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 03/01/2022 14:49 (SGT) Date of Accident 31/12/2021 16:20 (SGT) Exact Location of Accident 3 Gateway Dr, Singapore Additional Location Information 3 GATEWAY DRIVE WESTGATE B3 CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

No - Claiming third party

Vehicle Registration Number SMW732X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

WONG LOONG WAI NRIC No. SXXXX586G

Email Address francis.wonglw@gmail.com Mobile Phone No (Phone) +65-96900055

Alternative Phone No +65-96900055

VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive

Fleet Policy

Policy Number 511848277-01

Cover Note Number

DRIVER

Name of Driver WONG LOONG WAI NRIC No. SXXXX586G

Accident report SS1722130004

Date Of Birth 03/06/1952 Occupation Indoor Date Of Driving Pass 23/07/1970 Driving experience 51 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96900055 Alt. Phone Number +65-96900055 Email Address francis.wonglw@gmail.com Address 52 TOH TUCK ROAD Address complement #05-06 Postcode 596743 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Collision - Major/Minor Rd 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? 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 Choa Chu Kang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007659999 Alt. Police Station Phone No (Fax) +65-67644104 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJJ1791Y Vehicle Manufacturer Honda

Airwave

Private car

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	STANDY GOH
Contact Number	(Phone) +65-92223545
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

- 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 Authorised Driver.
- 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.
- 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.



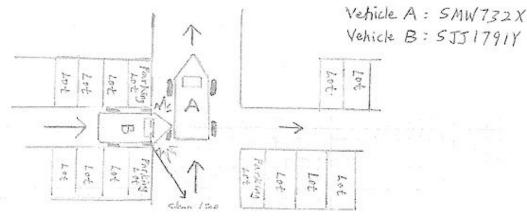
Policyholder's Signature / Date &



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



Sketch Plan



Describ	e Circumstano	es of the A	ccident					
	Atlached	Police	Report			(2003)		
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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre













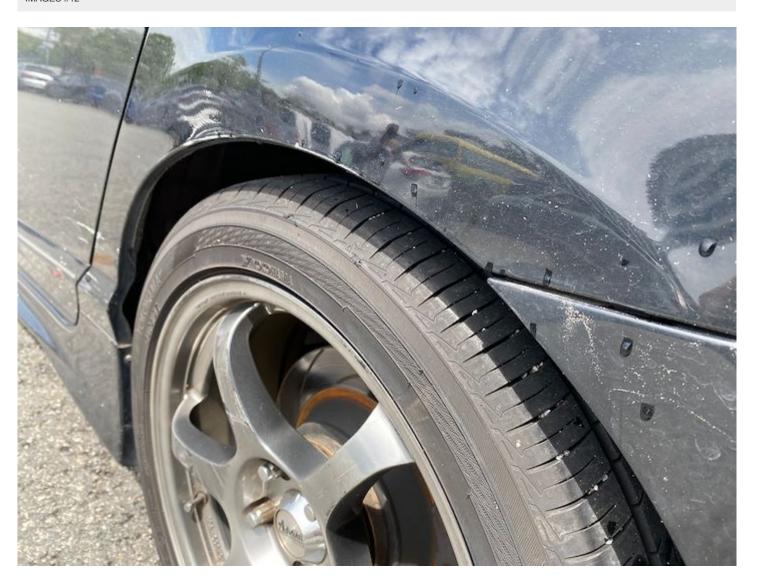


















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Report No. J/20220101/2047

POLICE REPORT (NP299)

Police Station Of Origin Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

Date/Time Report Made 01/01/2022 16:46	Vide Re	port No.		Station Diary No. 59
Name Of Informant	Address			
WONG LOONG WAI	52 TOH TUCK ROAD #05-06 SINGAPORE 596743			
ID Type / ID No. NRIC NO / S0027586G	Contact No. Home/Office		Mobile 96900055	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Retiree	Male	69	03/06/1952	Chinese
Institution/School Name	Language			
Date/Time Of Incident 31/12/2021 16:20	Location Of Incident 3 GATEWAY DRIVE WESTGATE SINGAPORE 608532 B3 carpark			

Brief details.

On the 31/12/2021 at about 1620hrs, I was driving my car (SMW732X) into Westgate. I was looking for a parking lot in B3 carpark and while I was driving along a straight road with the right of way, a Honda Airwave (SJJ1791Y) collide to the left-rear passenger seat of my car. I did not notice the car until the accident occur. Both drivers of the involved car came down and the driver of SJJ1791Y (Standy Goh, Hp: 92223545) told me that he is willing to compensate my damage and settle the accident privately. I agreed to it and we exchanged contact number. However, Standy can no longer be contacted and no reply to any of my WhatsApp. Therefore, I am lodging this report for my insurance to follow up. I wish to inform

Signature Of Officer Recording The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2022 16:46
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 3 MUHAMMAD DANIAL ISKANDAR BIN MOHAMED SALIM	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220101/2047

that at the point of the incident, no one was injured and no other property was damage. No one contacted any 3rd parties and we both left the scene after exchanging particular. My car suffered some dent and scratches on the impact point.

Signature Of Officer Recording The Report: J Sgri2 YAB CHONG WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2022 16:46
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 3 MUHAMMAD DANIAL ISKANDAR BIN MOHAMED SALIM	Classification Of Case:
Andrew Heater Are Or	