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SINGAPORE ACCIDENT STATEMENT

Vehicle Registration Number

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 Actual 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 faise 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 aforesald.

ACCIDENT STATEMENT

Date of Submission Reported by Date of Accident	24/10/2022 09:58 (SGT) Both
Exact Location of Accident	23/10/2022 10:30 (SGT)
Additional Leasting L.C.	Singapore
Additional Location Information	OSCP OF BLK 725 JURONG WEST AVENUE 5 LOT 338
Country/State of Loss	
	Singapore

DETAILS OF OWN VEHICLE

INSURED/POLICYHOLDER	
Is company?	
Name Of Registered Owner	SEE THO WITHO HONO
NRIC NO	SZOOSEFOE
Email Address	COODMANIA OVALIOO COM CO
Mobile Phone No	GOODNAN11@YAHOO.COM.SG (Phone) +65-94370877
Alternative Phone No.	(Filotie) +03-943/08//

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
Variant	^3
Exact purpose for which vehicle was being used at time of	
Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	Yes
venicle Category	Private car
Transmission	Auto
oc	2000

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number	 Income Insurance Limited 5125191901

DRIVER

Name of D.	
Name of Driver	SEE THO WENG HONG
NRIC No	S7906559E
Date Of Birth	03/03/1979
Occupation	Indoor

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report generally the details of the and cent to speed up the claims process
- This Form must be completed by the Policyholder and or the Actual Driver
- Information provided must be as trujnful and accurate as possible. Any wiful desceptes entation or withholding of material facts may allow insurance companies to the companies of the companies insurance companies to reputiate policy hability
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy tablity on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Special Control of the Giant Control of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 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;
- (N) 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.

24/10/20 0940 Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Time (Name as in NRIC/ID card) BLK 727 Sketch Plan

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Report No. J/20221023/7032

POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 23/10/2022 17:15	Vide Report No.	Station Diary No.
Name Of Informant SEE THO WENG HONG	Address 728 JURONG WEST AVENUE 640726	5 #04-262 SINGAPORE
ID Type / ID No. NRIC NO / 57906559E	Contact No. Home/Office: Mobile 94370	2.5.1.2. A
Nationality SINGAPORE CITIZEN: Occupation Ministry of Defence Institution/School Name	Email Address goodnan11@yahoo.com.5g Sex Age Date o Male 43 03/03/	。
Date/Time Of Incident: 22/10/2022 17:45 - 23/10/2022 10:30	English Location Of Incident 726 JURONG WEST AVENU 640726	E 5 #04-262 SINGAPORE

Hit and Run Case

Location: Jurong West Avenue 5, HDB Carpark UW J73 (between block 725 and 727)

Parking lof number: 338 (my parked vehicle), 339 (involved in hit & run)

Signature Of Officer Recording The Report:	Time?	Signature Of informant:
		The identity of the person making this report has been authenticated by Singpa No signature is required.
ignature Of Interpreter ot applicable	1	Date/Time: 23/10/2022 17:15
ficer in-Charge Of Case:		Classification Of Case: