SINGAPORE ACCIDENT STATEMENT

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 witholding 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.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This 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.

ACCIDENT STATEMENT

Date of Submission 28/09/2021 17:44 (SGT) Date of Accident 27/09/2021 14:40 (SGT) Exact Location of Accident 105 Buangkok Cres, Singapore Additional Location Information **BLK 105 MULTI-STOREY CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR8345D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **FOO MEI LIAN** NRIC No. SXXXX346Z Email Address DENNIS WINTER21@HOTMAIL.COM Mobile Phone No (Phone) +65-92315486 Alternative Phone No (Home) +65-62827517

VEHICLE PARTICULARS

Manufacturer Audi Model A6 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5118056175-01 Cover Note Number

DRIVER

Name of Driver FOO KOK KWANG NRIC No. SXXXX837J

Date Of Birth 20/03/1961 Occupation Indoor Date Of Driving Pass 12/04/1983 Driving experience 38 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-83425050 Alt. Phone Number Email Address DENNIS_WINTER21@HOTMAIL.COM Address **BLK 997B BUANGKOK CRESCENT** Address complement #12-863 Postcode 532997 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI A9271C Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver				_
Contact Number			 	_
Address			 	_
Address complement	 			_
Postcode				_
Insurance Company Name	 			_
Nature Of Damage				_
Details of property damaged in accident				_
No. Of Passenger (Including Driver)				_

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
 - 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' law yers/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' law yers/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 law yers/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 25/0(21 - 1203 pr

WOUND !

Witnessed by Reporting Centre Personnel Tom From

Sketch Plan

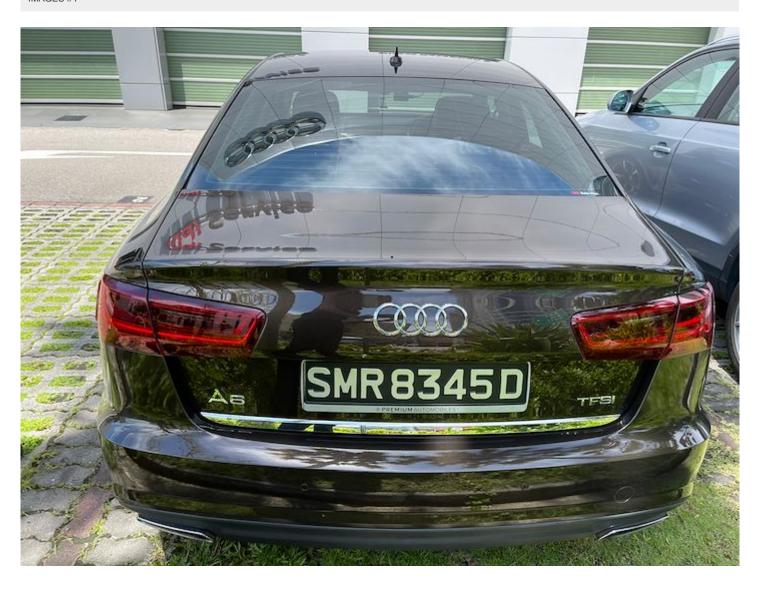


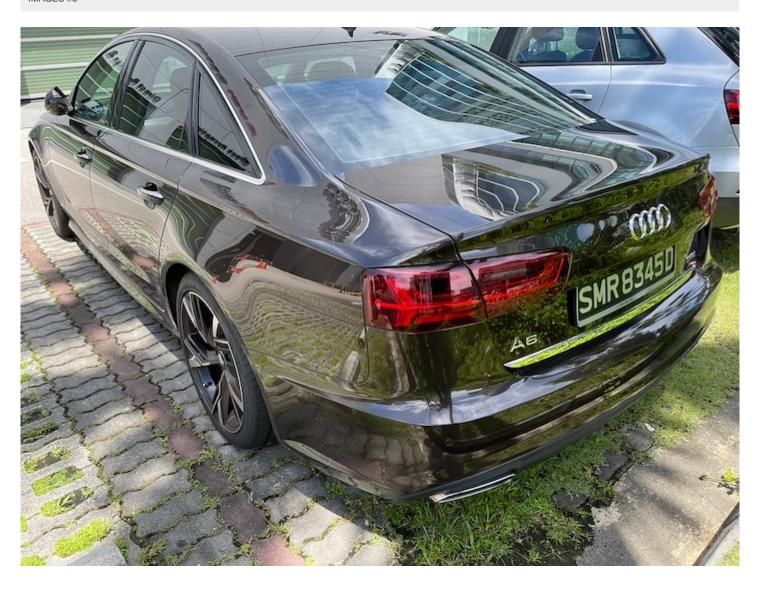
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Declaration						
I/We declare the forego	ing particulars are true in	every respect.			VIE LIO	
		1	ماماماء.	1203 pm	(£)*)	
Policyholder's Signature Time	e / Date & Driver's Sig & Time	gnature (# driver		CONTROL OF THE PARTY OF THE PAR	Witnessed by Reporting Cent Personnel Tory Foory	re

