

**GOH JP & WONG LLC**

advocates & solicitors  
commissioner for oaths & notary public

GOH TECK WEE

WONG TZE ROY

WONG HUNG KWAI

SOON WEI SONG

133 New Bridge Road #16-09 Chinatown Point Singapore 059413  
Tel: 6538 5868 Fax: 6538 4898 (Not for service of Court documents) Email: mail@gohjp Wong LLC  
Goh JP & Wong LLC is a law corporation with limited liability. GST/UEN: 201406078M

YOUR REF:

OUR REF:

GTW.ACC.7060.22.dn

**WHEN REPLYING, PLEASE QUOTE OUR REFERENCE NO**

DATE:

8 July 2022

**Wang Qiucheng**  
5 Kaki Bukit Road 1  
#05-06 Singapore 415936

Dear Sirs

**NOTIFICATION OF ACCIDENT**

**SUBJECT MATTER: TRAFFIC ACCIDENT INVOLVING FBT 7351L & GBH 4332A ON  
05.07.2022 ALONG 29 TUAS WEST AVENUE**

We act for Aliff Nur Hedayat Bin Mohd Shafe' in the above matter.

We are instructed to notify you of the above accident on 5th July 2022 at about 7.20 pm along 29 Tuas West Avenue involving our client's motorcycle FBT 7351L and motor vehicle GBH 4332A driven by you at the material time. A copy of the Singapore accident statement filed is enclosed.

As a result of the accident, our client's motorcycle FBT 7351L has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days (excluding Saturdays, Sundays and Public Holidays) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair inspection of the vehicle or whether you or your insurer waive the pre-repair inspection. If we do not receive any reply from you within the stipulated timeline our client shall proceed to repair the vehicle without further reference to you.

Kindly advise your surveyor to liaise with the workshop directly for repair estimates and post re-repair inspection, if required

Yours faithfully

**Goh JP & Wong LLC**

Enc.

**Cc Great American Insurance Company**  
Fax No. 6235 3354  
**Attention: Motor Claims Department**

SN072276000T / NTUC Income Insurance Co-operative Ltd  
 ENTRY DATE & TIME: 08/07/2022 16:35 (SGT)  
 SUBMITTED BY: Indra Aziz  
 VERSION: 1 (08/07/2022 16:54 (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 Authorized 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. 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 ..... 06/07/2022 16:35 (SGT)  
 Reported by ..... Both  
 Date of Accident ..... 05/07/2022 19:20 (SGT)  
 Exact Location of Accident ..... Singapore  
 Additional Location Information ..... 29 TUAS WEST AVENUE  
 Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBT7351L

#### INSURED/POLICYHOLDER

Is company? ..... No  
 Name Of Registered Owner ..... ALIFF NUR HEDAYAT BIN MOHD SHAFI  
 NRIC No .....  
 Email Address .....  
 Mobile Phone No .....  
 Alternative Phone No .....

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
 Model ..... NMAX155  
 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 ..... Motorcycle  
 Transmission ..... Auto  
 CC ..... 160

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
 Policy Number / Cover Note Number ..... 5127612867

#### DRIVER

Name of Driver ..... ALIFF NUR HEDAYAT BIN MOHD SHAFI  
 NRIC No .....  
 Date Of Birth .....  
 Occupation ..... Indoor

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	WANG QIUCHENG
Passport No/FIN .....	G2658198U
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

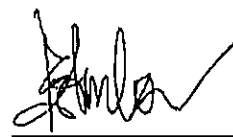
SKETCH PLAN #2

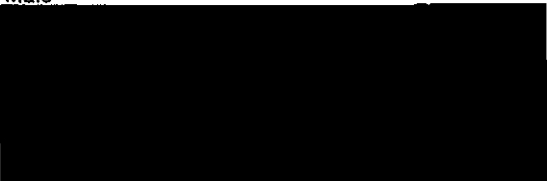
## Describe Circumstances of the Accident

REFER TO GEARS REPORT FOR STATEMENT

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time 06072022 16:15Driver's Signature (If driver is not the policyholder) / Date  
& TimeWitnessed by Reporting Centre  
Personnel INDRA RIZZA SYAH BIN AZIZ  
S904949

Date Of Driving Pass .....	03/08/2012
Driving experience .....	9 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	
Alt. Phone Number .....	
Email Address .....	
Address .....	
Address complement .....	
Postcode .....	
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

## 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) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

## 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

I LEFT MY VEHICLE PARKED AND THE OTHER VEHICLE (GBH4332A) SUBSEQUENTLY PARKED IN FRONT OF MY VEHICLE. AFTERWARDS, THE DRIVER SEARCHED FOR ME INFORMING ME THAT HE HAS REVERSED INTO MY VEHICLE WHEN THE DRIVER WANTED TO DRIVE AWAY.

I CALLED FOR IMMEDIATE POLICE ASSISTANCE AND THE OFFICER GAVE A CASE CARD FOR REFERENCE (J/20220705/0102 - NO OFFICIAL POLICE REPORT WAS REQUIRED AS ADVISED BY THE OFFICER).

## ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH4332A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

SKETCH PLAN

**SKETCH PLAN****IMPORTANT NOTICE**

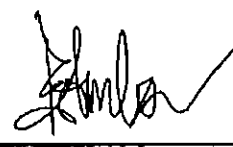
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 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' 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.



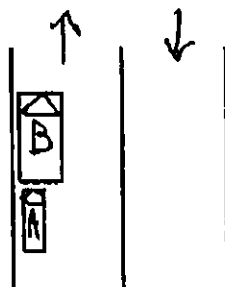
Policyholder's Signature / Date &  
Time 08072022 16:15

Sketch Plan

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



Witnessed by Reporting Centre  
Personnel INDRA RIZZA SYAH BIN AZIZ  
S894949



A: F8T7351L  
B: GBH4332A

28 TUAS WEST AVE