	MAKE & MODEL: Volkswagen Golf A7 MUTO/MANUAL
DATE OF ACCIDENT	01/08/2023 *C.C. 1.2
TIME OF ACCIDENT	08:35 AM / PM
LOCATION OF ACCIDENT	SLE(City) towards TPE (After Vishun Avenue 1 Exit
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Menaga Mithya Devi D/O Saminathan
EMAIL: mithyasamsung@gmail.co	
NRIC	S8610451B
CLAIM TYPE	OD / THEOPARTY / REPORTING ONLY
FLEET POLICY:	YES /(NO) ?
INSURANCE CO.	Budget Direct
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	P10827259R00
	AS ABOVE / IF NO:
NAME OF DRIVER NRIC	S8610451B
DATE OF BIRTH	19 / 04 / 1986
ANY PASSENGER	YES / 100 :
NAME OF PASSENGER	-
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	04 / 08 / 2009
GENDER	Male / Female
CONTACT NO.	Mobile. 8444 4281 Office. —
EMAIL:	mithyasamsung@gmail.com
ADDRESS	BLK 345 Yishun Avenue 11 #02-173 S (760345)
DOES DRIVER OWN OTHER VEHICLES?	/ If yes . Reg No. INSURER.
RELATIONSHIP	Employee / If No. Owner
WEATHER CONDITION	
ROAD SURFACE	Clear / Raining / Other: DD / Wet / Other:
ANY INJURIES	No/Ify@. Who? Driver - Body Pain
CONVEYED BY AMBULANCE	Mo If yes : Who?
POLICE REPORT	No/ If yes : Where?
NOTICE OF INTENDED PROSECUTION GIVE	
VEHICLE B NO.	SJP1193S Any Passenger: -
NAME	_
CONTACT NO.	-
VEHICLE C NO.	Any Passenger . —
VEHICLE D NO.	- Any Passenger : -
VEHICLE E NO.	- Any Passenger : —
VEHICLE F NO. ANY WITNESS	- Any Passenger : -
WITNESS CONTACT NO.	
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:
A PRODUCE AND A CONTRACTOR OF THE PROPERTY OF	mediciting (a)
Have you been approach by unknown perso offering accident claims assistance?	YES /NO

W

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:

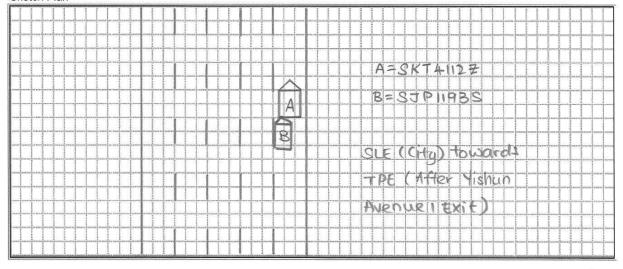
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured 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
- (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.

- 01/08/23 Policyholder's Signature / Date & Time

Mar 01/08/23 Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident
Refer to Attached

Declaration

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 (Name as in NRIC/ID card)

On 01.08.2023 at about 08:35 hours along SLE(City) towards TPE (After Yishun Avenue 1 Exit), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SKT 4112Z

Vehicle (B): SJP 1193S

My