

VEHICLE NO: SLL9571D

MAKE & MODEL: HONDA CIVIC

AUTO / MANUAL

DATE OF ACCIDENT	4 / 4 / 23	*C.C. 1.6
TIME OF ACCIDENT	8.11am	(AM) / PM
LOCATION OF ACCIDENT	Ecp Changi after bayshore	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	LEE SIOK NGOH	
EMAIL: Sinyong93@hotmail.com	Office:	MOBILE: 93281212
NRIC	S6905165J	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	ECICS	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	MPC23B00007501	
NAME OF DRIVER	AS ABOVE / IF NO: KOH HARK BOON	
NRIC	S6846713F	
DATE OF BIRTH	05 / 12 / 1968	
ANY PASSENGER	<u>YES</u> / NO: 1	
NAME OF PASSENGER	LOW TEE YONG	
GENDER OF PASSENGER	<u>MALE</u> / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	02 / 11 / 05	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 96856706	Office: Home:
EMAIL:	harkboon@yahoo.com.sg	
ADDRESS	14A UPPER BOON KENG ROAD #05-975 S381014	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No:	INSURER:
RELATIONSHIP	Employee / If No: HUSBAND	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who? KOH HARK BOON, LOW TEE YONG	
CONTACT NO.	96856706, 90683054	
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B NO.	SMJ1732H	Any Passenger:
NAME	SIM	
CONTACT NO.	92399428	
VEHICLE C NO.	SMM94432	Any Passenger:
VEHICLE D NO.	SKN 2302L	Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:	Alpha Car Services Pte Ltd	
	Email: alphacarservices@hotmail.com	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES</u> / <u>NO</u>	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

X

Policyholder's Signature
Date & Time:

X

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

	P	A = SLL9571D
	A	B = SMJ1732H
	R	C = SMM9443Z
	C	D = SKN2302L

On the above stated time and date, I was driving my vehicle travelling along ECP Chungi after Bayshore. Suddenly the vehicle in front of me brake. I manage to stop in time. Suddenly I felt a impact from the rear of my vehicle which caused my vehicle to collide onto the front vehicle. I went down and realised that the vehicle behind me had collided onto my vehicle.

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

X *Lawson*

X 

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: