

VEHICLE NO:	SDJ154		MAKE & MODEL:	Porsche Cayenne V6 <sup>E5 TIP</sup> AUTO / MANUAL	
DATE OF ACCIDENT	03 / 07 / 2023		*C.C.:	3-6	
TIME OF ACCIDENT	1145 AM / PM				
LOCATION OF ACCIDENT	5 Nethal Road (Inside Carpark)				
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER	GOH WEE HOW STEPHEN				
EMAIL:	gohweehow@gmail.com		Office:	MOBILE: 98735085	
NRIC	S8220245E				
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO?				
INSURANCE CO.	ETIQA				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	MA023727				
NAME OF DRIVER	AS ABOVE / IF NO:				
NRIC	S8220245E				
DATE OF BIRTH	15 / 07 / 1982				
ANY PASSENGER	YES / NO:				
NAME OF PASSENGER					
GENDER OF PASSENGER	MALE / FEMALE				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	19 / 03 / 2006				
GENDER	Male / Female				
CONTACT NO.	Mobile: 98735085		Office:		
EMAIL:	GOHWEEHOW@gmail.com				
ADDRESS	28A Dover Crescent #11-03 S(13120)				
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No:		INSURER:		
RELATIONSHIP	Employee / If No: Owner				
WEATHER CONDITION	Clear / Raining / Other:				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIES	No / If yes: Who?				
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.	(A16)	SBD4769U	Any Passenger:		
NAME	Leong W.F				
CONTACT NO.	98163694				
VEHICLE C NO.	<del>Any Passenger:</del>				
VEHICLE D NO.	<del>Any Passenger:</del>				
VEHICLE E NO.	<del>Any Passenger:</del>				
VEHICLE F NO.	<del>Any Passenger:</del>				
ANY WITNESS	Wilson				
WITNESS CONTACT NO.	92509755				
WAS THERE ANY VIDEO CAPTURE?			YES / NO		
WAS THERE ANY AUDIO RECORDED?			YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?			YES / NO		
Person 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		

## 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.



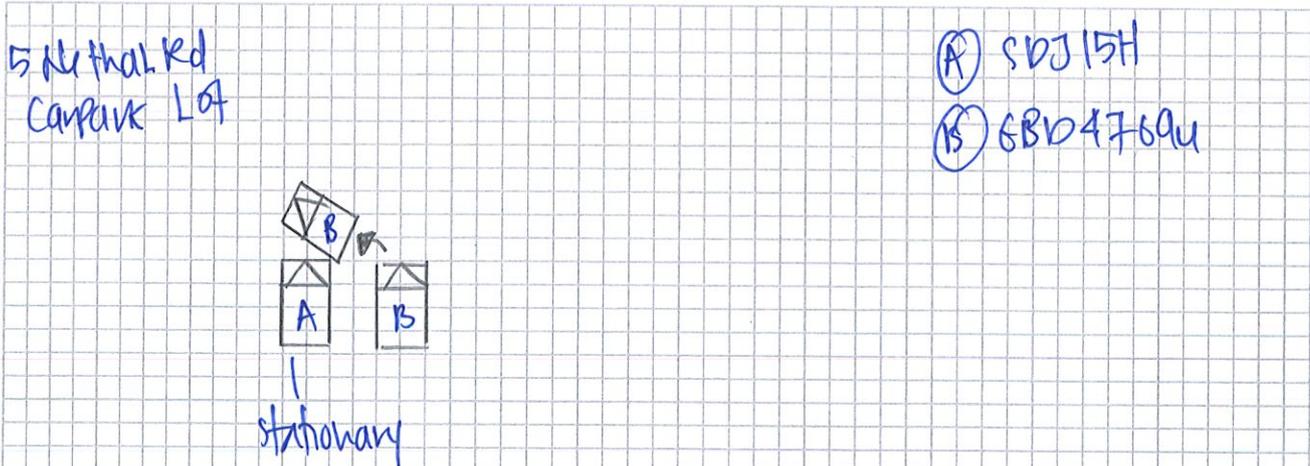
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

### **Sketch Plan**



**Describe Circumstances of the Accident**

On 03.07.2023 at about 11.30am. I parked my vehicle along  
carpark @ 5 Nether Road. I reached my vehicle and saw a damage  
on my vehicle. There's a eye-witness who saw the whole scene. There's  
a lorry GBD 4769U had collided onto my front right portion.

Witness: Wilson - 94509755

**Declaration**

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