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10. NOTE IF ACCIDENT REPORT SUBMITTED AFTER 24 HOURS NCD WILL BE AFFECTED ~~Agent~~

ACCIDENT DETAILS

DATE OF REPORT: 5/6/2023 ACCIDENT DATE & TIME: 1/6/2023 16.10.
ACCIDENT LOCATION: Hillview Flyover
COUNTRY: SINGAPORE OR MALAYSIA ~~Dev red~~ Amey

VEHICLE DETAILS/ OWNER'S DETAILS

VEHICLE NO: SLT 5576A. ✓ POLICY NUMBER: MT/01109240.
OWNER'S NAME: KHOO, CHEE SIN HP/OFFICE:
NRIC NO: COVERAGE: COM/TPFT/TP
EMAIL:
INSURANCE: NTUC DIRECT ASIA AXA HL FWD BUDGET ECICS

VEHICLE PARTICULARS

MAKE & MODEL: VOLVO S90
VEHICLE CATEGORY: PRIVATE OR PRIVATE HIRE OR COMMERCIAL P.
PURPOSE DURING ACCIDENT: P. Agent
CLAIM: OWN DAMAGE REPORTING ONLY THIRD PARTY

DRIVER DETAILS

OTHER PARTY'S DETAILS

NAME: TEO CHAI GEOK
NRIC NO: S6607
DATE OF BIRTH: 10-2-1986
OCCUPATION: INDOOR OR OUTDOOR
PASSED DATE: 22-2-1986
GENDER: FEMALE OR MALE
HP NUMBER: 99
ADDRESS: 171C
POSTCODE: 171C
EMAIL:
R/S WITH POLICYHOLDER: SPOUSE
WEATHER CONDITION: DRY / CLEAR / WET / RAIN
INJURY: NO
DOES DRIVER OWN OTHER VEH?
IF YES, CAR NO: INSURANCE CO:
POLICE REPORT: NO
VIDEO FOOTAGE OR VOICE RECORD: YES
OFFER BY OTHER WORKSHOP: NO
NO OF VEHICLE INVOLVED: 2
WITNESS: IF YES - NAME&HP: NO
NO PPL IN CAR: 1
PASSENGER NAME (NAME AND GENDER):

VEHICLE NO: SJL 6886 P.
NAME:
NRIC NO:
HP NUMBER:
INSURANCE:
ADDRESS:
MODEL:
VEH CATEGORY: Toyota (G70627)
PASSENGER:

GO Amey

SKETCH PLAN

VEHICLE NO:
DATE OF ACCIDENT:

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.

Chuan Siew
05/06/2023

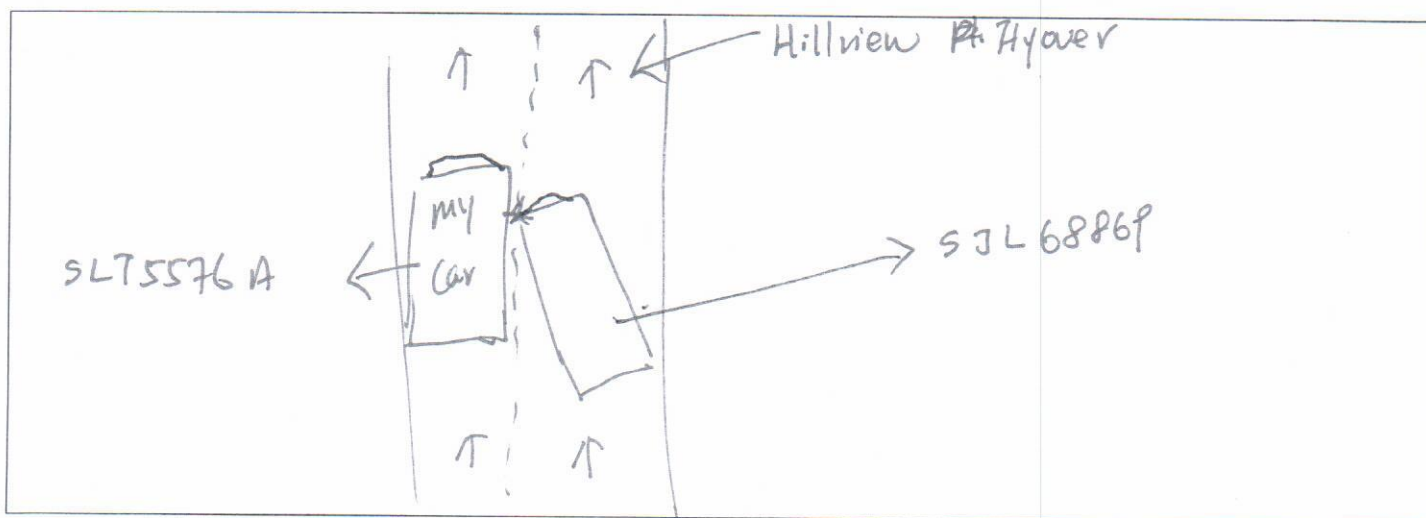
Policyholder's Signature / Date & Time

[Signature] *05/06/23*

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEHICLE NO:

DATE OF ACCIDENT:

While I was driving along Hillview Hyway at about 1610 hours on 01st June 2023, a Toyota sedan car (license plate number SJL6886P) which was driven by Mrs Goh Hsueh Mei, NRIC no. _____)
at the time of the accident.

while I was driving along Hillview Hyover on the left most lane and out of a sudden, the Toyota sedan suddenly litted my car at the right hand side from the outer lane resulting in damage to my right hand side car doors (both front, back door and part of the front body).

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration NOTE: DO NOT NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

I/We declare the foregoing particulars are true in every respect.

05/06/23

Policyholder's Signature / Date &
Time

[Signature] 05/06/23

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

| |
|---|
| Witnessed by Reporting Centre Personnel |
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IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SL75576A

Name (as shown in NRIC): Teo Chui heok NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 53B Lorong Serhad Singapore (119165)

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 01/June/2023 Time of Accident: 16:10 hr (est)

Place of Accident: Hillview Hyver

Insurance Company: Direct Asia Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature

Date:

05/June/2023

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: