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.

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 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 14/09/2021 16:54 (SGT) Date of Accident 13/09/2021 13:05 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG OPHIR RD TWDS NORTH BRIDGE RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SI J977I

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CARQUOTZ SINGAPORE LLP Company Reg No T18LL0355F **Email Address** Dreamworksgaragesg@gmail.com Mobile Phone No (Phone) +65-88389338 Alternative Phone No (Home) +65-88389338

VEHICLE PARTICULARS

Manufacturer

Model 328i 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 1997

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5123184177 Cover Note Number

DRIVER

Name of Driver LENNON ZHOI YUAN XIN NRIC No. S8939738C

Date Of Birth 08/11/1989 Occupation Indoor Date Of Driving Pass 04/08/2016 Driving experience 5 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-88683878 Alt. Phone Number Email Address LENNONCHOI@GMAIL.COM Address 30HOLLAND CLOSE #03-199 Address complement Postcode 270030 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMU8690R Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	ZHEN WEIJIE
NRIC No	S8424403A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	LENNON ZHOI YUAN XIN Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ977L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

0...

SKETCH PLAN

IMPORTANT NOTICE

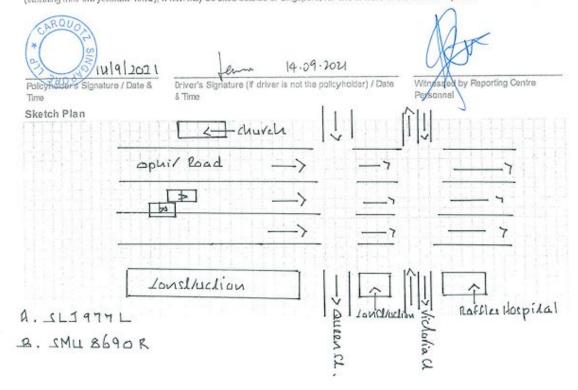
- Rease report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 3. 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



10 00

Describe Circumstances of the Accident
I was driving within the second lane and the other driver hit my
rear passinger sent door.
On the 13.09.2021 at about 1305. I was driving SLJ977L along Ophir Road
towards North Bridge Road . I was driving in the 2nd lane and suddenly I felt
an Impact on the right side of my lar. I stopped my car immediately and
came out to investigate and noticed SMU8690R had collided onto the right
side of my car.
THE REPORT OF THE PROPERTY OF THE PERSON OF

