VEHICLE NO: SMH 6 949C	AOTO/MANOAL		
DATE OF ACCIDENT	15 10212023 ·C.C. 12		
TIME OF ACCIDENT	1810 AM / (PM)		
LOCATION OF ACCIDENT	ATE-CITY C BEFORE THRONG TOWN-1-1011 EX		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	OH HANEE DANNY		
EMAIL: danny@ esprimo.com			
NRIC	8 97212920		
CLAIM TYPE			
FLEET POLICY:	OD / THIRD PARTY / REPORTING ONLY YES / NO?		
INSURANCE CO.	BUDGET DIRKET		
TYPE OF COVERAGE			
POLICY NO.	Comprehensive / Third Party / Third Party Fire & Theft		
	1021801010		
NAME OF DRIVER NRIC	AS ABOVE / IF NO.		
DATE OF BIRTH	587212925		
ANY PASSENGER	18 107/1987		
	YES (NO)		
NAME OF PASSENGER			
GENDER OF PASSENGER DCCUPATION	MALE / FEMALE		
DATE OF DRIVING PASS	Outdoor / (Indoor)		
GENDER	25/68/2006		
CONTACT NO.	Male / Female		
	Mobile: 9006 3665 Office.		
MAIL:	dannyeesprimo.com.so		
DDRESS	8704 Tampines of 86 *09-10 5(521 870)		
OOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No. INSURER.		
ELATIONSHIP	Employee / If No. SWYCK		
VEATHER CONDITION	Clear / Raining / Other:		
OAD SURFACE	Dry / Wet / Other:		
ny injuries	No/If(yes) Who? Driver		
ONVEYED BY AMBULANCE	No/ If yes : Who?		
DLICE REPORT	Nø / If yes . Where?		
OTICE OF INTENDED PROSECUTION GIVE	NO)IF YES. WHO?		
CHICLE B NO. 6188557 E	Any Passenger		
AME			
ONTACT NO.			
CHICLE C NO.	Any Passenger		
HICLE D NO.	Any Passenger		
HICLE E NO.	Any Passenger .		
HICLE F NO. IY WITNESS	Any Passenger :		
TNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	VES / MO		
WAS THERE ANY AUDIO RECORDED?	YES / NO YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO YES / NO		
Person Reporting	Driver / Owner Both		
Original Language Used	English / Mandarin / Others:		
ve you been approach by unknown person	soliciting (s) /		
ering accident claims assistance?	- V/:		

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' law yers/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
- $(v) \ complying \ w \ ith \ applicable \ law \ \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	Q-		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is r & Time	not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan			
	# 12 - C1+7	A = 13 =	SMH 6949 C SLB 8537 E

Describe Circumstances of the Accident

Describe Circumstances of the Accident
I was traveling along AYE-CIty, While 1
100
drove pass corporation sy over the soon trenicle
Slowed down and Stopped and I Sollowed,
TIONES DOWN WIT TIONISS AND I SOLITURED,
Suddenly vehicle B collided onto the year
of my car.
· · · · · · · · · · · · · · · · · · ·
*

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