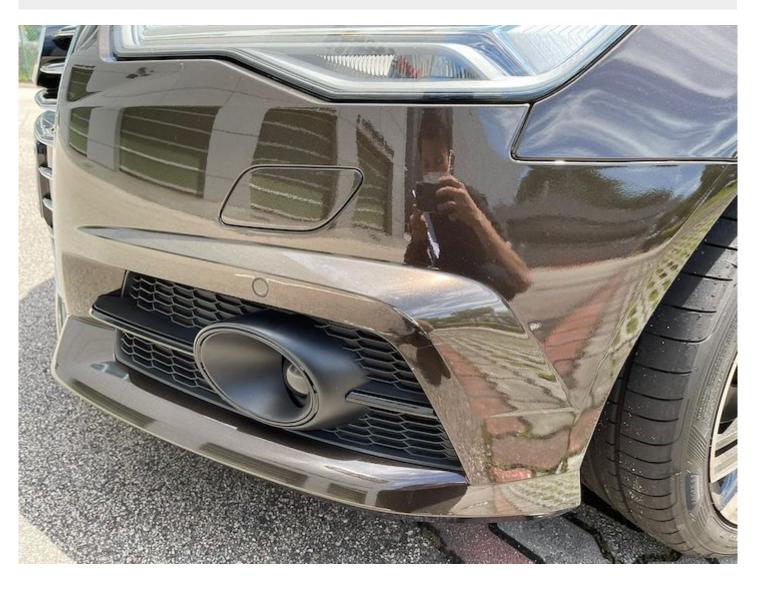
















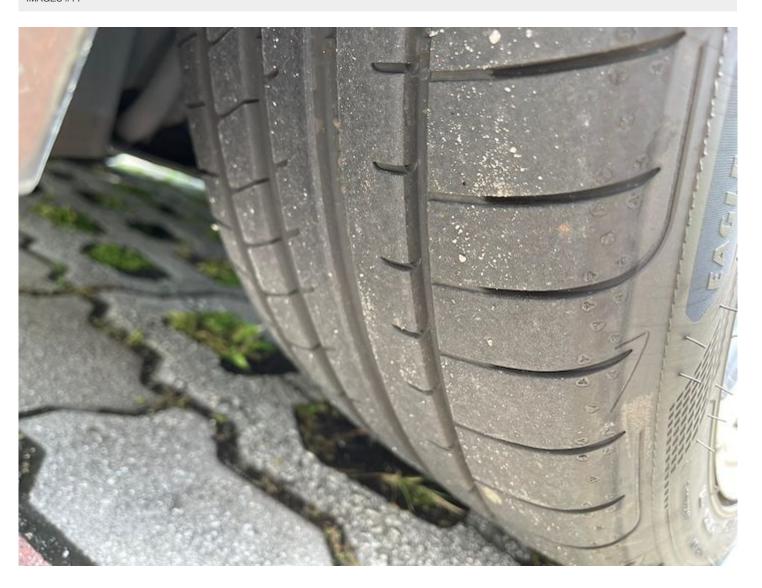


















Police Station Of Origin; Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

1 of 3 Report No. T/20210927/2112

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

	me Report I 021 21:50	Made:	Vide Report No.:	Station Diary No.: 116
Informa	nt's Partic	ulars		
	f Informant: OK KWANG		Address: APT BLK 997B BUANGKOK SINGAPORE 532997	CRESCENT #12-863
	/ ID No.: O / S14608:	37J	Contact No.: Home/Office:	Mobile: 83425050
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 60	Date of Birth: 20/03/1961	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat SELF-EI	ion: MPLOYED		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/09/2021 14:40	Type of Location
Location: HOUGANG A Weather:	VENUE 1	Dood Curform		
vveaulei.		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:

Details of V	ehicle Invo	Ived	7.			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLA9271C	Car					0
SMR8345D	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

2 of 3 Report No. T/20210927/2112

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver					F-1110	
Name	FOO KOK KWANG	3		ID No).	S1460837J
Related Vehicle	SMR8345D (Car)			Conta	act No.	83425050
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 27/09/2021 at about 1255hrs, I left my house and drove my vehicle (bearing registration plate number: SMR8345D) and parked my vehicle at the multistorey carpark of Blk 105 Hougang Avenue 1, level 3, HG45 at about 1310hrs.

On the same day at about 1440hrs, I left the carpark and drove my vehicle back home at about 1450hrs.

Subsequently at 1540hrs, I left my house and drove to Punggol 21 and arrived at about 1600hrs. After which, I left about 1645hrs and made my way to Compass One. About 15 - 20 minutes later, I came back to retrieve my vehicle and my wife noticed that there are scratches on the front left side of my vehicle.

My son assisted to retrieve the vehicle dash cam footage which revealed that on 27/09/2021 at 1443hrs while my vehicle was parked at the aforesaid multistorey carpark, there was one vehicle (bearing registration plate number: SLA9271C) tried to reverse into an empty lot on the left side of my vehicle, while reversing, the aforesaid vehicle's rear right came into contact with the front left side of my vehicle. The vehicle did not manage to park into the lot and drove off without leaving any note or contact number.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

-- Report No. T/20210927/2112

Tel No: 1800-343 8999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature of Officer Recording The Report Sgt 3 LEE LI TING, JOLYNE

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/HRT/

SSI KASMAWATI BTE SAMIAN Contact No.: 65476368

Authentication Stamp NP168

Signature Of Informant:

Date/Time: 27/09/2021 21:50

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SP0R21S0004 _Vehicle Registration No: SMR 8345 D Name(as shownin NRIC): FOO MEI LIAN NRIC/FIN/Passport No : SXXXX837J (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate BLK 997B BUANGKOK CRESCENT Address _Singapore(532997) 8342 5050 Contact (Tel) _Mobile No.:_ DENNIS_WINTER21@GMAIL.COM Email Address 27/9/2021 _Time of Accident : _1440 Date of Accident BLK 105 MULTI-STOREY CARPARK Place of Accident Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TO CHANGE VEHICLE PHOTO Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: Tomy Foog NRIC/FINNO .: SXXXX 94 15

Date: 1/10/71