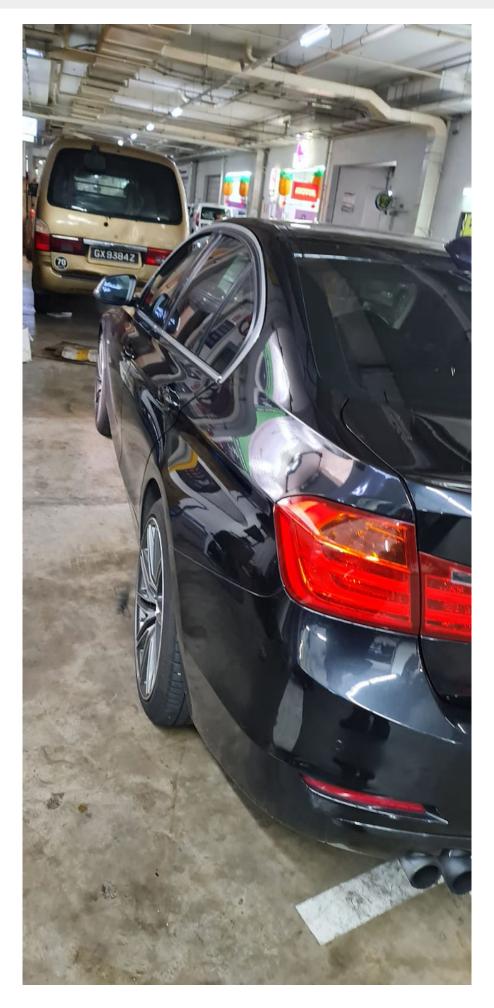
Declaration

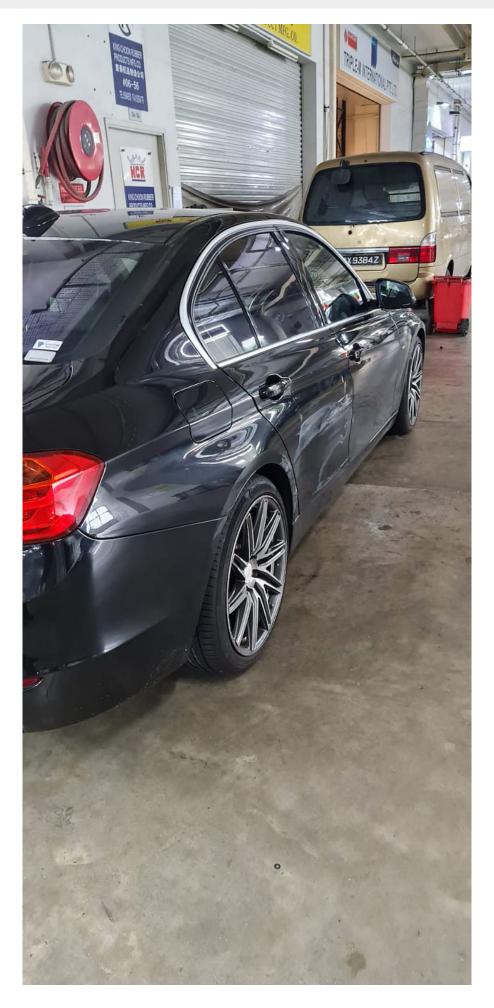
We declare the foregoing particulars are true in every respect.

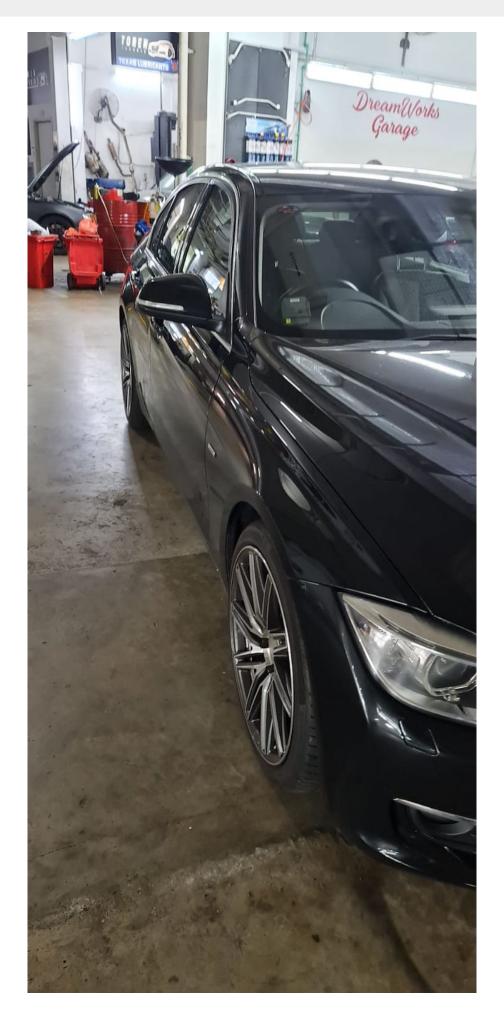
Policy is signature / Date &

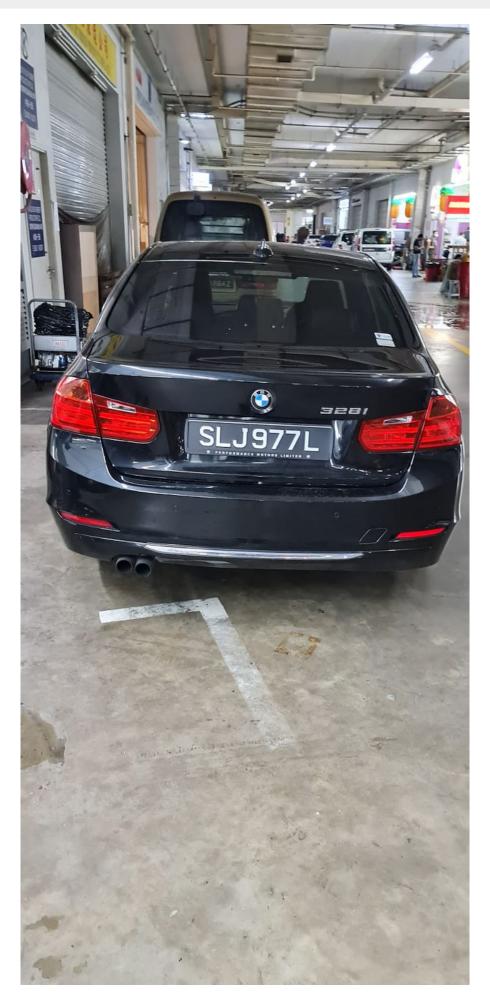
Diver's Signa &Tima 14.07.2021

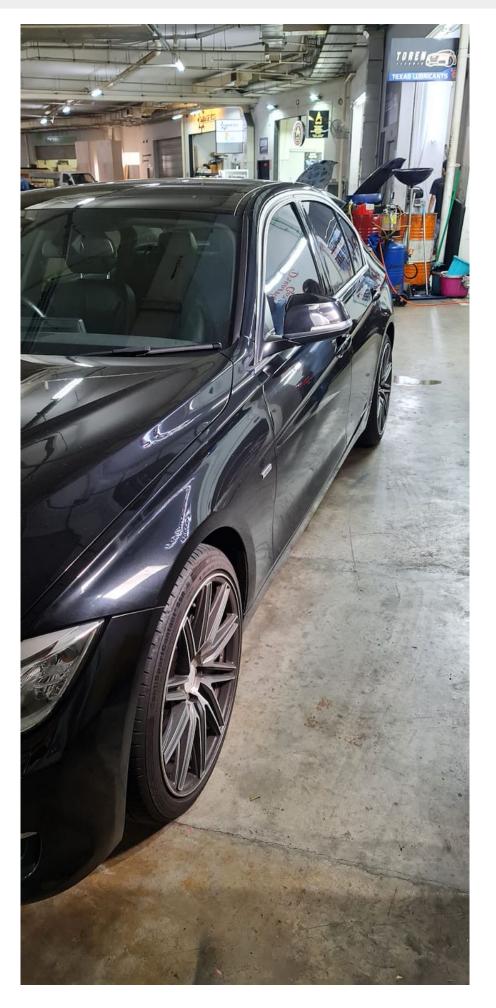
Witnessed by Reporting Central Personnel

