

Date of Accident : 21/06/2023 Accident Time: 1030 (24-HR-FORMAT)
 Accident Place : PIC towards Changi Express Exit slip road
 Vehicle Reg. No (Car plate No.) : SMN3689R cc: 1600 Vehicle Make/Model: Mercedes CLA180
 Insurance Company : China Taiping Policy No. DMPCSNW00051552301
 Name of Registered Owner : Company / Individual KWEK CHIEW BENG
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S1538491C
 OWNER EMAIL ADDRESS: kwek.chiew.beng@gmail.com Co Contact No: _____ Owner's Contact No: 82229363
 DRIVER'S Name : _____ DRIVER'S NRIC No: _____
 DRIVER'S Date of Birth : 18/04/1962 DRIVER'S License Pass Date 30/07/2009
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self
 DRIVER'S Address : 15, MARINE TERRACE, #10-10, S(440015)
 DRIVER'S Contact No./ Alt No. : 1) _____ 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 Insurance
 Number of Passengers (including Driver): 4 Name & Gender; Alexius \ male
 Was the accident reported to the police? YES \ NO Le Thi Mai \ female
 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
 Any injuries, if yes (name of the injured person) Kwek Chiew Beng \ Le Thi Mai \ Jennie

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SM5 5705M</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



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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 Actual 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 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 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

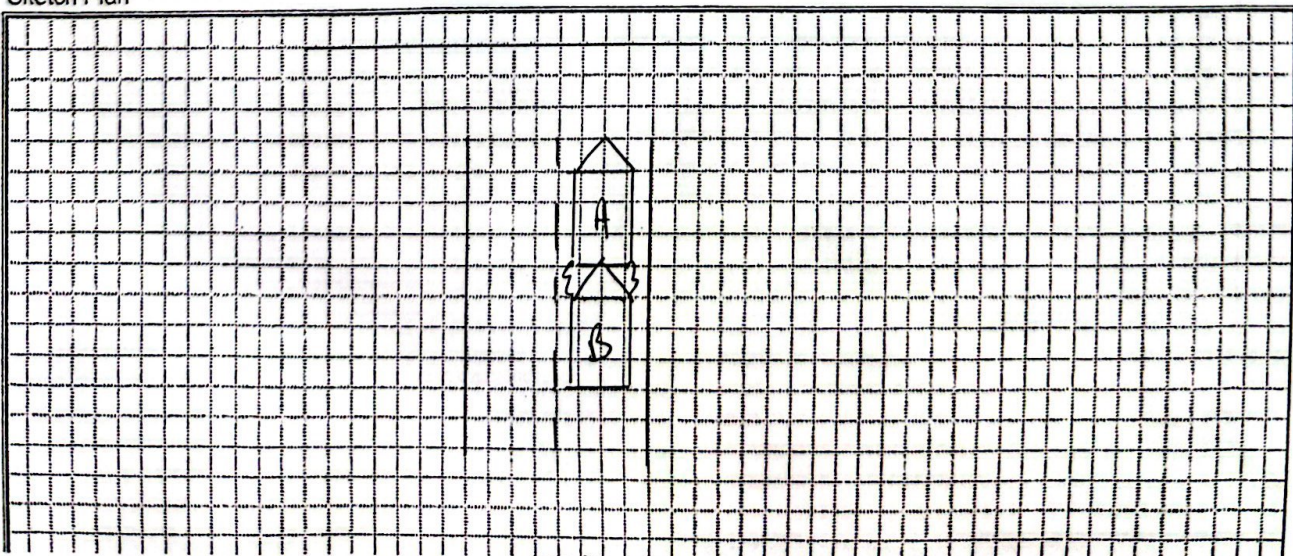
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

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

Sketch Plan



A: SMN3689R

B: SMS 5705M



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Describe Circumstance of the Accident

On the stated date and time, I was travelling along the stated location. I slowed down and stopped to look out for traffic along the main road. My vehicle was stationary for awhile. Suddenly, I felt an impact from the rear of my vehicle. I got off and realised vehicle B had collided onto my rear.

Declaration

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

Lee Beng

Policyholder's Signature / Date & Time

Lee Beng

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

Witnessed by Reporting Centre Personnel



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