

Date of Accident : 22/03/2023 Accident Time: 1530hrs (24-HR-Format)
Accident Place : Bukit Batok East Ave 3 towards Toh Tuck Road before
Vehicle. No. (Car Plate No.) : SLK 493 K Make/Model: Mercedes-Benz CLA 180
Insurance Company : Singlife Policy No: 11417531
Owner or Company Name /IC No. : Yap Heong Wee / 969324412
Owner or Company Contact No. : — Owner's Hp 9746 7666 Company Tel
DRIVER'S Name / IC No. : Yap Chin Kai, Duncan
DRIVER'S Date Of Birth : 24/01/1997 DRIVER'S License Pass Date 16/11/2017
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
DRIVER'S Address : BLK 299 Bukit Batok st 22 #25-20 (S) 650299
DRIVER'S Contact No./ Alt No. : 1) 8223 8897 2) —
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : optimussurpreme@gmail.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): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes (Yap Chin Kai, Duncan)

Other Party Driver's Particular (if any)

Vehicle. No: <u>SME 86768</u>	Vehicle. No: <u>—</u>
Vehicle Make/Model: <u>Citron</u>	Vehicle Make/Model: <u>—</u>
Name Driver: <u>Firzuan</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>8671 4043</u>	IC No. Driver/Contact: <u>—</u>

* NEW - Passenger's name & gender:

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.



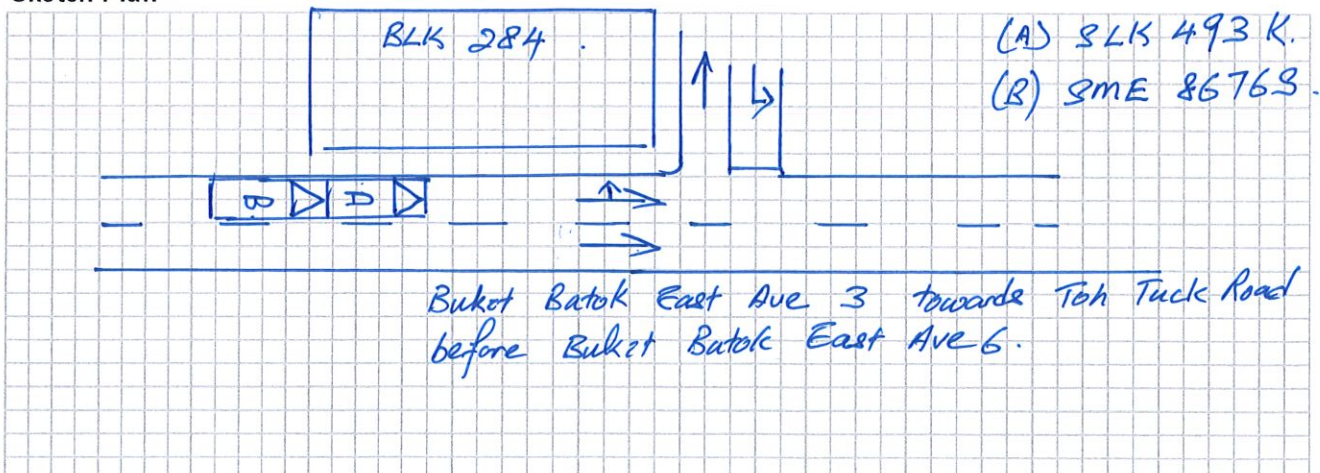
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 22/03/2023 at @ 1530 hrs, I was travelling in my vehicle (SLK 493 K) along Bukit Batok East Ave 3 towards Toh Tuck Road direction, before Bukit Batok East Ave 6 on the left lane of a 2 lanes road. A taxi in front of me stopped to pick up passenger. I slowed down and stopped too. Suddenly, a car (SME 86768) from behind collided onto the rear portion of my vehicle.

Declaration

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 & Time

Witnessed by Reporting Centre Personnel