

VEHICLE NO: SNG7686Y	MAKE & MODEL: GLE400 Benz	(AUTO)MANUAL
DATE OF ACCIDENT	4/12/22	C.C. 3000
TIME OF ACCIDENT	12.00 AM (PM)	
LOCATION OF ACCIDENT	ECP Exit To MRS	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE) PRIVATE HIRE	
NAME OF OWNER	CAR CULTURE Pte Ltd	
EMAIL Jaslyn9870@gmail.com	OFFICE:	MOBILE: 98823331
NRIC	202041338 G	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY	(YES) / NO ?	
INSURANCE CO.	NTUC	
TYPES OF COVERAGE	Comprehensive (Thrd Party) Third Party Fire & Theft	
POLICY NO.	5121848221-01	
NAME OF DRIVER	AS ABOVE / (IF NO) LEONG Pui CHING	
NRIC	G8063337N	
DATE OF BIRTH	26/07/1988	
ANY PASSENGER	(YES/NO: 2 adult Lady 3 children	
NAME OF PASSENGER	Leong wai kuan	
GENDER OF PASSENGER	(MALE) (FEMALE)	
OCCUPATION	Outdoor (Indoor)	
DATE OF DRIVING PASS	11/01/2011	
GENDER	Male / (Female)	
CONTACT NO	Mobile: 98823331 Office:	Home:
EMAIL	Jaslyn9870@gmail.com	
ADDRESS	Blk 221c Bedok Central #12-90 Singapore 463221	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:	INSURER:
RELATIONSHIP	(Employee) / If No:	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	(No) / If yes, Who?	
CONVEYED BY AMBULANCE	(No) / If yes, Who?	
POLICE REPORT	(No) / If yes, Where?	
VEHICLE B NO.	PC2931U Any Passenger: NO	
NAME	BALAKRISHNAN S/O BAHICANNU	
CONTACT NO.	90255710	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	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?	YES (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	YES (NO)	
	IMPERIUM AUTOMOTIVE	
	SHAWN7530@HOTMAIL.COM	
	97489940	

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 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.



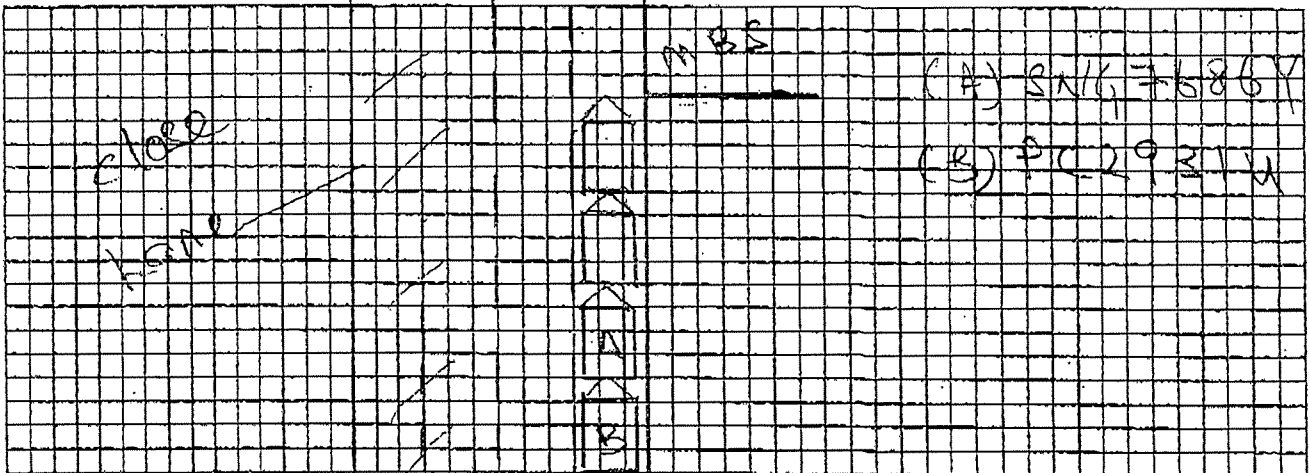
5/12/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 4.12.22 around 12.00 pm

I was driving along ECP Exit to MBS.

I was queuing To turn Right to MBS

And was stationary and feel impact hit
on my Rear Portion.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

5/12/2022

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel