DATE OF ACCIDENT	MAKE & MODEL: Hyundai Flantra & TO / MANUAL
TIME OF ACCIDENT	22 / 04 / 2023 *C.C. 1600
LOCATION OF ACCIDENT	12-50
EXACT PURPOSE USED AT TIME OF ACCIDENT	BIK 725 Tampines Street 71 Loading lunloading.
	TRIVATE DE PROPERTE HIRE
NAME OF OWNER	Abdul Qayum Bin Othman
EWAII" KAIAMAKNZ	2 @ hotmail · (om Office MOBILE 97847398
NRIC /	\$8822175C
CLAIM TYPE	PHIRD PARTY / REPORTING ONLY
FLEET POLICY.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
INSURANCE CO.	Direct Asia
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Sheft
POLICY NO.	MT/01053498
NAME OF DRIVER	ASARON / FENO S
NRIC	ASABOVE / IFNO. Farzaana Binte Mond
DATE OF BIRTH	58937300Z
ANY PASSENGER	YSS/NO:
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE TOWALL
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	19 / 03 / 2010
GENDER	Made / Femalo
CONTACT NO.	Mobile 9720 PO27 OFFICE
MAIL.	
ADDRESS	Rik 775 Tanging Motmail Com
OOES DRIVER OWN OTHER VEHICLES?	BIK 725 Tampines Street 71 #04-169 (S) 520725
ELATIONSHIP	Employee Tirno.
VEATHER CONDITION	
OAD SURFACE	Clear / Rathing / Other.
ny injuries	10/ Who?
ONTACT NO.	1.1
OLICE REPORT	No/16 yes: Where?
	Y - Jos : WINDLO!
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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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

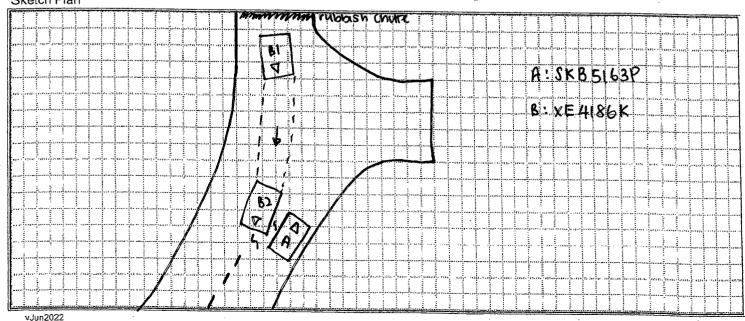
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
My car was parked at BIK 725 Tampines Street 71 Loading)
1 6 m 1/2 2 d 6 m 2 2 1 0 1 1 2 0 2 2 2 2 2 2 2 2 2 2 2 2
unloading area on 22/04/2023 at about 1240pm. After putting
my kids at home, I went down back to my car and found out
that my car rear left portion was damaged. Vehicle B driver
then walked over and told me that he collided onto my vehicle.
we 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)

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