VEHICLE NO: SJR654A	MAKE & MODEL : Mazda 3 (AUTO / MANUAL) C.C. 1,600
DATE OF ACCIDENT	05 / 06 / 2023
TIME OF ACCIDENT	3.35 AM / (PM)
LOCATION OF ACCIDENT	Fook Hai Building Carpark
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / (PRIVATE USE) / PRIVATE HIRE
NAME OF OWNER	Lau Giam Tong MOBILE: 96786901
EMAIL	Office:
NRIC	S1332265A
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY
FLEET POLICY	YES / (NO) ?
INSURANCE CO.	Great Eastern
TYPE OF COVERAGE	(Comprehensive) / Third Party / (Third Party Fire & Theft)
POLICY NO.	V0100917
NAME OF DRIVER	AS ABOVE / IF NO: Wilfred Lau Kwan Yi
NRIC	S9425677A
DATE OF BIRTH	19 / 07 / 1994
ANY PASSENGER	YES / (NO) :
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / (Indoor)
DATE OF DRIVING PASS	10 / 04 / 2013
GENDER	(Male) / Female Office:
CONTACT NO.	Mobile: 9815 9162
EMAIL	wilfredlky@hotmail.com
ADDRESS	418 Woodlands St. 41 #06-115 S(730418)
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No. INSURER:
RELATIONSHIP	Employee / If No: Son
WEATHER CONDITION	(Clear) / Raining / Other :
ROAD SURFACE	(Dry) / Wet / Other :
ANY INJURIES	(No) / If yes, Who? Wilfred Lau (M)
CONVEYED BY AMBULANCE	(No) / If yes, Who?
POLICE REPORT	(No) / If yes, Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES, WHO?
VEHICLE B NO.	SKS9425T Any Passenger : unknown
NAME	
CONTACT NO.	Any Passenger :
VEHICLE C NO.	Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	
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)

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.

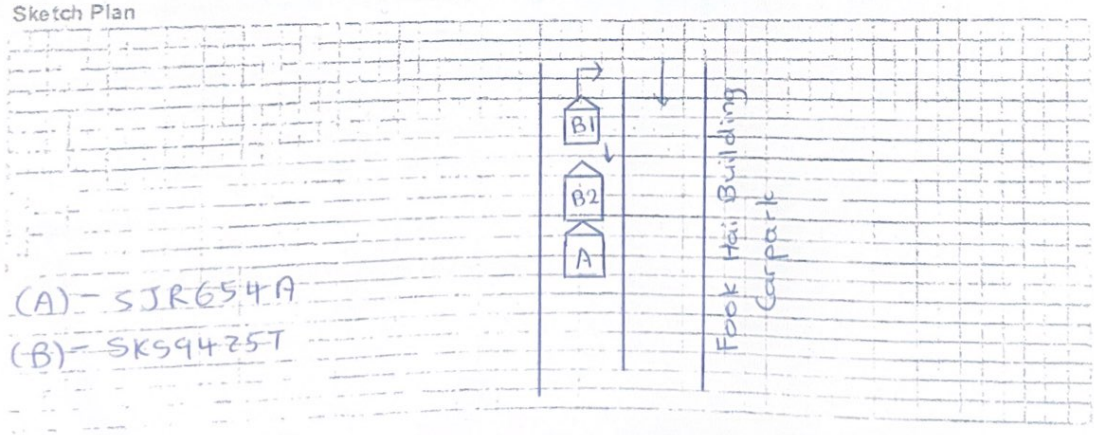
Lau

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) - SJR654A

(B) - SKS9425T

Describe Circumstances of the Accident

On the 05/06/2023 @ about 3.35p.m along ~~Car~~ multi storey carpark of Fook Hai Building. I was driving my Vehicle (A) from Level 4 to Level 3A. As I was on the slope, I noticed a Vehicle (B) stop in front of me, hence I followed suit, stopping a distant from him. Suddenly, the Vehicle (B) started reversing without caution and proper lookout and collided into the front portion of my Vehicle (A), causing damages to my Vehicle.

Declaration

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

Lau

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel