VEHICLE NO: SKS 3369 G	MAKE & MODEL: 12 THE PEUSLOT 3008 (AUTOMANUAL
DATE OF ACCIDENT 01 06 2-042	0.0 1/2
TIME OF ACCIDENT	5.21 AM /EM
LOCATION OF ACCIDENT	APE towards cory after Boong Vista Suit 140
EXACT PURPOSE USED AT TIME OF ACCIDE	
NAME OF OWNER	Warven Wong
EMAIL	warren.wong1 @JOFFICE: MOBILE: 9636 8048
NRIC	S6880859F
CLAIM TYPE	OD / THIRD PARTY PREPORTING ONLY
FLEET POLICY	YES /NO
INSURANCE CO.	NTuc
TYPES OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5112099845-07
NAME OF DRIVER	AS ABOVE / IFNO LEE SYU-YI
NRIC	इनेड० इन्हा <u>०५०</u> २ २
DATE OF BIRTH	35/03/1975
ANY PASSENGER	YES/NO
NAME OF PASSENGER	Yor.
GENDER OF PASSENGER	FEMALE
OCCUPATION	Outdoor Lindaar.
DATE OF DRIVING PASS	3H, (0), 200B
GENDER	Male / Female
CONTACT NO	Mobile: 91256080 omco: Home:
EMAIL	sycheryllee @ gmail.com
ADDRESS	33 MOUNT SINON RISE #09-10 8(276954)
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes , Reg No: INSURER:
RELATIONSHIP	Employee / alka Spouls
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Diy / Wet / Other:
ANY INJURIES	NB/ If yes , Who?
CONVEYED BY AMBULANCE	NAV If yes, Who?
POLICE REPORT	No If yes , Where?
VEHICLE B NO.	TN 5744 J Any Passonger: Oct NTL.
NAME	
CONTACT NO.	
VEHICLE C NO.	SLR 5959 P Any Passunger: N.1.
VEHICLE D NO.	SMV HT99 H Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	(YES) NO
WAS THERE ANY AUDIO RECORDED?	VES NO
SCENE ACCIDENT PHOTOS TAKEN?	YES INO
	IMPERIUM AUTOMOTIVE
	SHAWN7530@HOTMAIL.COM
	97489940

Describe Circumstances of the Accident
See adultion and 5 to 1 to 5 another.
En oil state lamme seek so lo No
alow with towards city often Buona Unita South 1446
Linderly Car C. SLR 6969 P thom my Right Lane
cut into my lang. Immediately deply my brat
and my ar was in Complete Stop. However
the Can B (TN 57442) which was behind my
can could not stop in the and bang
note the Rear of my Schoole. The
Combined no un continue toucher made
and hit this Car C while cuty who
My lane.
•

Declaration

IWe declare the foregoing particulars are true in every respect.

Folloyholder's Signature / Date &

Driver's Signature II driver's not the policyholder) / Date

Witnessed by Reporting Centre Personnel

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 Authorized Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misropresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Formby 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 aforested.
- 8. Consent under the Personal Data Protection Act (PDPA)

funderstand, acknowledge, agree and consent that ;

- (s) 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 law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/sutherity (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, 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' isw yers/isw 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 sked outside of Singapore, for one or more of the above Purposes.

Entryheider Signature / Date & Driver's Signature (If deliver is not the policyholder) / Date Time 02 July 2022 & Time 2 July 2021 Personnel

Sketch Plan