Date of Accident : 05/05/2021 Accident Time: 0140HRS (24-HR-Format)

Accident Place : DAISY ROAD (IN FRONT OF DAISY SUITES CONDO)

Vehicle. No. (Car Plate No.) : SBR8228Z Make/Model: KIA

Insurace Company : NTUC Policy No: 5121241973

Owner or Company Name /IC No. : JANICE LEE OON JIANG S9221786H

Owner or Company Contact No. : 91972341 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : $

DRIVER'S Date Of Birth : 25/06/1992 DRIVER'S License Pass Date 06/03/2014

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others:_____

DRIVER'S Address : BLK 634 BEDOK RESERVOIR ROAD #11-09 S(410634)

DRIVER'S Contact No./ Alt No. :1)_____ 2)_____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address :_____

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): NIL

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
Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle. No: GBL2426 Vehicle. No:_____

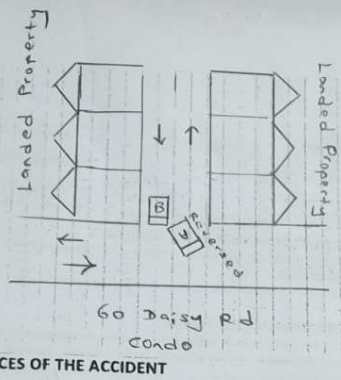
Vehicle Make\Model: PEUGEOT PARTNER Vehicle Make\Model:_____

Name Driver: SHALINI D/O PICHAI Name Driver:_____

IC No. Driver/Contact: S8708731Z 97367264 IC No. Driver/Contact:_____

* NEW - Passenger's name & gender:

Sketch Plan



A: GBL2426

B: SBB8228Z (Parked Veh)
Janice 91192341

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: China Taiping Veh No: GBL2426 DOA: 5/5/21 1.40am

My vehicle collided onto parked vehicle SBB8228Z as I was reversing. I left my contact & detail on front windscreen of SBB8228Z. Driver of SBB8228Z contacted me the next day.

The location was not well lit.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

(YS) ang 5/5/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

( ) Claim Own Policy ( ) Claim Third Party (/) Reporting Only

( ) Claim OD/TP at other workshop (_____)

2

Dear Sir/Mdm,

I am a delivery driver. I wrongly made a turn and wanted to u-turn. While reversing, I accidentally knocked your car. I was unable to locate you as it was the middle of the night that's why leaving this note. Please call me at 9736 7264 and I will come and meet you. Very Sorry for causing this and Very

the inconvenience caused.

Apologies Sir/Mdm