VEHICLE NO: SMJ9889L **MAKE & MODEL :** M/T (AUTO / MANUAL)

DATE OF ACCIDENT	06 02 2023 C.C. 1·2CC
TIME OF ACCIDENT	9·28 (AM) / PM
LOCATION OF ACCIDENT	WOODLANDS ROAD TOWARDS BUKIT TIMAH ROAD
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT PRIVATE USE / (PRIVATE HIRE)
NAME OF OWNER	TAN KIM KIAT.
EMAIL kim_kiat25@yahoo.com.sg	Office. MOBILE 91819959.
NRIC	S8025438E.
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY
FLEET POLICY	YES / (NO) ?
INSURANCE CO.	NTUC
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft
POLICY NO.	5120882372-01
NAME OF DRIVER	(AS ABOVE) / IF NO.
NRIC	S8025438E.
DATE OF BIRTH	25/08/1980.
ANY PASSENGER	YES (NO)
NAME OF PASSENGER	NO
GENDER OF PASSENGER	MALE / FEMALE NO.
OCCUPATION	(Outdoor) / Indoor
DATE OF DRIVING PASS	08/08/2000
GENDER	(Male) / Female
CONTACT NO.	Mobile 91819959 Office. Home.
EMAIL	kim_kiat25@yahoo.com.sg S6816[illegible]
ADDRESS	BLK 692A CHOA CHU KANG CRES [illegible] #07-[illegible]
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? TAN KIM KIAT
CONTACT NO.	91819959.
POLICE REPORT	(No) / If yes. Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES. WHO?
VEHICLE B NO.	XD9027J Any Passenger NO.
NAME	PHANG ENG SANG. S6924468H.
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~~ YES
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)

kim_kiat@yahoo.com.sg

...ENOTICE

...report correctly the details of the accident related ...

...must be completed by the Policyholder and/or the Authorised ...

...information provided must be as truthful and accurate as it is ... to the insurance companies to recondilate policy liability.

...The issue and acceptance of this Form by the insurance company is subject ... 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 Recommendation ... of Singapore (GIA) for archiving and that copies of this report may be made ... by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to 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 ... and/or process my personal data (personal information set out in this form and ... possessed by my insurer (collectively the "Personal Information") and that ... who have insured vehicle(s) involved in this accident (collectively ... collectively referred to as the "Insurers") the Insurers' lawyers (law firms) ... government agency/authority such as the police, for the purposes of:

(i) processing, handling and/or dealing with my claims (including ... the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries ...

(iv) administering my claims (including the mailing of correspondence, statements ... disclosure of certain personal data about me to bring about delivery of the same ... packages); and/or

(v) complying with applicable law in administering, processing, handling and/or ... (collectively the "Purposes");

(b) all Insurer(s) who have insured vehicle(s) involved in this accident and their ... use, disclose and/or process my Personal Information for one or more of the above ... and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA ... (including their lawyers/law firms), which may be sited outside of Singapore, to ... of the above Purposes.

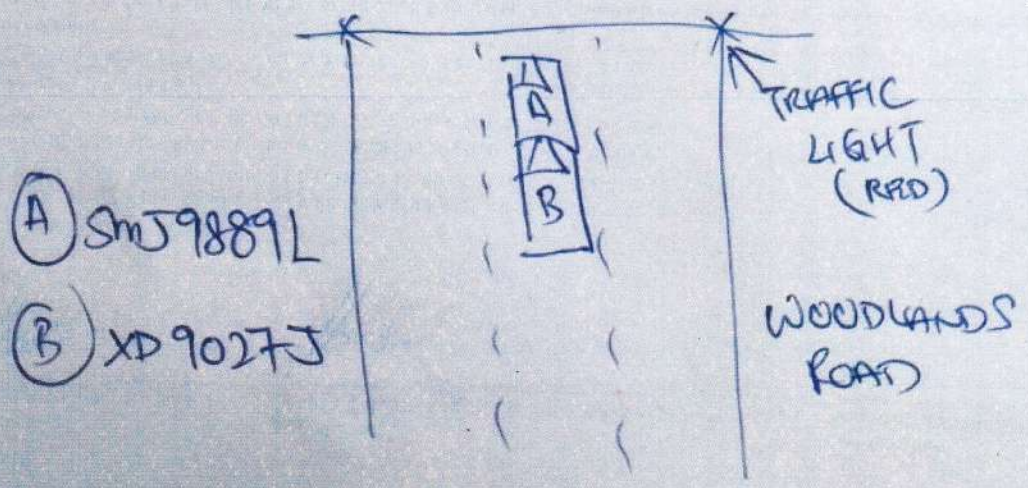
✗ _____ _____

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Circumstances of the Accident

AT 06/02/2023 ~~ABOUT~~ 9.28 ~~AM~~. ~~THEY~~ THE TRAFFIC LIGHT TURN RED SO I ~~DID~~ STOPPED AT THE TRAFFIC LIGHT. OUT OF SUDDEN VEHICLE (B) XD 9027 J COUN'T STOP IN TIME AND HIT OCTO my VEHICLE REAR PART(W).

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	Witnessed by Reporting Centre Personnel