

VEHICLE NO: SMR6901L

MAKE & MODEL: Renault Kadjar

AUTO / MANUAL

DATE OF ACCIDENT	23 / 04 / 2023	*CC: 1500
TIME OF ACCIDENT	8.45	
LOCATION OF ACCIDENT	Tampines Avenue 10 entering TPE (SLE)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Muhammad Fathurrahman Bin Mohd Jamil	
EMAIL	Fathu.Jamil@gmail.com	Office: MOBILE: 96284679
NRIC	S8907166F	
CLAIM TYPE	1ST / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00180602200	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO.	
NRIC	S8907166F	
DATE OF BIRTH	07 / 03 / 1989	
ANY PASSENGER	<u>YES</u> / NO : 05	
NAME OF PASSENGER	Hanna (F), Syafiq (M), Rafidah (F), Laila (F), Aisha (F)	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	07 / 03 / 2008	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 96284679 Office: Home:	
EMAIL	Fathu.Jamil@gmail.com	
ADDRESS	Apt B1K 226A Sumang Lane #03-212 (S1821226)	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes - Reg No.: INSURER:	
RELATIONSHIP	Employer / If No.	
WEATHER CONDITION	<u>Clear</u> / Raining / Other :	
ROAD SURFACE	<u>Dry</u> / Wet / Other :	
ANY INJURIES	<u>NO</u> / Who?	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	XE 1137Y Any Passenger: - 01-	
NAME	Mohamed Fudin Bin Jantan	
CONTACT NO.	86568671	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	Any Passenger:	
WITNESS CONTACT NO.	Tan (97658522)	
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:	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES</u> / 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

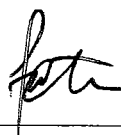
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

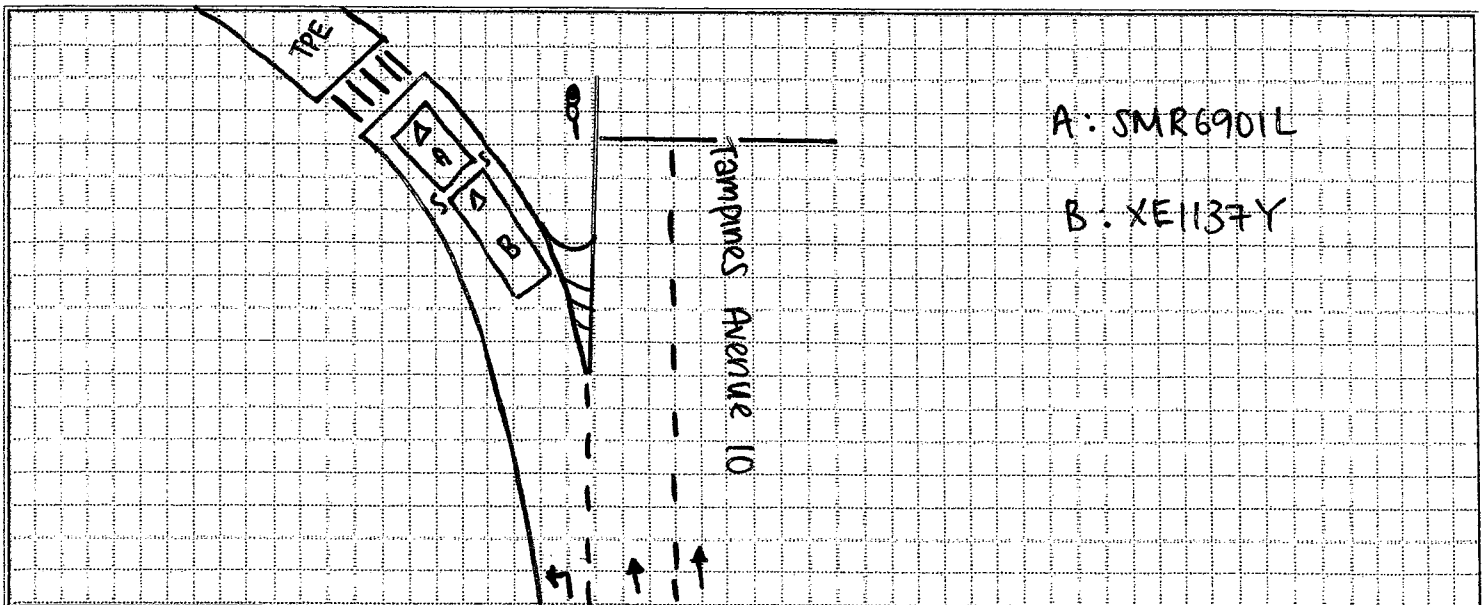
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Actual 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

I was travelling along Tampines Avenue 10 entering TPE (SLE) on 23/04/2023 at about 8.45pm. I was turning into TPE slip road as there is a E-bike crossing the road, I slow down and stopped, Suddenly I felt an impact from the rear. I alighted, exchange particulars and left the scene.

Declaration

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



Policyholder's Signature / Date & Time



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

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