

MOTOR ACCIDENT REPORT

Date of accident: 21/02/2023 Time Of Accident: 1928
Location Of Accident: CTE EXPRESSWAY (MOULMEIN EXIT)

DETAILS OF OWN VEHICLE

Vehicle No: SKZ 8576K Make & Model: Toyota Axio
Transmission: Auto / Manual Capacity (cc): _____
Policyholder's Name: Mcqueen Rentals pte Ltd Nric / Co Registered No: 201600605G
Contact No.: 8858 5557 Email Address: ask@mcqueenrentals.com
Type Of Claim: Own Damage / Third Party / Reporting Only
Vehicle Category: Private / Commercial / Motorcycle / Private Hirer
Insurance Co: in come
Type Of Policy: Comprehensive / Third Party / Third Party Fire & Theft
Policy No: 5115168776-03-000001

DRIVER PARTICULARS

Driver's Name: VINOHA Nric / Fin No: S884S118Z
Contact No.: 88768143 Email Address: kvinotha-88@gmail.com
Occupation: Indoor / Outdoor Gender: Male / Female
Address: B1K 628 VISHNU ST 61 SC760628 #11-135
Relationship To Owner: Owner / Employee / Spouse / Child / Hirer /
Parents / Sibling / Relative / Others: _____

GENERAL INFORMATION OF THE ACCIDENT

Type Of Collision: Chain Collision / Side Swipe / Front To Rear / Others: _____
Weather Condition: Clear / Raining / Others: _____
Road Surface: Dry / Wet / Others: _____
Was Anybody Injured: Yes / No Police Report Made: Yes / No
Name Of Injuries: Vinotha s/o S Karunakaran In Which Vehicle: SKZ 8576K
Name Of Injuries: _____ In Which Vehicle: _____
No. Of Passenger (Including Driver): 1 Any Video: Yes / No
Passenger Name: _____ Gender: F / M
Passenger Name: _____ Gender: F / M

DETAILS OF OTHER VEHICLE

Vehicle 1	Vehicle 1	Vehicle 1
Vehicle No: <u>SML5398C</u>		
Make & Model:		
Name Of Diver:		
Nric / Fin No:		
Contact No:		
Insurance Co:		

Driver's Declaration: I declare that the above information given in this report are true in every respect. I undertake full responsibilities for all consequences should there be any information given above be untrue.

Signature: [Signature]

Date: _____

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 willful 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.

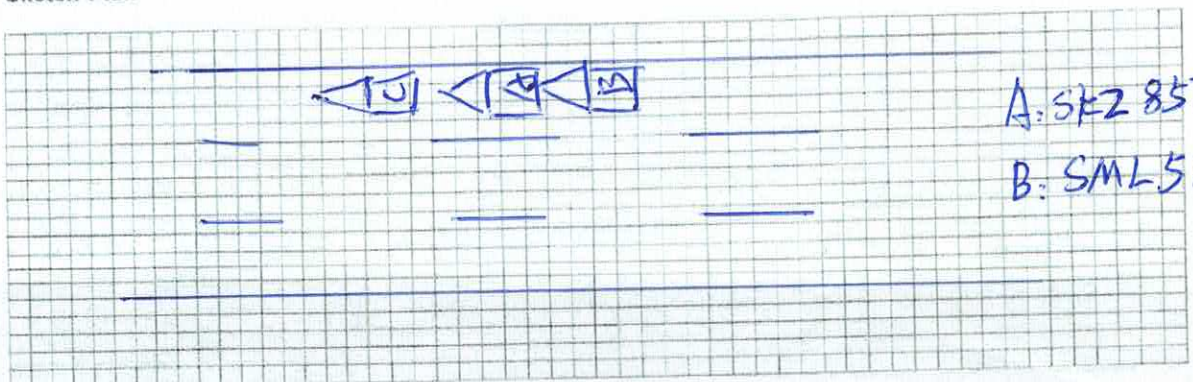


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 21/02/2023 about 1928hrs, I was travelling along CTE Expressway towards mouline. Vehicle C in front of me stopped. I stopped. Suddenly Vehicle B (SML 5398C) collided onto the rear of my vehicle with a hard impact. I felt unwell and went to a doctor after this accident.

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop: Supreme.


Email address:


Myself email:

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

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