 6716H on the slip road of Jalan Ahmad Ibrahim towards Jurong Pier Road. I was driving with 2 passengers, Mr Thung Han Ru, (S9635301D) and Ms Nursyafiqah Mohamed Isa, (S9800861F).

While I was stationary, a van PC 9359B hit my car from behind.

I came down a exchange particulars with the driver.

Declaration

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

x



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel