SP0X249B0004 / Performance Motors Limited ENTRY DATE & TIME: 11/09/2024 16:29 (SGT) SUBMITTED BY: Wong Hui Min VERSION: 1 (11/09/2024 16:29 (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 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 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 First Submission 11/09/2024 16:29 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 24/08/2024 20:45 (SGT) Exact Location of Accident Bayfront Link, Singapore Additional Location Information **WAITING AREA** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SKM9621A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEO KEE JUAN NRIC No S0079621B Fmail Address yeokeejuan9621@icloud.com Mobile Phone No (Phone) +65-98209621 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 218i 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1599 Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7230100962-01

DRIVER

Name of Driver	YEO KEE JUAN
NRIC No	S0079621B
Date Of Birth	21/07/1952
Occupation Driving Pass Date	Indoor
Driving License Pass Class	15/11/1976 3
Driving License Validity	Valid
Driving experience	47 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98209621
Alt. Phone Number	-
Email Address	yeokeejuan9621@icloud.com
Address	BLK 27 PAYA LEBAR ROAD
Address complement	#16-03
Postcode	409042
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlicle Registration Number of Other Verlicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	No Collision
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)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
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?	-
OUR OUT A VOTE OF A COURT VI	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED SKETCH PLAN.	
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	SNR5461L
Vehicle Manufacturer	

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

- (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:
 - 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.
- (d) 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.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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: 11/4/20 /5>pu

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Yap Mee Key Performance Motors Limited 303 Alexandra Road

USCA Darby Performance Centre Singapore 159941

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

MAINAS Seatch Plan Form VS

SKETCH PLAN	BayFront	link	waiting	area.
	A	- SNR I	7461 L	
		· skm·	96214	
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT			
技 Handbrak	既晚上80年的年度。那里是一个,李大学	在 SN	R 5461L Si 车是启动	我的车
DECLARATION				
I/We declare the foregoing particulars are	e true in every respect. Driver's Signature	0000	Perform 300 Ws/me Dar Si	'ap Mee Key nance Motors Limited 3 Alexandra Road toy Performance Centre ngapore 159941 Personnel's Signature

NRIC/FIN No.:





















