

VEHICLE NO: SNC 5200A

MAKE &amp; MODEL: TOYOTA/ALTIS

AUTO/MANUAL

C.C. 1600

DATE OF ACCIDENT	06 / 05 / 2023
TIME OF ACCIDENT	4:40 AM / PM
LOCATION OF ACCIDENT	ALONG BEDOK ROAD
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	CALISA MICHAEL PERALTA
EMAIL	CALISA.MICHAEL@GMAIL.COM
OFFICE:	MOBILE: 9106 3776
NRIC	S2714250H
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY
FLEET POLICY	YES / NO?
INCURANCE CO.	AIG
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	7210128932
NAME OF DRIVER	AS ABOVE / IF NO: CALISA KEITH MICHAEL MAPANAO
NRIC	S9872205Z
DATE OF BIRTH	20 / 02 / 1998
ANY PASSENGER	YES / NO: (F)
NAME OF PASSENGER	CALISA MARIBEL MAPANAO; CALISA MICHAEL PERALTA (M)
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	29 / 03 / 2018
GENDER	MALE / FEMALE
CONTACT NO.	Mobile: 9389 3849 Office: Home:
EMAIL	
ADDRESS	1 SIMEL ST 4 #04-04 S'PORE (529861)
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:
RELATIONSHIP	Employee / If No: PARENTS
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes, Who? DRIVER
CONTACT NO.	
ROLICE REPORT	NO / If yes, Where?
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Who?
VEHICLE B NO.	SLH 1532 R Any Passenger:
NAME	
CONTACT NO.	
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 / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
WHO IS REPORTING	DRIVER / OWNER / BOTH
Original Language Used	English / Mandarin / Others:
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO



扫描全能王 创建



## 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.

### 6. 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

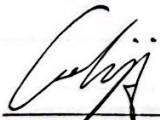
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

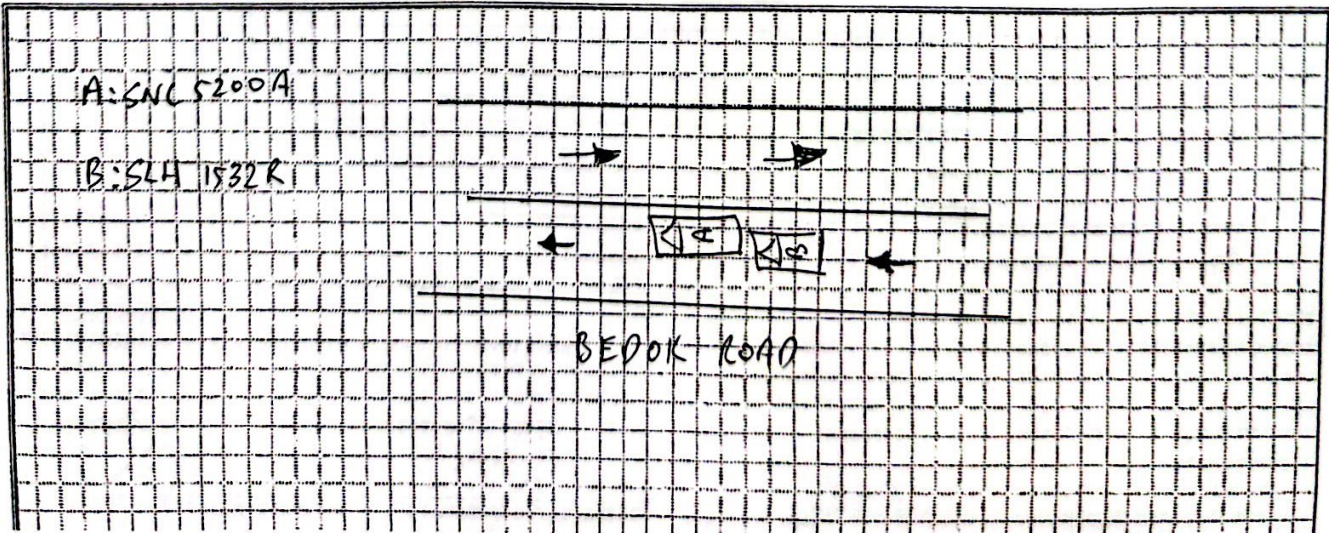
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

### Sketch Plan



扫描全能王 创建