

Date of accident: 08.02.2023 Time: 11:42am
Location of accident: Rochor road (before Victoria street)

Vehicle Number: GBF 54P Make/Model: Toyota Hiace Van
Insurer: Income Insurance Limited Eng. cc & Transmission: 2982cc
Policy No: X129475177 Policy Type: C TPFT/ TPO
Name: Kodachadri Ayurveda Pte Ltd NRIC/FIN no.: 202011016C
Email: _____ Contact no.: 8180 3917
Name: BHUVARAGHA SWAMY RAJA NRIC/FIN no.: 67535220X
Email: SamyRaja@gmail.com Contact no.: 8350 2312
Occupation: Indoor / Outdoor D.O.B: 10.06.1978
Address: BLK 185 Boon Lay Ave #08-134 Singapore 640185
Driving pass date: 20.03.2020 Relationship with Policyholder: employee

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes/ No

Video Footage: Yes/ No

Prosecution Letter: Yes/ No

If Yes against whom: _____

Passenger (incl. Driver): 1 driver Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:		
Gender:	Male / Female	Male / Female

Witness: Yes/ No

If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes/ No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
		Yes/ No	Yes/ No
		Yes/ No	Yes/ No

	Vehicle B	Vehicle C
Vehicle no.:	<u>SMJ 236 E</u>	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co:	<u>AIG</u>	
Remarks:		

(Make/Model, Passenger, property info & etc)

Claim Type: Own Damage/ Third Party / Reporting Only
Workshop: Fastech Auto Pte Ltd

Policyholder/
driver
Signature: C. Raja



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.



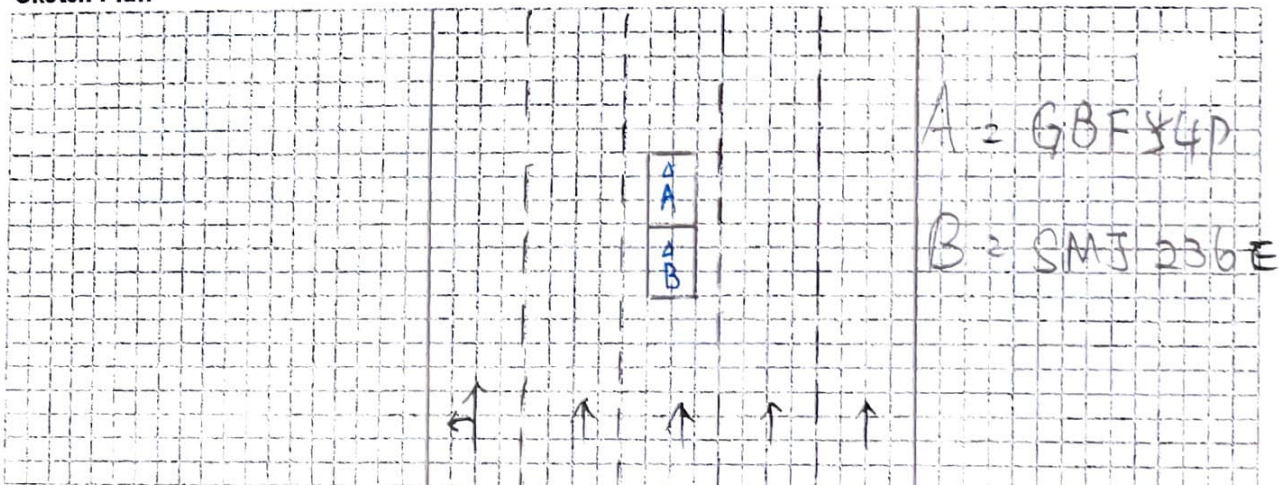
03. Raina

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 08-02-2023 at about 11:42 am. I was travelling along Rochor road (before Victoria street). I was stationary due to the front traffic. Suddenly, I felt an impact. Vehicle B (SMJ 236E) hit my rear 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

C.B. Rana
9/02/23

Witnessed by Reporting Centre Personnel