

VEHICLE NO: SJK 7970C

MAKE & MODEL: Chevrolet Optra

AUTO / MANUAL

DATE OF ACCIDENT

13 / 08 / 23

*C.C. 1-681

TIME OF ACCIDENT

1440

AM / PM

LOCATION OF ACCIDENT

KTE Tndw MCE R24 Henderson Rd

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

ENG Quee Chew

EMAIL: NEVERAMIC@msn.com

Office:

MOBILE: 9.819 3328

NRIC

S12123542

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY:

YES / NO ?

INSURANCE CO.

BUDGET DIRECT

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

P10713395R00

NAME OF DRIVER

AS/ABOVE / IF NO. ENG HWANG SHENG, HANSEL

NRIC

88501939B

DATE OF BIRTH

29 / 01 / 1985

ANY PASSENGER

YES / NO:

NAME OF PASSENGER

NIL

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

16 / 03 / 2006

GENDER

Male / Female

CONTACT NO.

Mobile: 97561779

Office:

EMAIL:

neveram1@msn.com

ADDRESS

420 Housang Avenue 10 #13-321 S (530420)

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes: Reg No.

INSURER:

RELATIONSHIP

Employee / If No. FATHER

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who?

CONVEYED BY AMBULANCE

No / If yes: Who?

POLICE REPORT

No / If yes: Where? HQ CP

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES, WHO?

VEHICLE B NO.

SMH 3420E

Any Passenger:

NAME

CONTACT NO.

VEHICLE C NO.

GBH 6553P

Any Passenger:

VEHICLE D NO.

FBF 6643A

Any Passenger:

VEHICLE E NO.

SLK 2240K

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

Person Reporting

Driver / Owner / Both

Original Language Used

English / Mandarin / Others:

Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

YES / NO

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

Refer to Police Report no: 7/20230313/7067

We declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not
& Time

Witnessed by Reporting Centre
Personnel