DATE OF ACCIDENT	22 107 1 2023 °C.C. 1,600
TIME OF ACCIDENT	12.20 AM (PM)
LOCATION OF ACCIDENT	PIE (Tuas)
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
	Timothy Lim Chee Peng
NAME OF OWNER	
EMAIL timothy. lim @ hotmai	1.
NRIC	514 96 786 G
CLAIM TYPE .	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES / NO
INSURANCE CO.	NTUC
TYPE OF COVERAGE	Comprehensive Third Party / Third Party Fire & Theft
POLICY NO.	5109649242-04
NAME OF DRIVER	AS ABOVE / IF NO.
NRIC OF BRIVER	514962866
DATE OF BIRTH	24/12/1961
ANY PASSENGER	YES / NO: I
NAME OF PASSENGER	Tham Wai Fong
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	18/11/1987
GENDER	Male / Female
CONTACT NO.	Mobile: \$111 58 71 Office.
EMAIL.	
ADDRESS	Blk 27 Toa Payon East #09-206 5 (3100
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes . Reg No. INSURER.
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes . Reg No. INSURER.  Employee. / If No. Owner
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION	NO   If yes . Reg No. INSURER.  Employee   If No. Owner  Clear   Raining   Other .
DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP WEATHER CONDITION ROAD SURFACE	NO   If yes : Reg No : INSURER.  Employee   If No : Owne    Clear   Raining   Other :  Ory   Wet   Other :
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES	NO / If yes . Reg No. INSURER.  Employee / If No. Owner  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes : Who? Ting thy Line
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE	NO / If yes . Reg No. INSURER.  Employee / If No. Owner  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes . Who? Time thy Lime  No / If yes . Who?
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT	NO / If yes . Reg No. INSURER.  Employee / If No. Owner  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes . Who? Time thy Lime  No / If yes . Who?  No / If yes . Who?
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVE	NO / If yes . Reg No. INSURER.  Employee / If No. Owl.  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes . Who? Time thy Lime  No / If yes . Who?  No / If yes : Who?  No / If yes : Who?
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT	NO / If yes . Reg No. INSURER.  Employee / If No. Owner  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes . Who? Time thy Lime  No / If yes . Who?  No / If yes . Who?  No / If yes . Who?
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVES  VEHICLE B NO.	NO / If yes . Reg No. INSURER.  Employee / If No. Owl.  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes . Who? Time thy Lime  No / If yes . Who?  No / If yes : Who?  No / If yes : Who?
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVE  VEHICLE B NO.  NAME  CONTACT NO.	NO / If yes . Reg No. INSURER.  Employee / If No. Owl.  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes . Who? Time thy Lime  No / If yes . Who?  No / If yes : Who?  No / If yes : Who?
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVES  VEHICLE B NO.	Employee / If No. Owler  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes: Who? Time thy Lim  No / If yes: Who?  Any Passenger: U1 k 10 w 1.
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVEN  VEHICLE B NO.  NAME  CONTACT NO.  VEHICLE C NO.	Employee / If No. Owner  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes : Who? Time thy Lim  No / If yes : Who?  No / If yes : Who?  No / If yes : Who?  Any Passenger : U1k 10w1.  Any Passenger :
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVE  VEHICLE B NO.  NAME  CONTACT NO.  VEHICLE C NO.	Employee   If No. Owle    Clear   Raining   Other :  Ory   Wet   Other :  No   If yes : Who?   Time thy Lim  No   If yes : Who?    No   If yes : Who?    No   Any Passenger :  Any Passenger :  Any Passenger :
CODES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVE  WEHICLE B NO.  NAME  CONTACT NO.  VEHICLE C NO.  VEHICLE D NO.  VEHICLE D NO.  VEHICLE F NO.  ANY WITNESS	Employee / If No. Owner  Clear / Raining / Other.  Dry / Wet / Other.  No / If yes : Who? Time thy Lim  No / If yes : Who?  No / If yes : Who?  No / If yes : Who?  Any Passenger :
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVE  VEHICLE B NO.  NAME  CONTACT NO.  VEHICLE C NO  VEHICLE D NO.  VEHICLE E NO.  VEHICLE F NO.  ANY WITNESS  WITNESS CONTACT NO.	Employee / If No. Owner  Clear / Raining / Other.  Dry / Wet / Other.  No / If Ges: Who?  Any Passenger:
RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVE VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO VEHICLE D NO. VEHICLE E NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	Employee / If No. Owner  Clear / Raining / Other:  Dry / Wet / Other:  No / If yes : Who?  Any Passenger :
RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN VEHICLE B NO. NAME CONTACT NO. VEHICLE C NO VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	Employee / If No. Owner  Clear / Raining / Other.  Dry / Wet / Other.  No / If Ges: Who?  Any Passenger:
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVE  VEHICLE B NO.  NAME  CONTACT NO.  VEHICLE C NO  VEHICLE C NO  VEHICLE E NO.  VEHICLE F NO.  ANY WITNESS  WITNESS CONTACT NO.  WAS THERE ANY VIDEO CAPTURE?  WAS THERE ANY AUDIO RECORDED?  SCENE ACCIDENT PHOTOS TAKEN?	Employee   If No. Owner  Clear   Raining   Other.  Dry   Wet   Other.  No   If Yes : Who?   No   If Yes : Who?  No   If Yes : Who?   No   If Yes : Who?  No   Any Passenger :   YES   YES
RELATIONSHIP WEATHER CONDITION ROAD SURFACE ANY INJURIES CONVEYED BY AMBULANCE POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN WEHICLE B NO. NAME CONTACT NO VEHICLE C NO VEHICLE C NO VEHICLE E NO. ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?  Who is Reporting	Employee   If No. Owner  Clear   Raining   Other.  Dry   Wet   Other  No   If yes : Who?   No   If yes : Who?  No   If yes : Who?   No   If yes : Who?  No   If yes : Who?   No   If yes : Who?   No   If yes : Who?  Any Passenger : Unknown .  Any Passenger : YES / No
DOES DRIVER OWN OTHER VEHICLES?  RELATIONSHIP  WEATHER CONDITION  ROAD SURFACE  ANY INJURIES  CONVEYED BY AMBULANCE  POLICE REPORT  NOTICE OF INTENDED PROSECUTION GIVE  VEHICLE B NO.  NAME  CONTACT NO.  VEHICLE C NO  VEHICLE C NO  VEHICLE E NO.  VEHICLE F NO.  ANY WITNESS  WITNESS CONTACT NO.  WAS THERE ANY VIDEO CAPTURE?  WAS THERE ANY AUDIO RECORDED?  SCENE ACCIDENT PHOTOS TAKEN?	Employee / If No. Owler  Ctear / Raining / Other.  Ord / Wet / Other.  No / If Yes : Who?  Any Passenger : Unk 10 wg.  Any Passenger :  YES / No  YES / No  Driver / Owner / Both  English / Mandarh / Others:

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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)

Lunderstand, 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 possional establishment (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' law yers/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 end/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;
- (w) administering my claims (including the mailing of correspondence, statements, involces, 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' taw yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Describe Circumstances of the Accident
On the 22/07/2023 @ about 12.20p.m. along PIE
(Tips) I was travelling on law 1 of the above
(Tuas). I was travelling on Lave 1 of the above  AYE  Mentioned road before CTE (SHE) exit. When my
watered and before (TE/GHE) exit illustration
MONTHOUSE CICCOL CALL CONSTRUCT
front vehicles slowed down and stopped due to
neary traffic, hence I followed suit. Suddenly I felt
a huge impact from the ear, and when I alighted, I
realized it was Vehicle (B) who hit into the rear portion
og of my Vehicle (A), causing damages to my vehicle.
I have one other passenger in my Vehicle.

## Declaration

rive declare the foregoing particulars are true in every respect.

Folicy holder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel