

VEHICLE NO: SKV 4842 P

MAKE &amp; MODEL: Kra Cerato

AUTO / MANUAL

DATE OF ACCIDENT	15 / 04 / 2023	*C.C. 3-2
TIME OF ACCIDENT	1330	AM / PM
LOCATION OF ACCIDENT	Tea pnyoh Lorong 4 BIK 94 Carpark	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
<b>NAME OF OWNER</b>	Joseph Tan Chee Meng	
EMAIL: WTFMOMMA99@GMAIL.COM	Office:	MOBILE: 9674 3355
NRIC	S17740922	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	Etiga	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	M0029479	
<b>NAME OF DRIVER</b>	<u>AS ABOVE</u> / IF NO.	
NRIC	as above	
DATE OF BIRTH	28 / 05 / 1966	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	—	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	07 / 01 / 20	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: as above	Office:
EMAIL	as above	
ADDRESS	Apt BIK 415 Northshore Drive #05-543 S 821415	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No.	INSURER:
RELATIONSHIP	Employee / If No: Owner	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONVEYED BY AMBULANCE	<u>No</u> / If yes: Who?	
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> IF YES: WHO?	
VEHICLE B NO.	SLP 7604K	Any Passenger: NIA
NAME	MR TAN	
CONTACT NO.	9769 6028	
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
<b>Person Reporting</b>	<b>Driver / Owner</b> <u>Both</u>	
<b>Original Language Used</b>	<b>English</b> <u>Mandarin</u> / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
Front left Portion	Twincar Automotive Pte Ltd	

**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 :

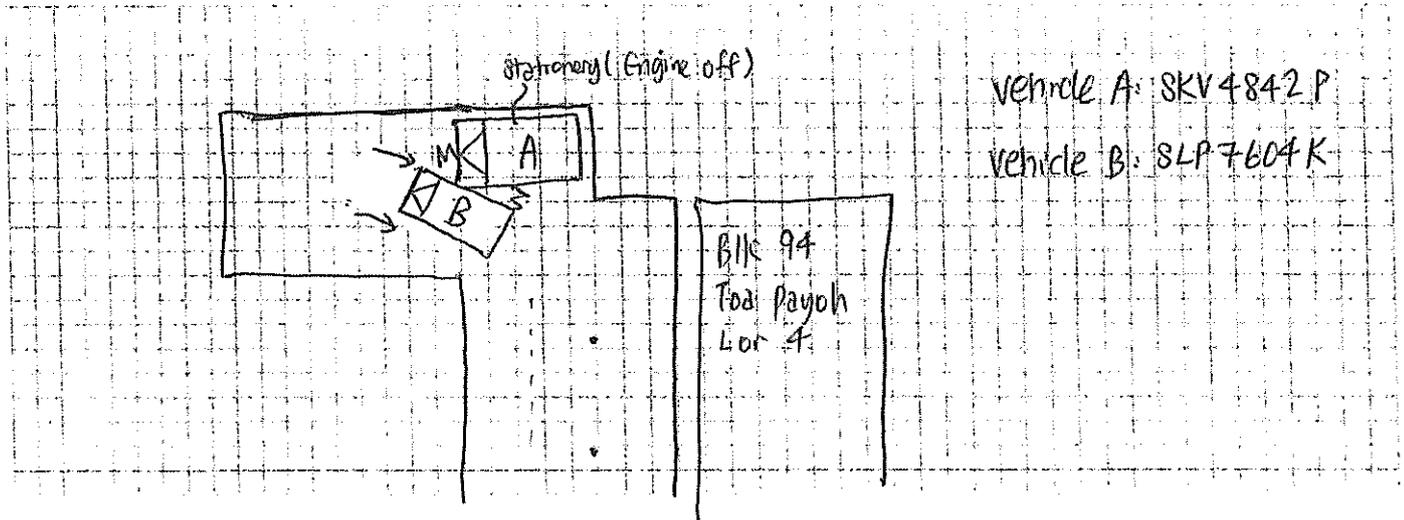
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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**

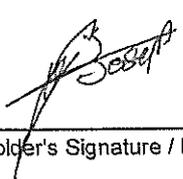


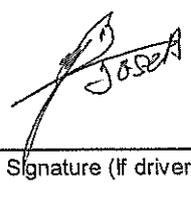
**Describe Circumstances of the Accident**

AS of above date and time, my vehicle (SKV 4842 P) was parked at BIK 94 Toa payoh Lor 4. My engine was off, I was alerted by one of my friends that vehicle B (SLP 7604 K) was reversing and collided into the front left portion of my vehicle. I went back to my vehicle and exchanged particulars with vehicle B driver.

**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