

VEHICLE NO: SJP 7385K

MAKE &amp; MODEL: Toyota Wish

(AUTO) MANUAL

DATE OF ACCIDENT	18 / 02 / 2023	*C.C. 1800 CC
TIME OF ACCIDENT	1500	AM / PM
LOCATION OF ACCIDENT	Punggol twds TPE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
<b>NAME OF OWNER</b>	Muhammad Jalaluddeen s/o Sautat Ali	Email: mjalal30@gmail.com
TELP NO	Mobile: 94568664	Office: Home:
NRIC	58211885C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	Income	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	5121762244 - 01	
<b>NAME OF DRIVER</b>	<u>AS ABOVE</u> / IF NO.	
NRIC	58211885C	
DATE OF BIRTH	30 / 04 / 1982	
ANY PASSENGER	<u>YES</u> / NO : 4 pax	
NAME OF PASSENGER	① Siti Syariat (F) ③ Muhammad Ali (m)	
GENDER OF PASSENGER	MALE / FEMALE ③ Ahmad Ali (m) ④ Mustafa Ali (m)	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	25 / May / 2009	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 94568664	Office: Home:
EMAIL:	mjalal30@gmail.com	
ADDRESS	Blk 325A Sumang Walk #05-973 5(82/325)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No: <u>Owner</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: <b>Who?</b> ① Muhammad Jalaluddeen (m) ② Siti Syariat	
CONTACT NO.	③ Muhammad Ali (m) ④ Ahmad Ali (m) ⑤ Mustafa Ali (m)	
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	YQ 5980C	Any Passenger: 1 pax
NAME	Ching Silk Yen (G 7063681W)	
CONTACT NO.	93221582	
VEHICLE C NO.	SNE 6058C	Any Passenger: 1 pax
VEHICLE D NO.	Wee Yang Loong kelvin	Any Passenger:
VEHICLE E NO.	57932985A	Any Passenger:
VEHICLE F NO.	98343102	Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

HUA MENG.



## 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

TPE

A= SJP 7385R

B= YQ 5980C

C= SNE 6058C

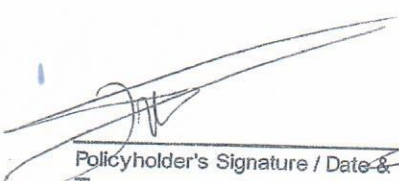


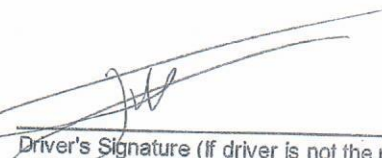
### Describe Circumstances of the Accident

I was trailing along Punggol twds TPE on 18.02.2023 at about 1500 hours. Vehicle in front stop and I follow suit. Out of sudden, I felt an impact from my rear. This impact cause my car to move forward and collided with vehicle C (SNE6058C). The vehicle B (YQ5980C) hit onto the rear portion of my vehicle.

### 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