VEHICLE NO: SNE313F	MAKE & MODEL: BMW 5 to I (AUTO) MANUAL
DATE OF ACCIDENT	22/07/2023 °C.C. 20
TIME OF ACCIDENT	14:30 AM / PM
LOCATION OF ACCIDENT	Along Karth Highway
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER SAW Chule	Meny Email. jeromesaw@gmail.com
TELP NO 915 8159	Mobile. Office: Home:
NRIC 5 1808441D	Tione:
CLAIM TYPE	OD _ / (THIRD PARTY) / REPORTING ONLY
FLEET POLICY:	YES (NO)
INSURANCE CO.	Ergo
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMP G123001947
NAME OF DRIVER Saw Jerome	. AS ABOVE / IF NO.
NRIC \$9808190E	
DATE OF BIRTH	13/03/1998
ANY PASSENGER	YE9/NO: 2
NAME OF PASSENGER	IM IF
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION TO A STATE OF THE ST	Outdoor / Indoor
DATE OF DRIVING PASS	25/02/2017
GENDER	Male / Female
CONTACT NO.	Mobile. Office. Home.
EMAIL:	
ADDRESS	0)2 Flora Drive 1802-39 Ferraria Park
DOES DRIVER OWN OTHER VEHICLES? RELATIONSHIP	NO / If yes . Reg No. INSURER: wnd
WEA'THER CONDITION	Employee / If No. SON s 506948
ROAD SURFACE	Oléar / Raining / Other:
ANY INJURIES	(Ir) / Wet / Other:
CONTACT NO.	No/ If yes. Who?
POLICE REPORT	(A) 170
NOTICE OF INTENDED PROSECUTION GIVEN?	(%) / If yes: Where?
VEHICLE B NO.	NO/IF YES. WHO?
NAME	SG1Z8000 (Any Passenger:
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	SBN1222 Any Passenger.
VEHICLE D NO.	Any Passenger :
VEHICLE F.NO.	Any Passenger:
ANY WITNESS	Any Passenger :
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	
WAS THERE ANY AUDIO RECORDED?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
SCHAF WCCIDENT LUCIOS TWEIN.	YES / NO
Have you been approach by unknown person solic	
offering accident claims assistance?	
ordered distributions applications	YES / NØ

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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, clisclose 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 - SN/E 313F

B - SG Z 8 0 00 C

B B C - SBN (32329)

Describe Circumstance of the Accident
On the stated date and time. I was driving my
vehicle SNE313E along Karak Highway. There was a
malaysian vehicle did a sudden brake for no reason. I
applied my brake immediately and stopped my vehicle
on time. The vehicle SG128000c behind me was unable
to stop on time and collidered into the rear of my
vehicle, causing my vehicle to surge forwards to collide
into the Malaysia vehicle. However, the malaysia vehicle
drove at without stopping. I alighted my car to
realise I am involved with a Hears chain collision.

Declaration

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





LICENCE NO.

\$9808290E Ø



CLASS AND ISSUE DATE

3A • 25 FEB 2017

CERTIFICATE OF MERIT

NOT ELIGIBLE

DEMERIT POINTS

0

CARD SERIAL NO.

002660580K

Hide details



Show NRIC