

Date of Accident : 05/07/2023 Accident Time: 09:52 (24-HR-Format)
Accident Place : 108 Hougang Avenue 1
Vehicle Reg. No. (Car Plate No.) : SND 1639 P
Vehicle Make/Model : Toyota
Insurance Company : NTUC Policy No. 5124708466-01-000052
Owner or Company Name / IC No. : CARS AND COFFEE LEASING PTE LTD
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : V. VIDHYA S9442145 D
DRIVER'S Date Of Birth : 10-10-1994 DRIVER'S License Pass Date 05 Jan 2016
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BIK 172 Hougang Avenue 1 #05-1437
DRIVER'S Contact No./ Alt No. : 1) 90699832 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (c.g. working inside or outside office)
Email Address : accidentclaim@carsandcoffee.com.sg
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): 1

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GBJ 4105 D</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Lorry</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Describe Circumstances of the Accident VEHICLE NO: SND1639P

DATE OF ACCIDENT: 09/07/2023

On 5/7/2023 @ 9:50hrs my car was parked at open space carpark near blk 105 Huiyang Avenue 1. I was sitting in the car with the engine off. This unknown car pick-up reverse and while reversing he hit my car side black part. Then he drove forward and reverse back again to park to the left. I came out of the car and ask him you bang my car. He looked at me blur. I then told him to come down and show him the part he bang. He then ask me to wait and he took out this paint removal cream. Started wiping off with a cloth. I took picture as an evidence. I told him to stop but he continued kept bugging him for his particular but he ignore it and continued to wipe. I told him I want to inform company. He did not want me to inform his company as he need to fork out. After using the paint removal he sprayed a perfume on top of it and continued wiping till it became white latex. I told him to stop and then he gave his particulars. I then inform my company on this matter.

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY (x)

OWN WORKSHOP ()

Declaration NOTE: DO 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

VEHICLE NO: SND 1639 P
DATE OF ACCIDENT: 05/07/2023

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.
 - (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