

VEHICLE NO: SKW 5616 PMAKE & MODEL: MERC C200 ☒ AUTO / ☐ MANUALC.C. 1991

DATE OF ACCIDENT	<u>10 / 03 / 22</u>
TIME OF ACCIDENT	<u>7:15</u> AM / <u>PM</u>
LOCATION OF ACCIDENT	<u>NBAR 2 TEMASEK AVE</u>
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE
NAME OF OWNER	<u>POH KAI XUN, RON</u>
EMAIL	<u>KENNYKUBPOM99@gmail.com</u>
NRIC	<u>S92343958</u>
CLAIM TYPE	OD / <u>THIRTY PARTY</u> / REPORTING ONLY
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO
INCURANCE CO.	<u>NTUC INCOME</u>
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	<u>5130475772</u>
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:
NRIC	<u>S92343958</u>
DATE OF BIRTH	<u>15 / 09 / 1992</u>
ANY PASSENGER	YES / NO: <u>01</u>
NAME OF PASSENGER	<u>Michelle Cheong</u>
GENDER OF PASSENGER	MALE / <input checked="" type="checkbox"/> FEMALE
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	<u>02 / 04 / 2013</u>
GENDER	MALE / <input checked="" type="checkbox"/> FEMALE
CONTACT NO.	Mobile: <u>97283171</u> Office: Home:
EMAIL	<u>KENNYKUBPOM99@gmail.com</u>
ADDRESS	<u>BLK: 934 TAMPINES ST 91 #10-357 S(520934)</u>
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:
RELATIONSHIP	Employee / If No: <u>OWNER</u>
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other:
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other:
ANY INJURIES	NO / If yes, Who?
CONTACT NO.	NO / If yes, Where?
ROLICE REPORT	NO / If yes, Who?
NOTICE OF INTENDED PROSECUTION?	<u>SJZ9985T</u> Any Passenger:
VEHICLE B NO.	
NAME	
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
WHO IS REPORTING	DRIVER / OWNER / <input checked="" type="checkbox"/> BOTH
Original Language Used	<u>English</u> / Mandarin / Others:
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

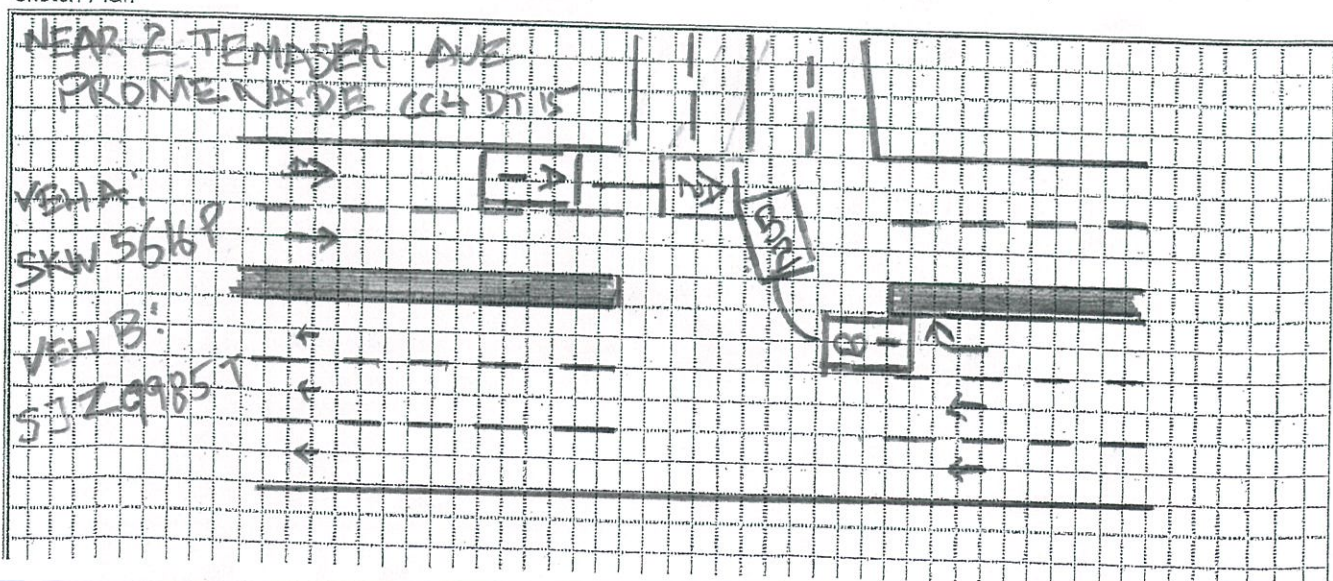
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I was driving  
VEH A SKW 3616P going straight on the left  
lane. Suddenly VEH B SJZ 9985T turn right  
from the opposite traffic and collided into me.

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

Witnessed by Reporting Centre Personnel