

Date of Accident : 19/03/2023 Accident Time: 2000 (24-HR-FORMAT)  
Accident Place : JB Custom towards Singapore before checkpoint.  
Vehicle Reg. No (Car plate No.) : SMH1451D CC :  
Insurance Company : NTUC Vehicle Make/Model: Mitsubishi Lancer.  
Name of Registered Owner : Company / Individual Ibrahim Bin A Rahman.  
ID of Registered Owner : Co Reg No: Owner's NRIC No: S8325964A.  
OWNER EMAIL ADDRESS: Co Contact No: Owner's Contact No: 87756270.  
aziz - black 21 @ gmail. com : DRIVER'S NRIC No: S98253847.  
DRIVER'S Name :  
DRIVER'S Date of Birth : 04/08/1998 DRIVER'S License Pass Date 03/06/2022.  
Relationship bet. Owner & Driver : Spouse / Parents / ☒ Child / Sibling / Employee / Others:  
DRIVER'S Address : 261c, Sengkang East Way, #02-502, S(543261).  
DRIVER'S Contact No./ Alt No. : 1) 98282644. 2)  
DRIVER'S Occupation : INDOOR / ☒ OUTDOOR (eg. working inside or outside of an office)  
Email Address : aziz - black 21 @ hotmail. com.  
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET  
Reporting Type : Reporting Only / Claim ☒ Other Party / Claim Own Insurance  
Number of Passengers (including Driver): 5 Name & Gender: 1. Ain (female)  
Was the accident reported to the police? YES / ☒ NO 2. Shimah (female)  
Was there any video Captured by car camera: YES / ☒ NO 3. Lukman (male)  
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose 4. Ibrahim (male)  
Any injuries, if yes (name of the injured person):

Other Party Driver's Particulars (if any)

Vehicle Reg No: Cmm 1194 u.	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ☒ ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_  
WHO REPORTED THE ACCIDENT : OWNER / ☒ DRIVER / BOTH

## 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 reudiate 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

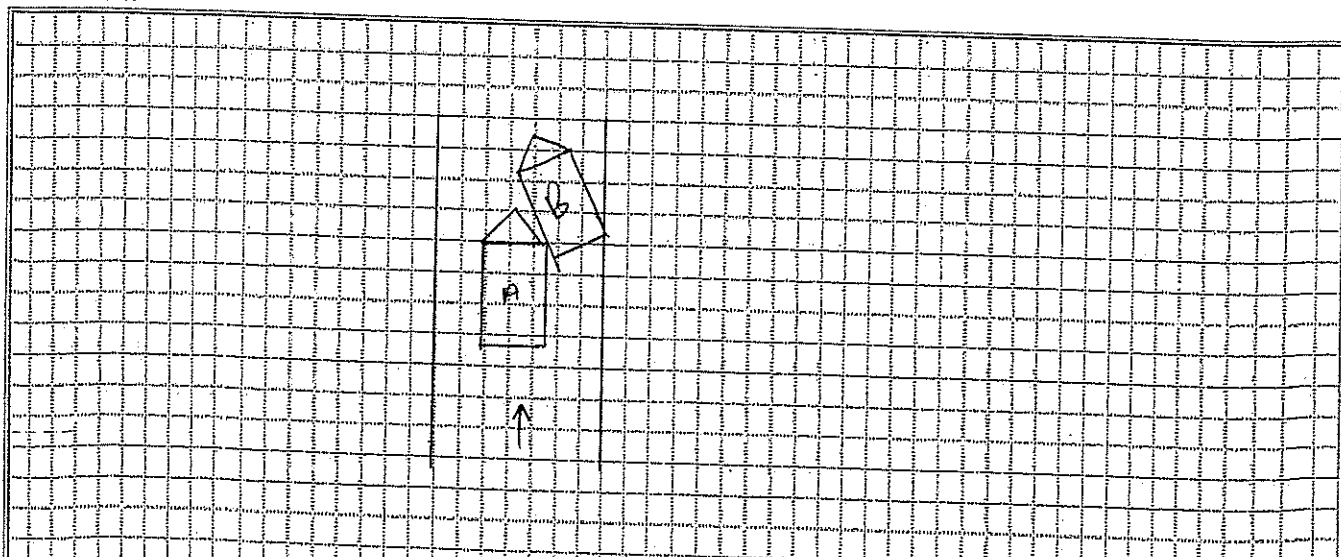
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



A: SMH14510

B: Smm1194u

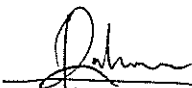
JB custom toward Singapore before checkpoint

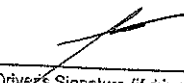
Describe Circumstance of the Accident

On the stated date and time, my vehicle was stationary queuing up before JB custom checkpoint. Suddenly, vehicle B swerved from the right of my vehicle into my lane resulting in his rear left portion colliding onto my front right portion of my vehicle.

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