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	13/08/2021 15:27 (SGT)
Date of Accident	12/08/2021 20:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CANBERRA LINK AND SEMBAWANG ROAD, CROSS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV5557B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOO CHOON GEK JULIE
NRIC No	S7146507A
Email Address	Juliechoo71@hotmail.com
Mobile Phone No	(Phone) +65-97426744
Alternative Phone No	+65-97426744

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	No
Policy Number	5122034703
Cover Note Number	-

DRIVER

Name of Driver	WONG HONG RUI, JEREMY
NRIC No	T0044460F

Date Of Birth	02/12/2000
Occupation	Indoor
Date Of Driving Pass	06/07/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92206501
Alt. Phone Number	-
Email Address	JEREMYWONG1211@GMAIL.COM
Address	BLK 723 WOODLANDS AVENUE 6 #08-520
Address complement	-
Postcode	730723
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - U-Turn
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MELVIN WONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND ADDENDUM FORM FOR AMENDED STATEMENT FOR CIRCUMSTANCE OF THE ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK179L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	CALSON ONG
Contact Number	(Phone) +65-91836919
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

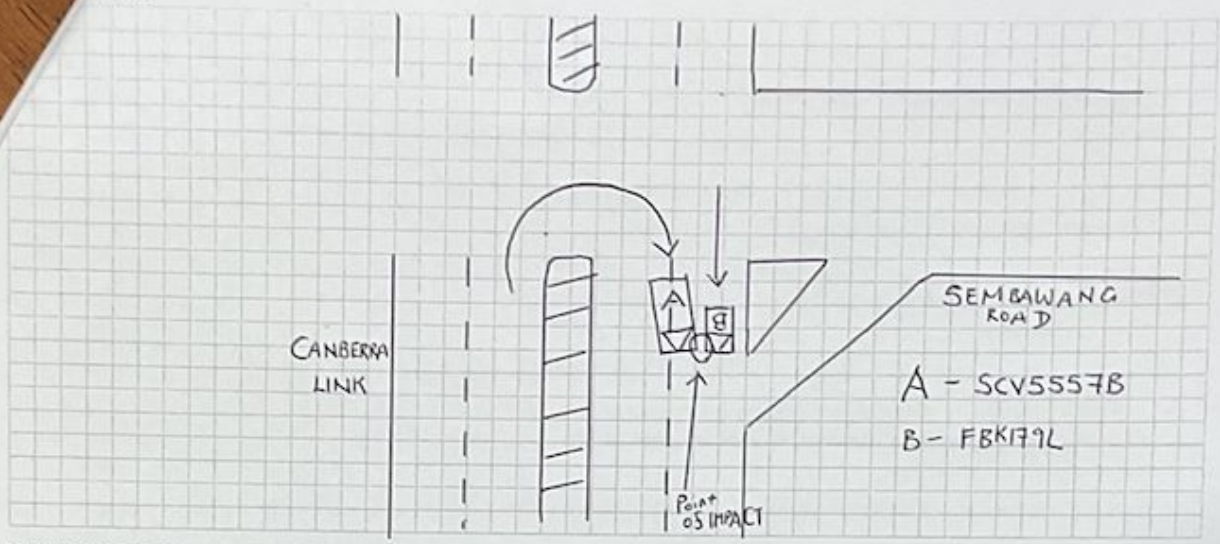
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 13/08/2021 1500HRS

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/08/2021 1500HRS

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S9911388

PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/08/2021 at around 2005HRS, I was doing U-turn along Canberra link. I see my opposite direction and notice there are no oncoming vehicle so I made the U-Turn. After completing the U-Turn and going straight, I saw vehicle B from left side hit onto my front left corner.

DECLARATION

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

Policyholder's Signature
Date & Time: 13/08/21

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

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S9911138

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

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 S66550020G / GST Reg. No : M60001773S

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN07218D000A Vehicle Registration No: SCV5557B

Name(as shown in NRIC) : WONG HONG RUI, JEREMY NRIC/FIN/Passport No : T0044460F

(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate

Address : BLK 723 WOODLANDS AVENUE 6 #08-520 Singapore(730723)

Contact (Tel) : — Mobile No. : 92206501

Email Address : JEREMYWONG1211@GMAIL.COM

Date of Accident : 12/08/2021 Time of Accident : 2005HRS

Place of Accident : CANBERRA LINK AND SEMBAWANG ROAD, CROSS JUNCTION

Insurance Company : INCOME

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) TO AMEND FROM "REPORTING ONLY" TO "THIRD PARTY CLAIM"

2) TO AMEND CIRCUMSTANCES OF THE ACCIDENT : "AFTER COMPLETING THE U-TURN AND GOING STRAIGHT, I SAW THE TRAFFIC LIGHT CHANGE TO AMBER LIGHT FROM GREEN AND VEHICLE B WAS RIDING VERY FAST THROUGH THE AMBER LIGHT WHILE THE FLOOR WAS WET AFTER RAINING AND HE EBRAKE AFTERWARDS HITTING MY FRONT LEFT CORNER OF MY VEHICLE"

Jeremy

~~Policyholder~~ / Driver's Signature
Date: 14/08/2021

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S9911135
Date: 14/08/2021