

VEHICLE NO: SKW 4731 X	MAKE & MODEL: Toyota Corolla Altis	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	25 / 05 / 2023	CC: 1-6
TIME OF ACCIDENT:	1635 HRS	
LOCATION OF ACCIDENT:	Punggol Rd towards Punggol Canal before Punggol Central	
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="radio"/> EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	
NAME OF OWNER:	Tan Ming Huat	
TEL NO:	H/P: 9746 2820	OFFICE: HOME:
NRIC:	S14815522	
ADDRESS:	Apt B1K 463 Ang Mo Kio Avenue 10 #12-1100 S560463	
EMAIL:	MIN8HUAT@gmail.com	
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO?	
INSURANCE COMPANY:	MSIG	
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft	
POLICY NO:	A 300683892 QMX	
NAME OF DRIVER:	<input checked="" type="radio"/> AS ABOVE / IF NO:	
NRIC:	as above	ANY PASSENGER: 1 (1F)
DATE OF BIRTH:	21 / 10 / 1961	LICENCE PASSED DATE: 20 / 07 / 1979
OCCUPATION:	OUTDOOR / <input checked="" type="radio"/> INDOOR	
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE	
CONTACT NO:	H/P: as above	OFFICE: HOME:
ADDRESS:	as above	
EMAIL:	as above	
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO: INSURER:	
RELATIONSHIP:	Owner	
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS:	
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHER:	
ANY INJURIES:	<input checked="" type="radio"/> NO / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B-REG NO:	XE 4704 R	ANY PASSENGERS: N/A
NAME OF DRIVER:	Anpalagan S/b Kuppusamy	CONTACT NO: 8654 2182
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
ACCIDENT SCENE PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO	
ACCIDENT PORTION:	Rear Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	
WORKSHOP PARTICULAR:	Twincay	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:		
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

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' 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

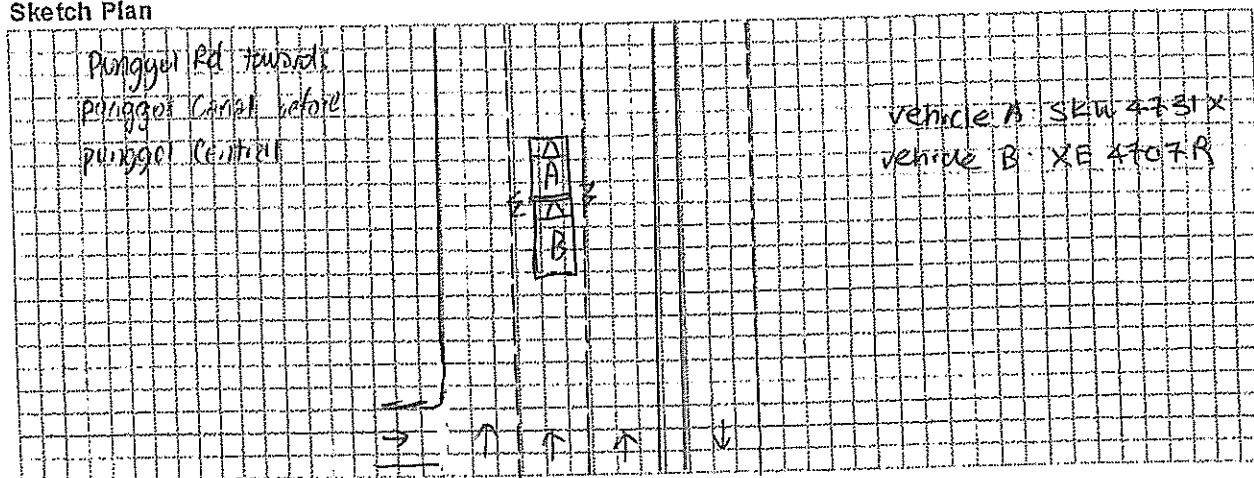
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstance of the Accident

As of above date & time, I was driving my vehicle (SKW 4731X) along Punggal Rd towards Punggal Canal on the middle lane of a 3 lane Rd. Somewhere before Punggal Canal. The vehicle ahead of my vehicle slowed down & stopped due to traffic light turning Red. I followed accordingly, but at a sudden, vehicle BLXE 4707R) collided into the rear portion of 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 & Time

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