SA18218S0001 / AH LIM MOTOR COMPANY (BRANCH)
ENTRY DATE & TIME: 28/08/2021 10:42 (SGT)
SUBMITTED BY: GERALD CHEW
VERSION: 1 (28/08/2021 10:42 (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 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.
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	28/08/2021 10:42 (SGT)
Date of Accident	27/08/2021 13:20 (SGT)
Exact Location of Accident	Linden Dr, Singapore
Additional Location Information	ALONG LINDEN DRIVE TURNING TO VANDA AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC81U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH KAH YI
NRIC No	SXXXX831F
Email Address	KAHYI@SUNPEAK.SG
Mobile Phone No	(Phone) +65-96629689
Alternative Phone No	(Home) +65-96629689

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
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
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA003358
Cover Note Number	12/12/2020 TO 11/12/2021

DRIVER

Name of Driver	GAN LAI SENG
NRIC No	SXXXX349G

Date Of Birth	22/08/1956
Occupation	Outdoor
Date Of Driving Pass	24/07/1978
Driving experience	43 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91452262
Alt. Phone Number	-
Email Address	KAHYI@SUNPEAK.SG
Address	BLK 180B MARSILING ROAD #26-221
Address complement	-
Postcode	732180
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Collision - Major/Minor Rd
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7196G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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7. 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 :
      (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.
   (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:
      (i) 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.

Seah Kee Yu

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
28/08/2021

GIARMC SketchPlanForm_v5

ETCH PLAN
& Time of Accident: 27/8/21 1320hrs
Veh A: SKC 81U Veh B: GBH 7196G Veh C/Others: —
Location: Along Linden Dr turning to Vanda Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Linden Dr turning to Vanda Ave.
I signal to turn right. Veh B from behind cut out from opposite road and collided into my front right.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

[ ] Own Damage Claim at Lim Tan Motor [✓] TP Claim at Lim Tan Motor
[ ] Own Damage Claim at Other Workshop [ ] TP Claim at Other Workshop [ ] Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : motorclaims@ltm.sg
My/Our email : kuhyi@sunpeuk.sg

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
28/08/2021

GIAPMC SketchPlanForm_v3

IMAGES

IMAGES #2

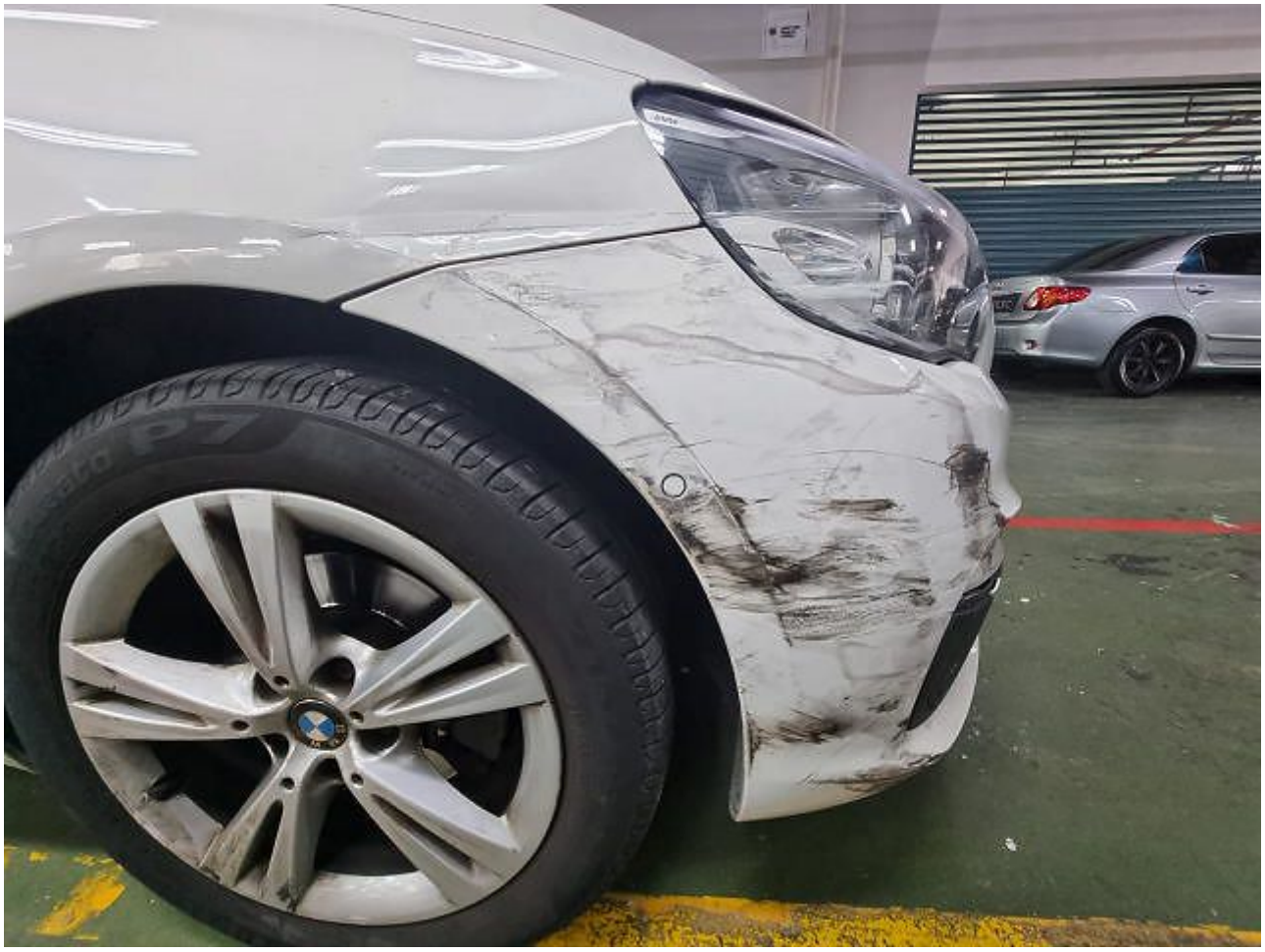
IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7



