

# Accident Reporting Draft

VEHICLE NO: SKU7821K

MODEL: KIA CERATO

AUTO/MANUAL

DATE OF ACCIDENT	26/2/2023	C.C: 1,591
TIME OF ACCIDENT	2300	HRS AM/PM
LOCATION OF ACCIDENT	JUNCTION OF PAHANG STREET & ALIWAL STREET	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	MOHAMED AMIN BIN MOHAMED	
CONTACT NO.	91083523	EMAIL: MUHAMMADHASYIR.AMIN@GMAIL.COM
NRIC	S1439427C	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	BUDGET DIRECT	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: MUHAMMAD HASYIR BIN MOHAMED AMIN	
NRIC	S9441907G	ANY PASSENGER: 1
DATE OF BIRTH	15/11/1994	
OCCUPATION	OUTDOOR / INDOOR	- ANIS SYAIBANA BINTE ABDUL MALIK (F)
DATE OF DRIVING PASS	19/12/2014	
GENDER	MALE / FEMALE	
CONTACT NO.	91083523	EMAIL: MUHAMMADHASYIR.AMIN@GMAIL.COM
ADDRESS	APT BLK 241 SERANGOON AVENUE 3 #05-162 S(550241)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: RAINY	
ROAD SURFACE	DRY / WET/ OTHER: WET	
ANY INJURIES	NO / IF YES: YES - DRIVER (MUHAMMAD HASYIR BIN MOHAMED AMIN) (M) YES - PASSENGER (ANIS SYAIBANA BINTE ABDUL MALIK) (F)	
CONTACT NO.		
POLICE REPORT	NO / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	NO / YES	NO/IF YES: WHO?
AUDIO RECORDING	NO / YES	SCENE PHOTO(S) NO / YES
VEHICLE B NO.	SLB9653D	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">   <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: <a href="mailto:ryderautoworkshop@gmail.com">ryderautoworkshop@gmail.com</a>                  Tel: 67418277             </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?		
	NO / YES	

## 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

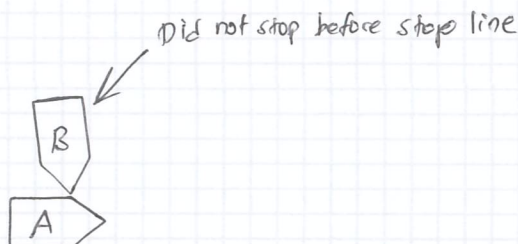
Witnessed by Reporting Centre Personnel

**Sketch Plan**

**JUNCTION OF PAHANG STREET & ALIWAL STREET**

A: SKU7821K

B: SLB9653D





**Describe Circumstances of the Accident**

I (SKU7821K) WAS TRAVELLING ALONG PAHANG STREET. I WAS TRAVELLING STRAIGHT AHEAD TOWARDS THE JUNCTION OF PAHANG STREET & ALIWAL STREET AS I HAD THE RIGHT OF WAY. SUDDENLY, VEHICLE B (SLB9653D) ON ALIWAL STREET DID NOT STOP BEFORE THE STOP LINE AND COLLIDED WITH THE LEFT SIDE OF MY VEHICLE.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel