

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25 / 7 / 23 (dd/mm/yy) Time of Accident: 17:30 (24-HR-FORMAT)

Vehicle No: SCV 85 D Vehicle Make & Model: _____

Transmission: ☒ Manual ☒ Auto *C.c: _____

Exact location of Accident: Whitley Rd

Policyholder's Name: Fong Kim Chit NRIC/FIN/REG No.: 1482987 C

*Policyholder's email address: _____

Driver's Name: Kong Kim Meng NRIC/FIN/REG No.: S1397746 A

*Driver's email address: kongkimmeng@gmail.com

Driver's Contact No.: 97379347 Company Contact No (If any): _____

Date of birth: 20/5/1959 Driving Pass Date: 29/9/1976

Driver's Address: 57 Chatterhill road #02-01 Singapore 229668

Insurance Company: China Taiping

Policy No.: _____ Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver: 1M 1F

*Passenger Name: Woo Yin Leng Gender: Male ☒ Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injured Person in Which Vehicle: _____ Any injured conveyed to hospital by ambulance? : ☐ Yes ☒ No

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: Deepu Joseph / S8273090 G Vehicle No: SLM 895 Z

Driver's Contact No: _____ Insurance Company: _____

*No. of Passenger/(including Driver): _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*No. of Passenger/(including Driver): _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact 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 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 vehicles 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

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

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

Sketch Plan

