

Date of Accident : 26-05-23 Accident Time : 1105 (24 - HR-FORMAT)
Accident Place : C1E towards AYE near CAIRNHILL EX17.
Vehicle Reg.No (Car plate No.) : SNH 1326X
Vehicle Make/Model : MAZDA 3 M-HYBRID
Insurance company : ALLIANZ Policy No: SP2003057670.
Owner or Company Names /IC NO : SJ AUTO PTE LTD 201732057R
Owner or Company Contact No. : 9661118 / 9771118 Owner's HP 69081118 Company Tel
DRIVER'S Name & IC no. : Tan Seo Chye.
DRIVER'S Date of Birth : _____ DRIVER'S License Pass Date _____
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Hire
DRIVER'S ADDRESS : Blk 224B Sumang Lane 905-125 S(822224)
DRIVER'S Contact No. / Alt No. : 1) 92479788 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting type : Reporting Only \ Claim Other Party \ Claim Own Ins.
Number of Passengers (including Driver): 02
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

Other Party Driver's Particulars) (If any)

Vehicle No : 6BF2704C
Vehicle Make/Model : NISSAN Urvan.
Name DRIVER : Mahmood Bin Ismail.
IC NO. DRIVER : S16446016
DRIVER'S Contact & add : _____

Vehicle No : _____
Vehicle Make/Model : _____
Name DRIVER : _____
IC NO. DRIVER : _____
DRIVER'S Contact & add : _____



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 willful 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' 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;

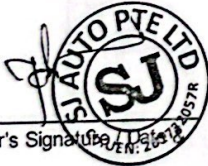
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

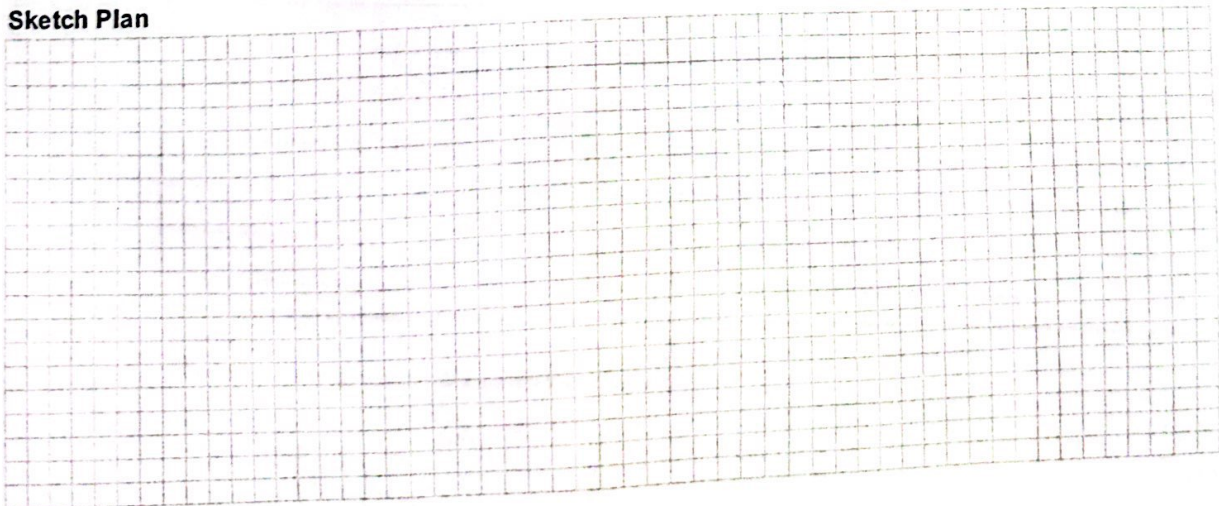


Policyholder's Signature / Date
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



扫描全能王 创建

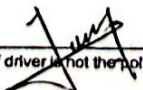
Describe Circumstance of the Accident

Lined area for describing the accident circumstances.

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 & Time

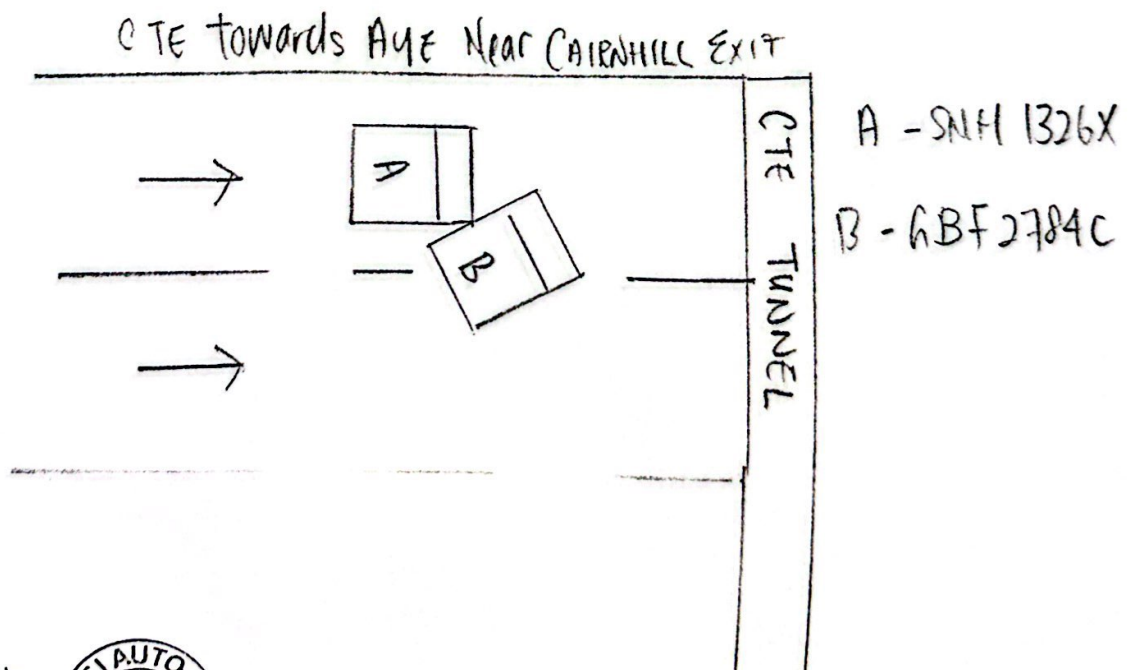
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



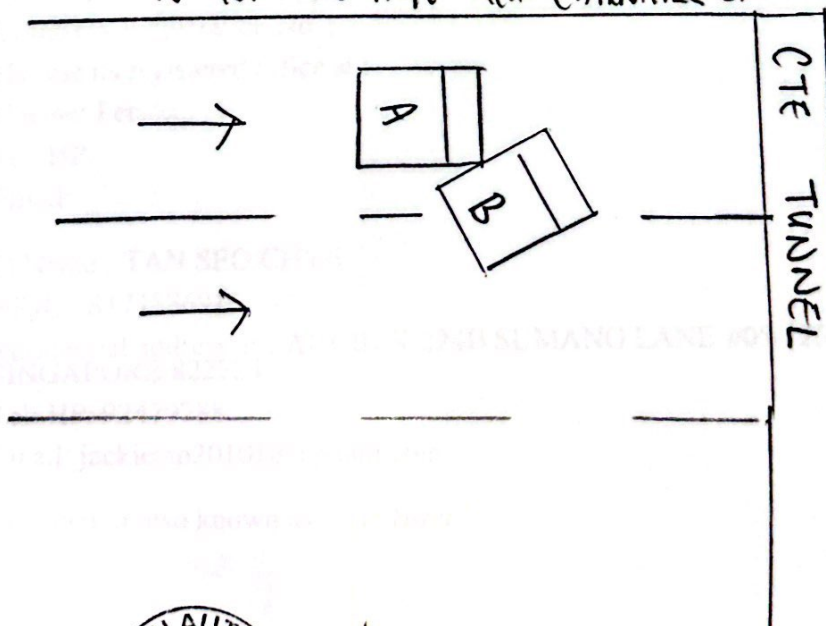
On 26/5/23 at around 1105hrs. I (Vehicle A)

was driving along CTE towards AYE, I was on the lane going to exit Cairnhill circle, out of sudden Vehicle B cut into my lane and collided on to my vehicle. We stopped at the shoulder of the road and we took photos and exchanged particulars after which we proceed off.

My vehicle got oi hojee passenger and ask her whether she alright and she said yes and I proceed to send her to her destination.



CTE towards AYE Near CAIRNHILL EXIT



A - SNH 1326X

B - GBF2784C

