SP0U21C30005 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 03/12/2021 13:48 (SGT) SUBMITTED BY: Lily Lim Buay Hiang VERSION: 1 (03/12/2021 13:48 (SGT))

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.

 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 03/12/2021 13:48 (SGT) Date of Accident 15/11/2021 20:45 (SGT) Exact Location of Accident Marine Parade Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EH1218G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG WAI HONG @ STEVEN WONG WAI HONG NRIC No. S0542040G Email Address FONGWINGMEI@GMAIL.COM Mobile Phone No (Phone) +65-90306993 Alternative Phone No +65-90306993

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester 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 - Reporting only Vehicle Category Private car Transmission Auto 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2100397297 Cover Note Number

DRIVER

Name of Driver WONG WAI HONG @ STEVEN WONG WAI HONG NRIC No. S0542040G

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	02/09/1941 Indoor 04/03/1964 57 YEARS AND 8 MONTHS Male (Phone) +65-90306993 +65-90306993 FONGWINGMEI@GMAIL.COM 70A CEYLON ROAD - 429653 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	No Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2
PASSENGER 1	
Name Gender	MRS WONG Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bedok Division Headquarters (Phone) +65-18002440000 (Fax) +65-64443009 30 Bedok North Road Singapore 469676 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE	E PTE LTD 67415336
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer	=
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

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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,
- 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' 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.

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Policyholder's S			
Time	7	lis	14
Sketch Plan	0	11-	

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

Witnessed by Reporting Centre Personnel

scribe Circumstances of t	ie Accident	
Do to - To	Paris CANA	
Nego 10	Police Most	
claration		
declare the foregoing particular	and the side of the second	
u wish to claim against your own it be made within the stipulated t	policy, please be advised that your insurer may have a fourt meframe from the day of occurrence. Kindly check with your	een (14) days clause whereby the clai insurer for more details.
0	요한 가는 것이 보면 보는 가능하는 것을 하면 보면 되는 것을 보는 것이 되었다. 그는 것이 없는 것을 보면 하는 것이다. 	CONTRACTOR OF THE PROPERTY OF
boulonston		
cyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
3/17/71.	*	



















1 of 1

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20211124/7043

Date/Time Report Made	Vide Re	port No.		Station Diary No.
24/11/2021 15:52 Name Of Informant	Address			
WONG WAI HONG	70A CEYLON ROAD SINGAPORE 429653			
ID Type / ID No. NRIC NO / S0542040G	Contact No. Home/Office: Mobile: 92387198			
Nationality SINGAPORE CITIZEN	Email Address wongchungyee@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Retiree	Male	80	02/09/1941	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 15/11/2021 00:00 - 15/11/2021 00:00	Location Of Incident 70A CEYLON ROAD SINGAPORE 429653			
D. J. C. J. C. H.				

Brief details.

With reference to notice ref: TP/IP/55129/2021, i am not aware of any involvement in any accident on 15 Nov 2021 @8:45pm.

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 24/11/2021 15:52	
Officer In-Charge Of Case:	Classification Of Case:	