

VEHICLE NO: SND 8508M		MAKE & MODEL: TOYOTA/ESQUIRE		AUTO / MANUAL	
DATE OF ACCIDENT		13 / 05 / 2023		C.C. 1600	
TIME OF ACCIDENT		4:50 AM / PM			
LOCATION OF ACCIDENT		ORCHARD ROAD			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE FIRE			
NAME OF OWNER		VENTURE MARKS PTE LTD			
EMAIL		ALLYSONONG@BW.COM.SG		OFFICE: MOBILE: 8102 6929	
NRIC		200921348 K			
CLAIM TYPE		OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY		YES / NO			
INCURANCE CO.		INCOME			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		5112271230-03-000039			
NAME OF DRIVER		AS ABOVE / IF NO: MOHD DANIAL ARSH @ VIJAY KUMAR			
NRIC		577337716			
DATE OF BIRTH		20 / 10 / 1977			
ANY PASSENGER		YES / NO			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		04 / 11 / 1999			
GENDER		MALE / FEMALE			
CONTACT NO.		Mobile: 8338 1540 Office: Home:			
EMAIL					
ADDRESS		31K 437 TAMPINES ST 43 # 02-147 S'PORE (520437)			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No: INSURE:			
RELATIONSHIP		Employee / If No: HIRER			
WEATHER CONDITION		Clear / Raining / Other:			
ROAD SURFACE		Dry / Wet / Other:			
ANY INJURIES		No / If yes, Who? DRIVER			
CONTACT NO.					
POLICE REPORT		NO / If yes, Where?			
NOTICE OF INTENDED PROSECUTION?		NO / If yes, Who?			
VEHICLE B NO.		SLL 8898T		Any Passenger: —	
NAME					
CONTACT NO.				Any Passenger:	
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			



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SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and existence 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 the copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report with the insurers, you hereby consent to the archiving of this report at the centre and the copies of the report being made available as stated.

F. 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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 purposes 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;

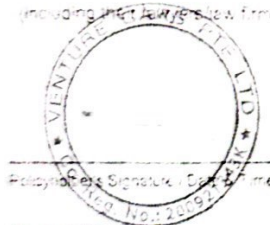
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data even if it is for the purpose of delivery of the same as well as on the external cover of such personal documents) and/or

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

(b) All Insurers, who have insured vehicle(s) involved in this accident and the Insurers' lawyers/ law firms, may be 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 then 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 based outside of Singapore, for one or more of the above Purposes.

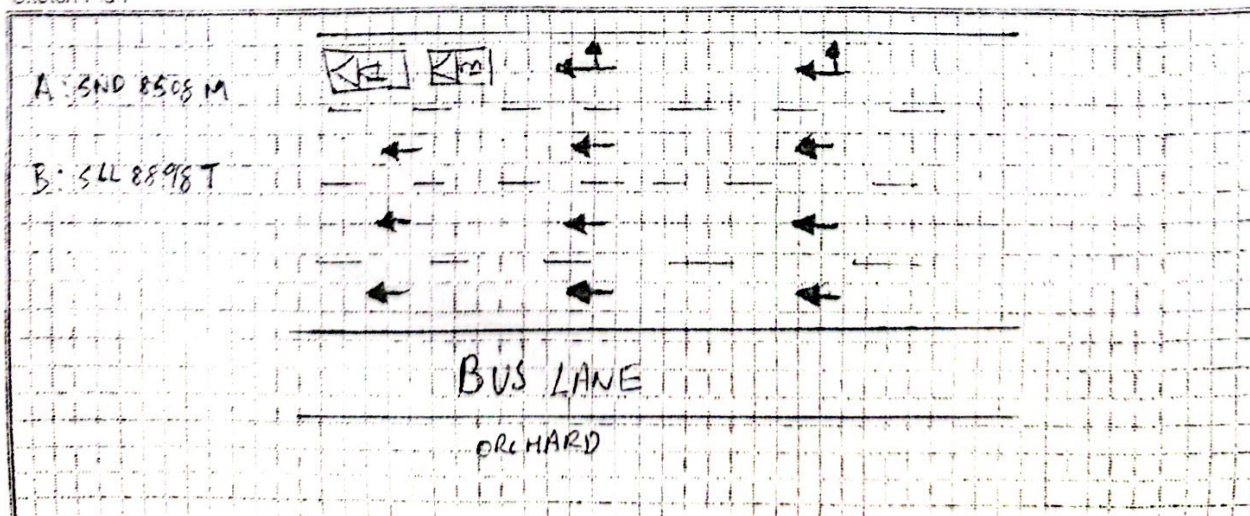


Policyholder's Signature / Date & Time

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

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

Sketch Plan



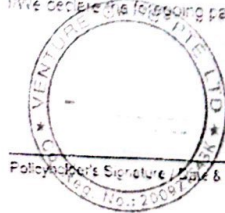
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Describe Circumstance of the Accident

ON THE STATED DATE AND TIME I (SND 8508M) WAS TRAVELLING
ON ORCHARD ROAD, THE FRONT VEHICLE STOP I FOLLOW. SUDDENLY I FELT
AN IMPACT FROM MY VEHICLE BACK, I ALIGHTED AND FOUND OUT THAT
VEHICLE (SLL 9887) HAS HIT ONTO MY VEHICLE.

Declaration

I/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

Witnessed by Reporting Centre Personnel



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