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 15/02/2022 15:54 (SGT) Date of Accident 14/02/2022 14:07 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG PUNGGOL WAY TWDS PUNGGOL FIELD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

2488

Vehicle Registration Number GBJ36041

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WOWIN MARKETING Company Reg No 5XXXX399J Email Address a6679b@gmail.com Mobile Phone No (Phone) +65-97887264 Alternative Phone No +65-97887264

VEHICLE PARTICULARS

Manufacturer

Model Nv350 Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900079647-02 Cover Note Number

DRIVER

CC

Name of Driver LIAW WHA WENG NRIC No. SXXXX555I

Date Of Birth 17/02/1972 Occupation Outdoor Date Of Driving Pass 26/04/2000 Driving experience 21 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97887264 Alt. Phone Number Email Address a6679b@gmail.com Address **BLK 299 PUNGGOL CENTRAL** Address complement #14-447 Postcode 820299 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Chain Collision Weather Conditions AFTER RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBC3381R Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour
Vehicle Category

Name of Driver NRIC No	LOH HENG HUA SXXXX679I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	GBH7803M
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SUN ZHONG LI
Passport No/FIN	GXXXX546N
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIAW WHA WENG
Gender	Male
	iviale
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBJ3604L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1 14 1

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- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
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- 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)

Lunderstand, 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")

Policyholder's Signature / Da

- (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 5,15), bich may be sited outside of Singapore, for one or more of the above Purposes.

river's Signature (if driver is not the policyholder) / Date

Describe Circumstance of the Accident

sat 1	
	On the mentioned date and time, 2 was travelling along pungge I was
	n the extreme right lane, one to the red traffic light ahead,
f.	and rehicle stopped and stationary, I followed suit. Suddenly 1
fela	a great impact from the rear of my we hicle A, when I alighted !
real.	set it was the last vehicle failed to stop on sine couring the collision
21	was a chain collision involving I vehicles. After the collision I
fell	unwell and might consult ductor later-
	1 2002
Plea	ne help to add police report 7/20220214/7053
Declara I/We dec	ation lare the foregoing particulars are true in every respect.
ſ	CHIN MA
J.	Descrite Siferature (if righer is not the policyholder) / Date Witnessed / Reporting Centre Personnel
Policyhold	er's Signature / Dee & Time* Driver's Signature (if driver is not the policyholder) / Date Witnessed (if Reporting Centre Personnel & Time



Report No. T/20220214/7053

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ3604L	Van	NISSAN	NV350	Grey	Slightly Damaged	0

Details of V	ehicle Insurance		100000000000000000000000000000000000000	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBJ3604L	AIG ASIA PACIFIC INSURANCE PTE.	1900079647-02	22/03/2021	21/03/2022

Details of Perso	n Involved						
Any Pedestrian Ir	rvolved: No						_
No. of Pedestrian	s Injured: NIL	ace acres	Use of Pe	edestria	n Cross	sing: NA	
Driver				A	-		
Name	LIAW WHA WENG			ID No).	S72765551	
Related Vehicle	GBJ3604L (Van)			Cont	act No.	97887264	
Hospital/Clinic	MY FAMILY CLINIC (PUNGGOL CENTRAL)		DL	Class of Driving Licence & Expiry		Class: 2B,3 Date of Expiry: NIL	
Date	14/02/2022		Date		NIL		
	ted Medical Leave	03	Degree o	of	Sligh	it	

Brief Details.

On 14/2/22 at about 1407hrs while traveling along Punggol Way at the junction turning into Punggol Field. on the extreme right lane, I was stopped stationary waiting to make the turn. The vehicle behind me GBC3381R suddenly knocked into my vehicle (GBJ3604L) from behind. I suffered injuries to my back and neck area and I was given 3 days MC by my doctor. No Police or ambulance assistance was required. When I alighted to check, there was another car (GBH7803M) behind GBC 3381R that hit GBC3381R which caused GBC3381R to hit my vehicle.



