SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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.

The issue and acceptance of this Form by insurance companies is that a contrast of policy liability of the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 28/03/2023 11:03 (SGT) Reported by **Actual Driver** Date of Accident 27/03/2023 10:00 (SGT) **Exact Location of Accident** Singapore Additional Location Information WOODLANDS SPECTRUM 1 Country/State of Loss

DETAILS OF OWN VEHICLE

Singapore

Vehicle Registration Number SNG1638B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEONG KONG CHUAN NRIC No SXXXX243Z **Email Address** kongwk@gwspl.com.sg Mobile Phone No (Phone) +65-96211263 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model SCENIC IV 1.5L DCI AT EU6 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 1461

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5126849559

DRIVER

Name of Driver KONG WENG KAN NRIC No SXXXX593I Date Of Birth 19/02/1982 Occupation Indoor

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Claim Third party					
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Declaration

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



U20230327/2039

1 of 2

Report No. L/20230327/2039

POLICE REPORT (NP299)

Police Station Of Origin Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

Date/Time Report Made 27/03/2023 15:13	Vide Re L/20230	port No. 327/0053		Station Diary No. 44
Name Of Informant KONG WENG KAN	APT BLI	Address APT BLK 719 WOODLANDS AVENUE 6 #04-634 SINGAPORE 730719		
ID Type / ID No. NRIC NO / \$8263593I	Contact No. Home/Office		Mobile 82999106	
Nationality MALAYSIAN	Email Address			
Occupation MANAGER	Sex Male	Age 41	Date of Birth 19/02/1982	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 27/03/2023 10:00	Location Of Incident 2 WOODLANDS SECTOR 1 WOODLANDS SPECTRUM SINGAPORE 738068			

Brief details.

On 27/03/2023 at about 10am, I was at Woodlands Spectrum 1 having breakfast at the canteen. I had parked my car at the carpark nearest to the canteen at the double yellow line. As I was having my breakfast, I saw the lorry YN5288J reversing towards my car. I kept looking to ensure that the lorry did not hit my car. The lorry did not stop reversing and hit my car. I then approached the driver with the intention to get the driver particulars so that I can claim through insurance for the damages. I had shouted at the driver as I was angry at that point of time. The driver refuses to give his particulars and I called for

Signature Of Officer Recording The Report: L / SGT 3 MUHAMMAD FAIDHI BIN ROZZID	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2023 15:13	
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / SI LEE ZHERN LEUNG JOEL Contact No.: 63641780	Classification Of Case:	