

VEHICLE NO: SJE7122R

MAKE & MODEL: Honda Civic

(AUTO) / MANUAL

DATE OF ACCIDENT	25 / 03 / 2023	C.C. 1.8
TIME OF ACCIDENT	10:45	(AM) / PM
LOCATION OF ACCIDENT	Cross Junction of Ang Mo Kio Avenue 5 and	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / (PRIVATE USE) / PRIVATE HIRE Yio Chu Kang Road	
NAME OF OWNER	Pok Ming Mei Elaine	
EMAIL: mm_3012@yahoo.com.sg	Office: -	MOBILE: 82011175
NRIC	S8140682J	
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.	P10349825R02	
NAME OF DRIVER	AS ABOVE / IF NO: Pok Shu Bin	
NRIC	S8429295H	
DATE OF BIRTH	08 / 10 / 1984	
ANY PASSENGER	YES (NO):	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / (Indoor)	
DATE OF DRIVING PASS	30 / 11 / 2007	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 8835 5140	Office: -
EMAIL:	mm_3012@yahoo.com.sg	
ADDRESS	BLK 112 Bedok Reservoir Road #07-260 S(470 112)	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes: Reg No. -	INSURER: -
RELATIONSHIP	Employee / If No: Siblings	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	No / If yes: Who? Pok Shu Bin - Body Pain	
CONVEYED BY AMBULANCE	(No) / If yes: Who?	
POLICE REPORT	(No) / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SFJ38T	Any Passenger: -
NAME	-	
CONTACT NO.	-	
VEHICLE C NO.	-	Any Passenger: -
VEHICLE D NO.	-	Any Passenger: -
VEHICLE E NO.	-	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 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.

Elaine

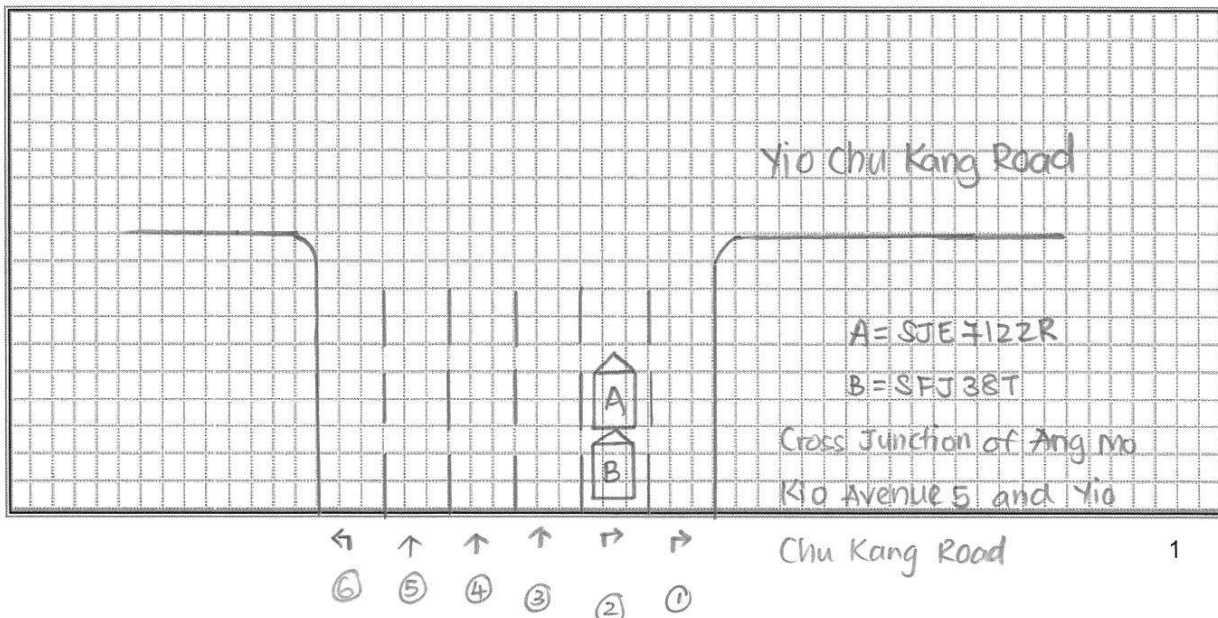
Policyholder's Signature / Date & Time

Sa

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

Refer to Attached

Declaration

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

Elaine

Policyholder's Signature / Date & Time

She

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

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

On 25.03.2023 at about 10:45 hours along Cross Junction of Ang Mo Kio Avenue 5 and Yio Chu Kang Road, I was stationary on lane 2 along Ang Mo Kio Avenue 5 and suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SJE 7122R

Vehicle (B): SFJ 38T

A handwritten signature in black ink, appearing to be 'Shm'.

Elaine