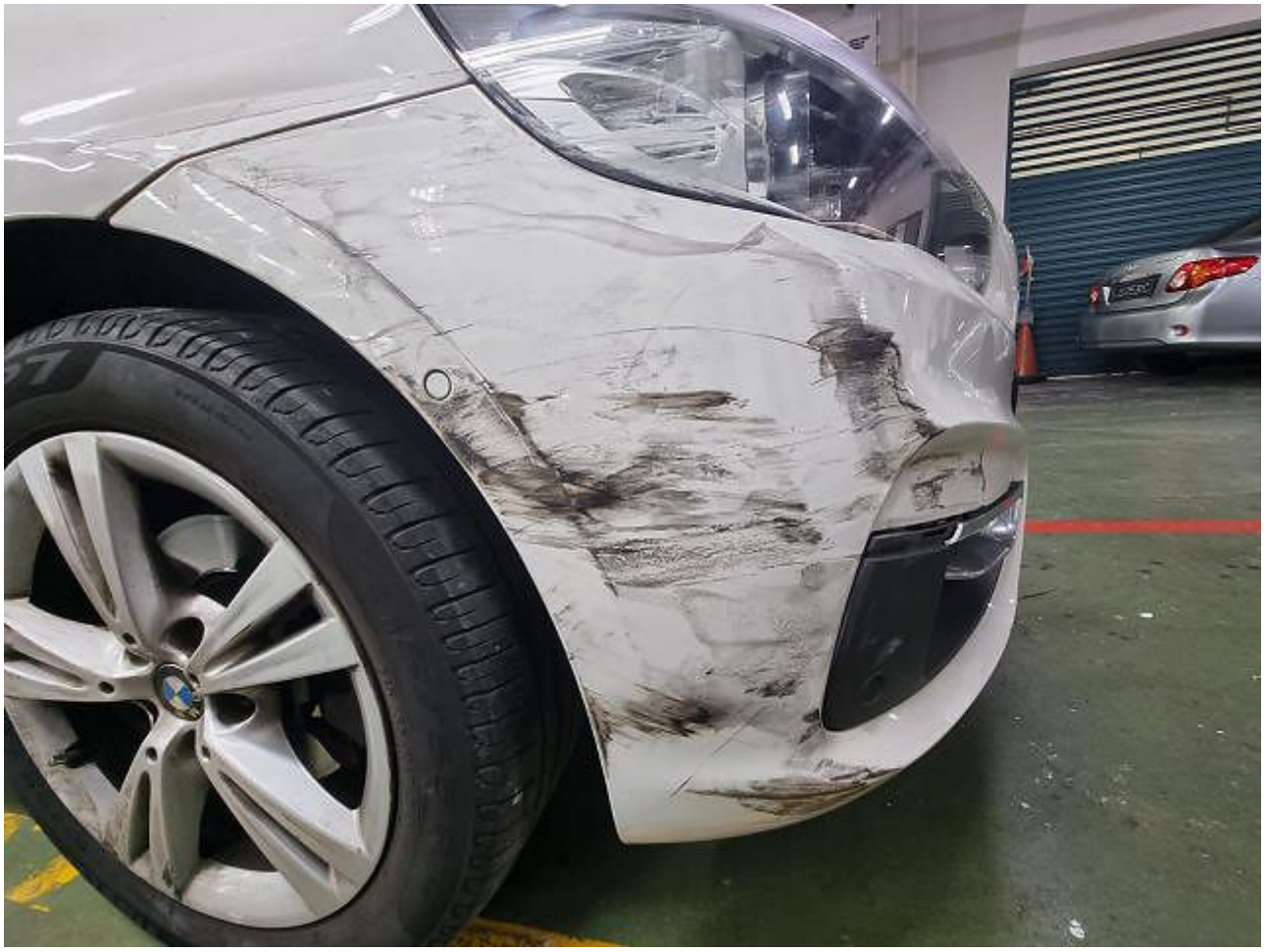
IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12



IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16


Made in
Germany
216d
300
0.51
BAYERISCHE MOTOREN WERKE AG
WBA2E320205B44838
2180 kg
3755 kg
1- 1060 kg
2- 1175 kg
7 263 981

IMAGES #18


220
240
260
READY
OFF
Diesel
1
1/2
+34.5 °C
904 km
EfficientDynamics
km
189449
3124.2
Fasten s

eTiQa Insurance

INTERVIEW FORM

Name (Driver) : Gan Lai Seng

Policy No : MA003358

Vehicle No : SKC814

Place of Accident : Along Linden Drive turning to Vanda Ave

Insured Driver's relationship with Insured : Friend

Drink Driving of Insured and/or Insured Driver : —

No of passenger(s) in Insured vehicle : —

Injury to Insured and/or Insured driver, please indicate which hospital:

—

Third Party Vehicle No (if any) : GBH 7196G

No of passenger(s) in Third Party Vehicle : —

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

—

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

Major Minor RD

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

—

Traffic Police report (enclosed) : Yes / (No)

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Seah Kah Yi

Driver (Name & Signature) / Date
I, affirmed the above information is given to my best knowledge

AH LIM MOTOR COMPANY

AH Lim motor company
Attended by (Name & Signature) / Date

Workshop Name: AH Lim motor company

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