

Date of Accident : 28/04/23 Accident Time: 1340 (24-HR-Format)  
Accident Place : Bukit Timah Road C Newton Flyover  
Vehicle. No. (Car Plate No.) : SMP 1312 E Make/Model: Hyundai I30  
Insurance Company : NTUC Policy No: 5129844583  
Owner or Company Name /IC No. : Dalwinder Singh S/O Minda Singh  
Owner or Company Contact No. : 9144 2518 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Jaspreet Kaur 87477116 E  
DRIVER'S Date Of Birth : 18/03/1974 DRIVER'S License Pass Date 04/10/2019  
Relationship of Owner & Driver : ☒ Spouse ☐ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 109 Clementi St 11 #03-25 (S) 120109  
DRIVER'S Contact No./ Alt No. : 1) 90292505 2) \_\_\_\_\_  
DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)  
Email Address : jessie.kaur18@hotmail.com  
Weather & Road Surface : CLEAR & DRY ☒ RAINING & WET ☐ AFTER RAIN & WET  
Reporting Type : Reporting Only ☒ Claim Other Party ☐ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES ☐ NO ☒  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, P/s state): Jaspreet Kaur

**Other Party Driver's Particular (if any)**

Vehicle. No: GBK 9529 B  
Vehicle Make/Model: Toyota Dyna  
Name Driver: Yap Boon Yong  
IC No. Driver/Contact: \_\_\_\_\_

Vehicle. No: SCX 808 A  
Vehicle Make/Model: Porsche Cayenne  
Name Driver: Henry Tan  
IC No. Driver/Contact: 9619 4539

\* NEW - Passenger's name & gender:

## 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' law yers/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;

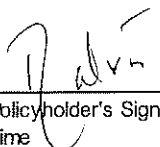
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

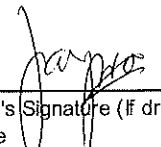
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

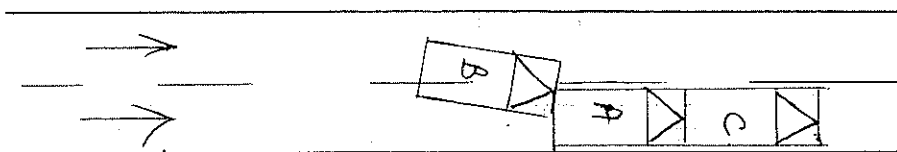
  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan

(A) SMP 1312 E  
(B) GBK 9529 B  
(C) SCX 808 A



Bukit Timah Road (Newton Flyover)

### Describe Circumstances of the Accident

On 28/04/23 at @ 1340 hrs, I was travelling in my vehicle (SMP 1312 E) along Bukit Timah Road on top of Newton Flyover on the right lane of a 2 lanes road. I slowed down and stopped due to traffic jam ahead. Suddenly, a lorry (GBK 9529B) from behind collided onto the rear portion of my vehicle. The impact was so strong that caused my vehicle to move forward and collided onto the vehicle (SQX 808 A) ahead of me.

## 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