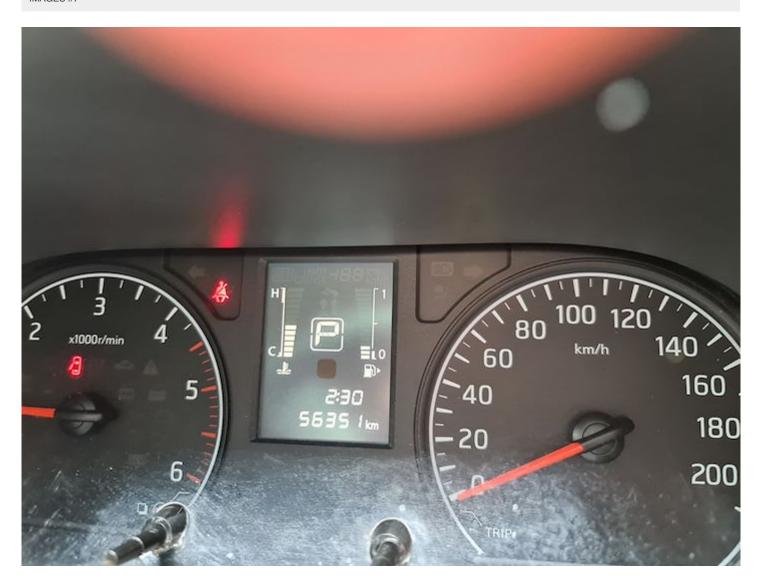


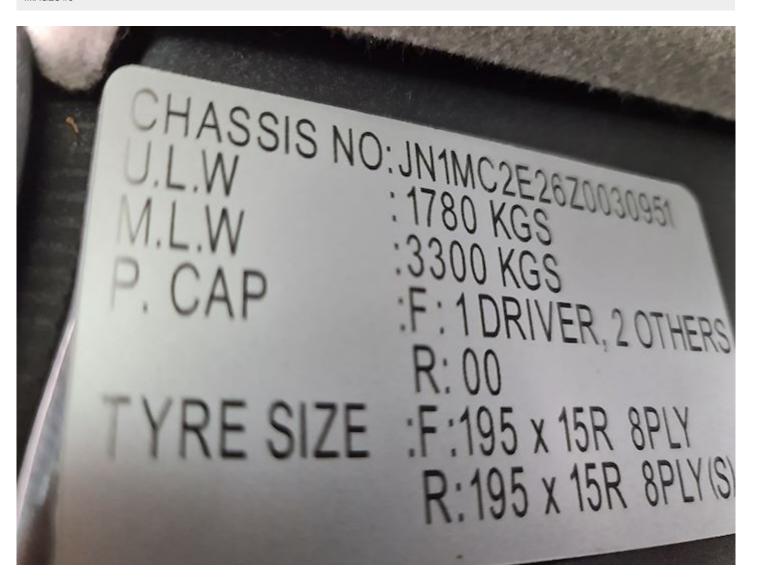














Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

 T/20220214/7053

1 of 3 Report No. T/20220214/7053

				Contracting the second second
DEPORT	OF	Δ	TRAFFIC	ACCIDENT

KEPOKIO	C A TRANSITION			Distance Disease No.
	e Report M 22 21:38	lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ılars		
	Informant: HA WENG		Address: 299 PUNGGOL CENTRAL #1 SINGAPORE 820299	4-447 PUNGGOL GROVE
ID Type NRIC NO	/ ID No.:) / S727659	55I	Contact No.: Home/Office:	Mobile: 97887264
National MALAYS	ity:		Email: wowin96@yahoo.com	
Sex: Male	Age: 49	Date of Birth: 17/02/1972	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat		g manager	Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2022 14:07	Type of Location X-Junction
Location: PUNGGOL W	VALK	Dood Surface:		Road Speed Limit:
Weather: Clear		Road Surface: Wet		60 Km/h
Traffic Flow:		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate
the state of the s	sion:		AT 111.5	Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC3381R		HYUNDAI	H100	Black	Slightly Damaged	0
GBH7803M	Van	тоуота	Hiace	Black	Slightly Damaged	0



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20220214/7053

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ3604L	Van	NISSAN	NV350	Grey	Slightly Damaged	0

Details of V	ehicle Insurance		100000000000000000000000000000000000000	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBJ3604L	AIG ASIA PACIFIC INSURANCE PTE.	1900079647-02	22/03/2021	21/03/2022

Details of Perso	n Involved						
Any Pedestrian Ir	rvolved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Driver					-		
Name	LIAW WHA WENG			ID No.		S72765551	
Related Vehicle	GBJ3604L (Van)			Contact No.		97887264	
Hospital/Clinic	MY FAMILY CLINIC (PUNGGOL CENTRAL)			Class of Driving Licence & Expiry		Class: 2B,3 Date of Expiry: NIL	
Date	14/02/2022		Date		NIL		
No. of Days gran	03	Degree o	f	Sligh	t		

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