SE0022540009 / ETHOZ PROTECT PTE, LTD. [658075] ENTRY DATE & TIME: 04/05/2022 21:48 (SGT) SUBMITTED BY: Jackson Teo VERSION: 1 (04/05/2022 21:48 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

- 4. The Issue and acceptance of this Politice for investigation.

 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/05/2022 21:48 (SGT) 03/05/2022 14:40 (SGT) 128 Lor 1 Toa Payoh, Block 128, Singapore 310128 LORONG 1 TOA PAYOH BLK 128 CAR PARK Singapore

DETAILS OF OWN VEHICLE

No

Vehicle Registration Number

SJE2683X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address

Mobile Phone No

Alternative Phone No

WAN CHOONG NGEE

SXXXX233B

wnjimmy@gmail.com (Phone) +65-94527730

+65-94527730

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Toyota

Vios

No - Claiming third party

Private car

Auto 1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

FWD Singapore Pte. Ltd. Comprehensive No

PNPV2019-00004536-03

DRIVER

Name of Driver

NRIC No.

WAN CHOONG NGEE SXXXX233B



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number **Email 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

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?

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?

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO ATTACH POLICE REPORT & SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category

QX1479T

Yes

Nο

Government

Accident report SE0022540009

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+65-94527730

wnjimmy@gmail.com

(Phone) +65-94527730

14 YEARS AND 1 MONTH

BLK 340 BUKIT BATOK EST AVE 5 #04-249

S(650240)

29/03/1970

Indoor 25/04/2008

Male

Yes

No

Collided into Parked Vehicle

Clear Dry

No

No

Yes

0

No

Yes

Hong Kah North Neighbourhood Police Post

(Phone) +65-18005679999 (Fax) +65-65652508

Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370

No

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)

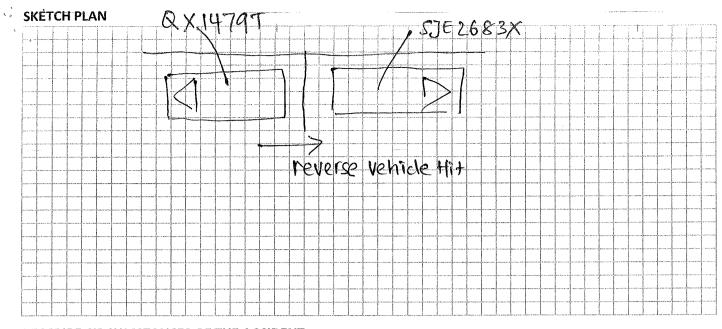
I understand, acknowledge, agree and consent that:

- 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")
- 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
- 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.
- 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.
- 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: 4 | 5 | 7022 Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT			
Moving car agains parked Vehicle.			
		····	
			Carpendaria Carpendaria
	,		
		A.A. I	
	1_		Reporting Only
ou had been advised by workshop that in the event that you wish to claim	4		Claim OD
against your own policy (OD claim), there is a <u>Fourteen (14) days clause</u> whereby the claim must be made within the stipulated timeframe from	$\mathbf{+}$		Claim TP
the day of occurance.			Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature Date & Time: の代気がひして

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





l of 3 Report No. T/20220503/2051

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 03/05/202	•	lade:	Vide Report No.: E/20220503/0083		Station Diary No.: 58		
Informant	's Particu	ılars					
Name of Informant:			Address:				
WAN CHOONG NGEE			APT BLK 240 BUKIT BATOK EAST AVENUE 5 #04-249				
			SINGAPORE 650240				
ID Type / ID No.:			Contact No.:				
NRIC NO / S7012233B			Home/Office: Mobile: 94527730				
Nationality:			Email:				
SINGAPO	RE CITIZ	EN					
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	52	29/03/1970	Vehicle Owner				
Race:			Language:	Institution	/ School Name:		
Chinese							
Occupation:			Driving Licence Information:				
Production engineer			Class: 3 Date of Expiry:				

General Informat	ion of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 03/05/2022 14:40		Type of Location: Car Park
Location:					
LORONG 1 TOA	PAYOH				
Weather:	Roa	ad Surface:		Road	d Speed Limit:
Clear	Dry	1			
Traffic Flow: Traffic		ffic Control:		Traffic Volume:	
	Not	t Controlled			
Type of Collision: Moving Vehicle A	gainst - Parked Vehicle				one conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Calor	Condition	No of Passenger
QX1479T	Car			A CONTRACTOR OF THE CONTRACTOR		0
SJE2683X	Car				Slightly Damaged	0

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





T/20220503/2051

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Report No. T/20220503/2051

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

CONTINUATION OF REPORT

Vehicle Owner						and the Control of th
Name	WAN CHOONG NGEE			ID No	a	S7012233B
Related Vehicle	SJE2683X (Car)			Conta	ict No.	94527730
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days granted Medical Leave NIL		Degree of	Injury	NIL		

Brief Details.

On the 03/05/2022 at about 1430hrs, I parked my vehicle (SJE2683X) at the Open spaced carpark of Blk 128 Lorong 1 Toa Payoh and went to the market together with my wife. My vehicle was parked at the parallel lot. Subsequently, I returned to my vehicle at about 1730hrs and discovered a note placed on my windscreen. It was stated that my vehicle have been involved in a minor accident with the police vehicle and I was advised to lodged an accident report at the nearest Police station. Subsequently, I made a check on my vehicle and discovered that the rear bumper was dented and dislodged from its original position. I called IO Daniel Yan (HP: 65476252) to enquire more about this accident, he informed that the police car had bumped into the rear of my vehicle. I have in-car camera installed however, only function when the engine is switch on.





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201

SINGAPORE 650370 Tel No: 1800-5679999 3 of 3 Report No. T/20220503/2051

CONTINUATION OF REPORT

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.

Signature of Officer Recording The Report: J / Other Priscilla Wong Ting Hui	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2022 19:18
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168