VEHICLE NO: SLH5601Z MAKE & MODEL : TOYOTA ALTIS (AUTO) MANUAL

DATE OF ACCIDENT	29 06 22. C.C.
TIME OF ACCIDENT	1.40 AM / (PM)
LOCATION OF ACCIDENT	ASCENSION KINDERGARTEN CARPARK
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE
NAME OF OWNER	YANG SHAN MEI
EMAIL	ronleong75@yahoo.com.sg. Office. MOBILE 90703165.
NRIC	S8110578B
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY
FLEET POLICY	YES (NO)?
INSURANCE CO	NTUC INSURANCE.
TYPE OF COVERAGE	(Comprehensive) Third Party / Third Party Fire & Theft
POLICY NO	5099404613-03.
NAME OF DRIVER	AS ABOVE / (IF NO) LEONG KHAI CHUEN
NRIC	S7526824F.
DATE OF BIRTH	10/09/1975.
ANY PASSENGER	YES (NO)
NAME OF PASSENGER	NO
GENDER OF PASSENGER	MALE / FEMALE NO
OCCUPATION	Outdoor / (Indoor)
DATE OF DRIVING PASS	13/12/1999.
GENDER	(Male) / Female
CONTACT NO	Mobile. 9691 5[illegible] Office. Home.
EMAIL	ronleong75@yahoo.com.sg.
ADDRESS	BLK 73 GANGSA BAHRU #13-3052 S730073.
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No. INSURER.
RELATIONSHIP	Employee / If No. HUSBAND
WEATHER CONDITION	(Clear) / Raining / Other.
ROAD SURFACE	(Dry) / Wet / Other.
ANY INJURIES	(No) / If yes, Who?
CONTACT NO	
POLICE REPORT	(No) / If yes, Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES, WHO?
VEHICLE B NO	SJN[illegible]H Any Passenger: NO
NAME	
CONTACT NO	9835[illegible]17.
VEHICLE C NO	Any Passenger.
VEHICLE D NO	Any Passenger.
VEHICLE E NO	Any Passenger.
VEHICLE F NO	Any Passenger.
ANY WITNESS	NO
WITNESS CONTACT NO	NO
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO
WAS THERE ANY AUDIO RECORDED?	(YES) / NO
SCENE ACCIDENT PHOTOS TAKEN?	(YES) / NO

**WORKSHOP:

Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	NO YES (NO)

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 Authorised 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 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 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, disclose and/or process my Personal Information for one or more of the above Purposes; and

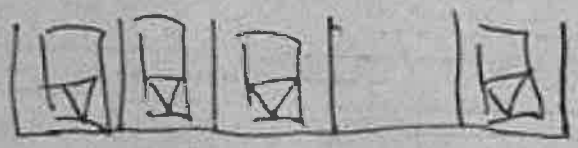
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

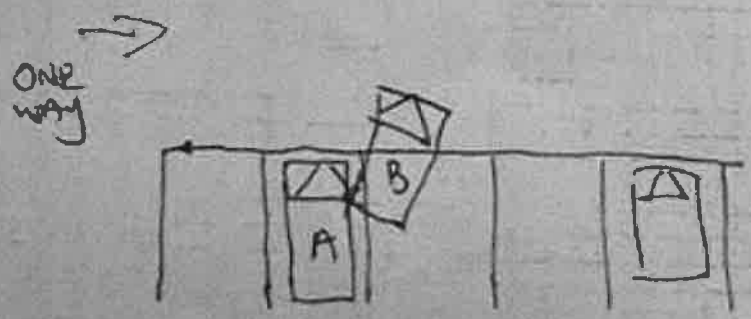
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





(A) SLH56012

(B) SBH7848H
REVERSE PACKING.

Circumstances of the Accident

MY VEHICLE SLH5601Z WAS STATION AT ASCENSION KINDERGATEN CARPARK LOT. VEHICLE (B) SJH7844H REVERSE IN AND OFF OUT OF THE LOT FOR MANY TIME. THE LAST 2 TIME SHE REVERSE AND HIT ON MY CAR FRONT RIGHT SIDE PORTION. MY CCTV SHOW THE ACCIDENT HAPPENED.

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