VEHICLE NO: SLQ3465R. MAKE & MODEL: HOURY CIVIC AUTO/MANUAL DATE OF ACCIDENT C.C. 1.6 21 104 / 23. TIME OF ACCIDENT 1915. AM / PM LOCATION OF ACCIDENT SERANGOON SPORTS COMPLEX CUPMER. EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE PARICED. NAME OF OWNER GWANL FOONER SEP WING YP. EMAIL FOONG LINGYIFE GAMIL. COM OFFICE: MOBILE: 2920 3 161 NRIC 590883357. CLAIM TYPE OD / THIRTY PARTY / REPORTING ONLY FLEET POLICY YES / NO? INCURENCE CO. MUC. TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. NAME OF DRIVER ASABOVE / IF NO: " NRIC DATE OF BIRTH 24/ 68 / 90. ANY PASSENGER YES/NO: PARKED NAME OF PASSENGER GENDER OF PASSENGER MALE / FEMALE OCCUPATION Outdoor Undoor DATE OF DRIVING PASS 21 / 05/21. GENDER MALE / FEMALE CONTACT NO. Mobile: 88208 960ffice: Home: **EMAIL ADDRESS** 15 GEORGE'S RD. #04-168 SC22015). DOES DRIVER OWN OTHER VEHICLES? NO / If yes, Reg No: INSURE: -RELATIONSHIP Employee / If No: SELF. WEATHER CONDITION Clear / Raining / Other: ROAD SURFACE Ory / Wet / Other: ANY INJURIES MO/ If yes, Who? CONTACT NO. ROLICE REPORT No / Ifives, Where? BISHIAN NPC. NOTICE OF INTENDED PROSECUTION? No If yes, Who? VEHICLE B NO. SLU2371m. Any Passenger: UNSURE . NAME CONTACT NO. VEHICLE C.NO. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. Any Passenger: ANY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YES / NO WAS THERE ANY AUDIO RECORDED? YES / (1) SCENE ACCIDENT PHOTOS TAKEN? YES /NO DRIVER/ OWNER/ BOTH WHO IS REPORTING Original Language Used English/ Mandarin/ Others: Have you been approach by unknown person soliciting (s) / offering accident claims YES /NO assistance?

SKETCH PLAN

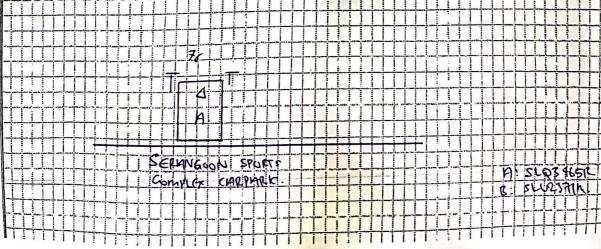
IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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 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)

Lunderstand, 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.

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Describe Circumsta	ance of the A	ccident							
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Declaration

Ne declare the foregoing particulars are true in every respect.



T/20230421/2118

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

1 of 3 Report No. T/20230421/2118

Date/Time 21/04/2023		de:	Vide Report No.:	Station Diary No 88						
Informant'	s Particula	ars	and the second of the second							
Name of In FOONG W			Address: APT BLK 15 ST. GEORGE'S ROAD #04-168 SINGAPORE 320015							
ID Type / II NRIC NO /		SZ	Contact No.: Home/Office: Mobile: 88208461							
Nationality MALAYSIA		•	Email:							
Sex: Male	Age:	Date of Birth: 24/08/1990	Type of Informant: Driver							
Race: Chinese	2.1		Language:							
Occupatio BANKER	n:		Driving Licence Information: Class: Date of Expiry:							

Type of	Non-Injury	The same of the same	Drink	Date/Time of	Type of Location:	
Accident:		and they are	Drive: No	Accident: 21/04/2023 19:15		
Location:		31 31				
YIO CHU KA	NG ROAD					
Weather:		Road	d Surface:		1 1 1 (E)	
Traffic Flow:	Traff	ic Control:		Traffic Volume:		
Type of Collis	sion:				Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SLQ3465R	Car	HONDA	CIVIC 1.6	Silver	Slightly	0
OLQUADOIL			VTI CVT		Damaged	
SLU2371M	Car		T do		Slightly	0
SLOZSI IIVI	00.				Damaged	(9)

Details of Ve	hicle Insurance		ALL SAN ES	
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	NTUC Income Insurance Co-Operative	5123869219-01	23/09/2022	22/09/2023
	Limited	Personal Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t		20011





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

2 of 3 Report No. T/20230421/2118

CONTINUATION OF REPORT

Details of Perso	n Involved		The Late of the State ay ay	grafile of			
Any Pedestrian Ir	nvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA				
Driver	The Annual Park In	PER STEAMEN	1-2-18-	STORY.			
Name	FOONG WING YIP	***************************************		ID No		S9088395Z	
Related Vehicle	NIL		-	Contact No.		88208461	
Hospital/Clinic NIL				Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		

Brief Details.

On 21/04/2023 at about 1815hrs, I parked my car bearing plate number SLQ3465R at Serangoon Sports Complex open space carpark on lot 76 and at about 1930hrs I collected my vehicle and noticed 2 notes on my windshield which was wrote by a witness informing me that my vehicle was hit by another vehicle bearing plate number SLU2371M which indicated in the notes that the accident probably took place at about 1915hrs. No notes were left behind by the driver as after the accident he had left the vicinity. My vehicle sustained damage on my right front bumper and cracked right front head light after the impact.







Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

3 of 3 Report No. T/20230421/2118

CONTINUATION OF REPORT

Signature of Officer Recording The Report: E / SGT 2 YEO WEE LOON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2023 22:31
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	