

VEHICLE NO: GBD 1640B	MAKE & MODEL: Nissan NV200	<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT: 16 / 03 / 2023	CC: 1-5	
TIME OF ACCIDENT: 1700 HRS		
LOCATION OF ACCIDENT: Eunus Ave 7 towards Eunus Rd 5, Eunus Rd 6 junction		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: Victory Engineering Works		
TEL NO:	H/P: 8720 6711	OFFICE: HOME:
NRIC: 53174628C		
ADDRESS: 1084 Eunus Avenue 7A #01-19 Eunus Industrial Estate S409534		
EMAIL: VICTORY2010SG@gmail.COM		
CLAIM TYPE: OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY		
FLEET POLICY: YES <input checked="" type="radio"/> NO <input type="radio"/>		
INSURANCE COMPANY: NTUC Income		
TYPE OF COVERAGE: <input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO: 5125315901-01		
NAME OF DRIVER: AS ABOVE / IF NO: Loh De Ming, James		
NRIC: S8323497J	ANY PASSENGER: N/A	
DATE OF BIRTH: 04 / 08 / 1983	LICENCE PASSED DATE: 21 / 06 / 2007	
OCCUPATION: OUTDOOR / <input checked="" type="radio"/> INDOOR		
GENDER: <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE		
CONTACT NO:	H/P: 8720 6711	OFFICE: HOME:
ADDRESS: Apt BIK 468D Fernvale Link #04-543 S 792468		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <input checked="" type="radio"/> NO IF YES, REG NO:	INSURER:	
RELATIONSHIP: Self-Employed		
WEATHER CONDITION: <input checked="" type="radio"/> CLEAR / RAINING / OTHERS:		
ROAD SURFACE: <input checked="" type="radio"/> DRY / WET / OTHER:		
ANY INJURIES: NO / IF <input checked="" type="radio"/> YES, WHO?		
NAME & CONTACT: Loh De Ming, James ( 8720 6711 )		
NAME & CONTACT:		
POLICE REPORT: <input checked="" type="radio"/> NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? <input checked="" type="radio"/> NO / IF YES, WHO?		
VEHICLE B REG NO: SFR 1858U	ANY PASSENGERS: N/A	
NAME OF DRIVER: unknown ( S8302319H )	CONTACT NO: unknown	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? YES / <input checked="" type="radio"/> NO		
WAS THERE ANY AUDIO RECORDED? YES / <input checked="" type="radio"/> NO		
ACCIDENT SCENE PHOTOS TAKEN? <input checked="" type="radio"/> YES / NO		
ACCIDENT PORTION: Right Portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES <input checked="" type="radio"/> NO		
WORKSHOP PARTICULAR: TWINCAR Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Steve		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		

## 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.



James

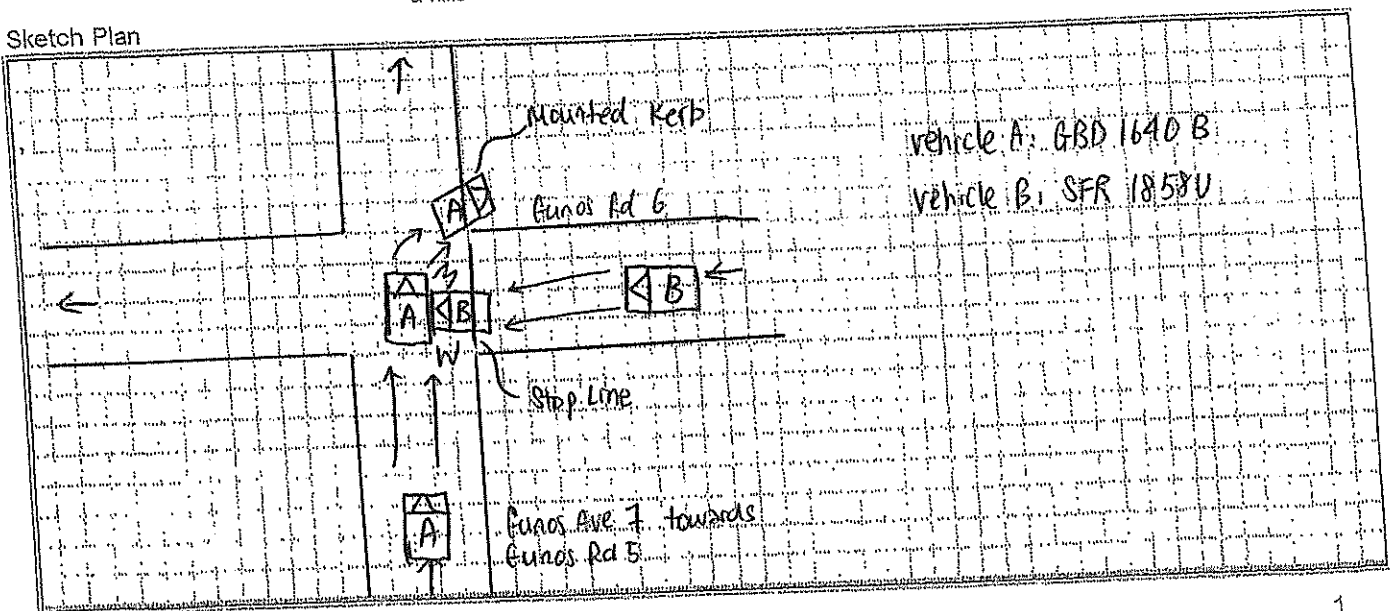
James

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

As of above date and time, I was driving my vehicle (GBD 1640 B) along Eunor Ave 7 towards Eunor Rd 5. I was driving straight through the junction of Eunor Rd 6. Out of a sudden, vehicle B (SFR 1858 U) came from the right and collided into the right portion of my vehicle. Due to the impact, my watch (Rolex seadweller) grazed along the right front inner door trim panel. After the impact, my vehicle mounted the kerb.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

James

James

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

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