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 Authorised 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.

- 4. The issue and acceptance of this is form by instrained 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 10/04/2021 11:07 (SGT) Date of Accident 09/04/2021 15:50 (SGT) Exact Location of Accident 424 Woodlands Street 41, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SMR7575M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHENG TIK NRIC No. S7380064A Email Address samtanct@hotmail.com Mobile Phone No (Phone) +65-94244555 Alternative Phone No +65-94244555

VEHICLE PARTICULARS

Manufacturer

Model 528i 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 1997

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900256883 Cover Note Number

DRIVER

Name of Driver TAN CHENG TIK NRIC No. S7380064A

Date Of Birth 16/07/1973 Occupation Indoor Date Of Driving Pass 20/05/1994 Driving experience 26 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-94244555 Alt. Phone Number +65-94244555 Email Address samtanct@hotmail.com Address BLK 112 RIVERVALE WALK #13-55 Address complement Postcode 540112 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 Collided into Parked Vehicle Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT THE ACCIDENT HAPPENED ON THE 9 APRIL 2021, 3,50PM, AT BLK 424 WOODLAND ST 41 WHERE I WAS REVERSING TO DO A 3 POINT TURN AND WHILE I WAS REVERSING SLOWLY I ACCIDENTALLY SCRATCH VEHICLE B: SLC8367G ON THE FRONT BUMPER AND LCAME DOWN AND EXCHANGE DETAILS. ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SLC8367G

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 LEE TZE CHIANG

 Contact Number
 (Phone) +65-92308552

| Address | - |
|---|-------|
| Address complement | _ |
| Postcode | _ |
| Insurance Company Name | _ |
| Nature Of Damage | _ |
| Details of property damaged in accident | VFH B |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Personnel

Sketch Plan

1. CMR1836M

Witnessed by Reporting Centre

B: SLL 836.28

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

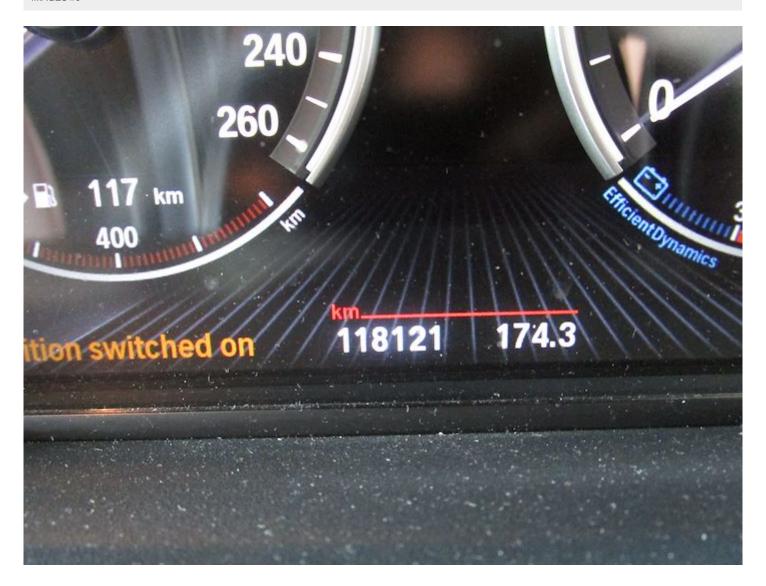














ENDORSEMENT QUOTE

AUTOPLUS PRIVATE VEHICLE

Policy No.

: 1900256883

Period of insurance : 06 Dec 2019 to 26 Apr 2021

Endorsement Quote No. : 002

Issued Date

: 21 Oct 2020

ABOUT THE POLICYHOLDER

Name of Policyholder

: TAN CHENG TIK

Address

: 112 RIVERVALE WALK

#13-55

SINGAPORE 540112

Occupation/Nature of Business: Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SMR7575M Seating Capacity: 5

Chassis No.

: WBA5A52000D823580

First Year of Registration : 2015

Make/Model : BMW 528I 2.0 [Sedan] Hire Purchase Company/Employer's Loan: DBS BANK LTD

Engine Capacity/Tonnage: 1,997.00 CC Engine No.

Body Type

: B6620887N20B20A : Sedan

ABOUT THE COVER

Sum Insured : Market Value

Driver Restriction: NA

Off Peak Car

Insuring with COE/PARF

: No : Yes

Person or Classes of Persons Entitled to Drive :

in) the reasymment in present who is driving on the Policyholder's order or with histinar parellesten.
This Policy will indomnify the Policyholder or any authorised driver only if hetche meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young end/or tetraportenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for time or reward, driving britten, driving test, racing, pose-making, reliability triat or speud-testing, the correspond other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Other Key Policy Benefits:

Act of God, Deplot (First 3 years from original registration) + AlS Authorised Workshops, Walver of Excess, PA to Authorised Driver / Umramed Passengers-\$10000, PA Insured-\$50000, Key Replacement Cover-\$800, Strike, Riels and Chil Commodicne, Less of Use 1800co - 1600co Optional, In-Car Comera Excess Walver

Policy expiry date is changed from 05/12/2020 to 26/04/2021; Subject otherwise to the Terms, Exclusion and Conditions of this Policy.

Endorsement effective from:21-Oct-2020. All other terms and conditions remain unchanged