

VEHICLE NO: SMC 2132V	MAKE & MODEL Toyota Voxy Hybrid	AUTO / MANUAL
DATE OF ACCIDENT	06 / 02 / 23	CC 1-8
TIME OF ACCIDENT:	17:35	HRS
LOCATION OF ACCIDENT:	Pleikuas 9Hr Adam Exit Lamp no. 1014	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	MK Trans	
TEL NO:	H/P: 9106 5802	OFFICE: HOME:
NRIC:	S3381726M	
ADDRESS:	289 Yishun Ave 6 #11-18 (S) 760289	
EMAIL:	M-KIAN@hotmail.com	
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO	
INSURANCE COMPANY:	FWD	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	PNCV2020-00000360-02	
NAME OF DRIVER:	AS ABOVE / IF NO: Lim Ming Kian	
NRIC:	S8330413H	ANY PASSENGER: N/A
DATE OF BIRTH:	30 / 09 / 1983	LICENCE PASSED DATE: 08 / 09 / 2003
OCCUPATION:	OUTDOOR / INDOOR	
GENDER:	MALE / FEMALE	
CONTACT NO:	H/P: 9106 5802	OFFICE: HOME:
ADDRESS:	Apt BIK 289 Yishun Ave 6 #11-18 S 760289	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Hirer	
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	DRY / WET / OTHER:	
ANY INJURIES:	NO / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B REG NO:	SKA 4075Y	ANY PASSENGERS: 1 (1F)
NAME OF DRIVER:	Rehan Bin Daud	CONTACT NO: 9336 3392
VEHICLE C REG NO:	SMD 9076Y	ANY PASSENGERS: 1 (1F)
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO	
ACCIDENT PORTION:	Rear Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO
WORKSHOP PARTICULAR:	Tiancar Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

	<p>PIE (Tuas) After Adam Exit beside Lamp post No: 1014</p> <p>Vehicle A: SMC 2132 U Vehicle B: SKA 4075 Y Vehicle C: SMD 9076 Y</p>
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Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SMC 2132 U) along PIE towards tuas after Adam Exit on the 2nd from the right lane of a 4 lane expressway. The vehicle ahead of my vehicle braked and I followed accordingly. Out of a sudden, vehicle B (SKA 4075 Y) collided into the rear portion of my vehicle. I alighted and discovered I was involved in a 3 car chain collision.

Video footage Attached.

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature in black ink, appearing to be 'J. K. S.', written over a horizontal line.

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

A handwritten signature in black ink, appearing to be 'J. K. S.', written over a horizontal line.

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)