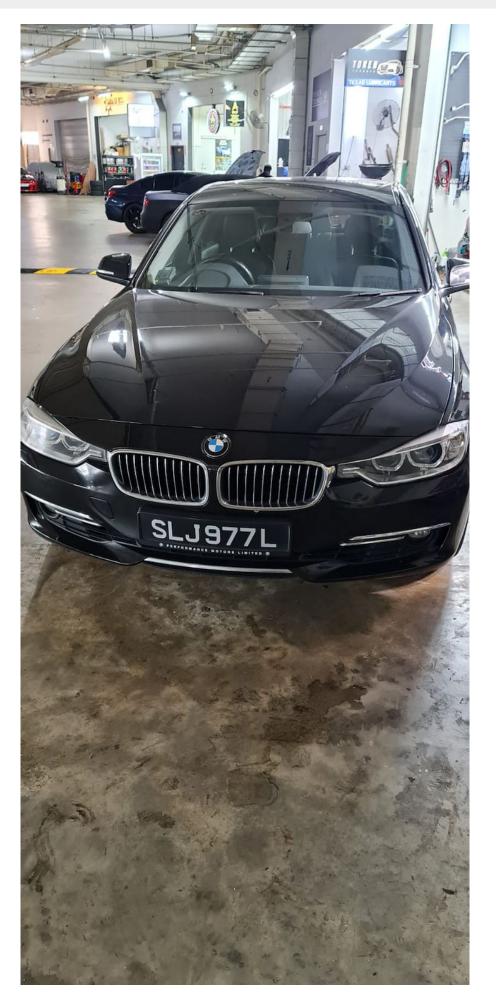


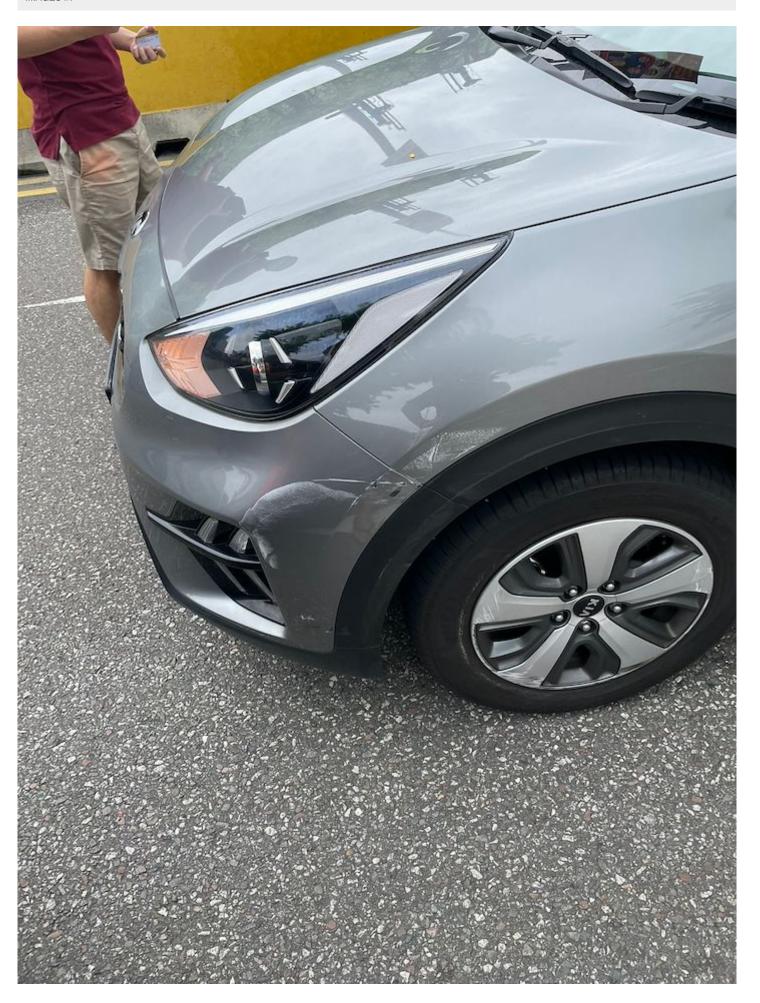




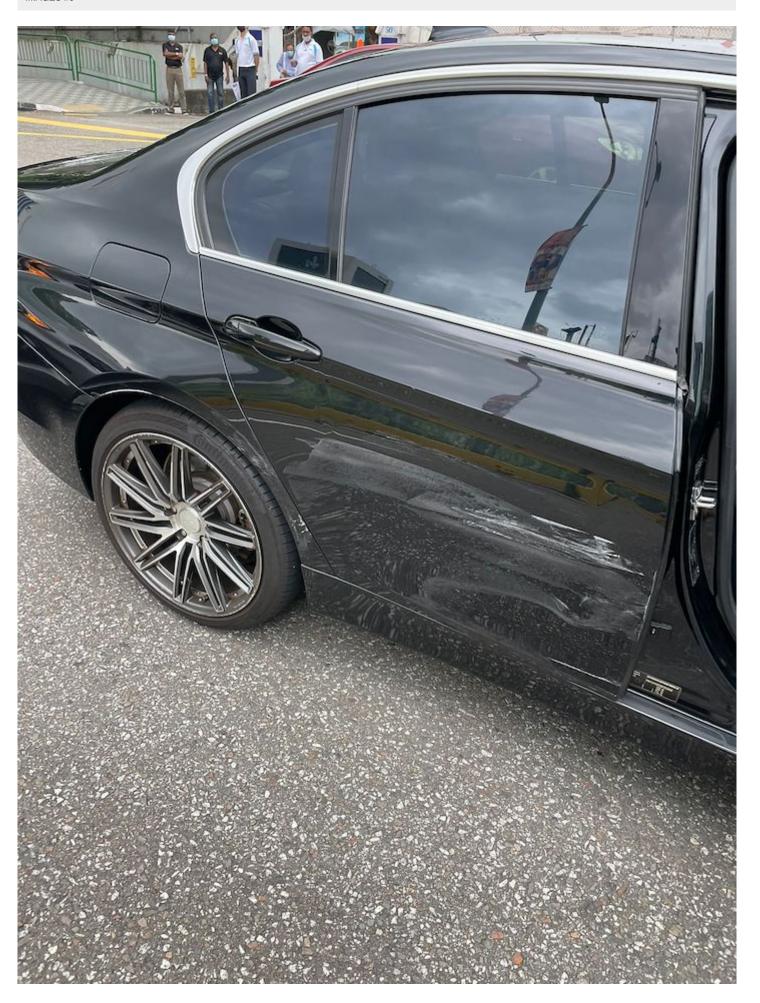


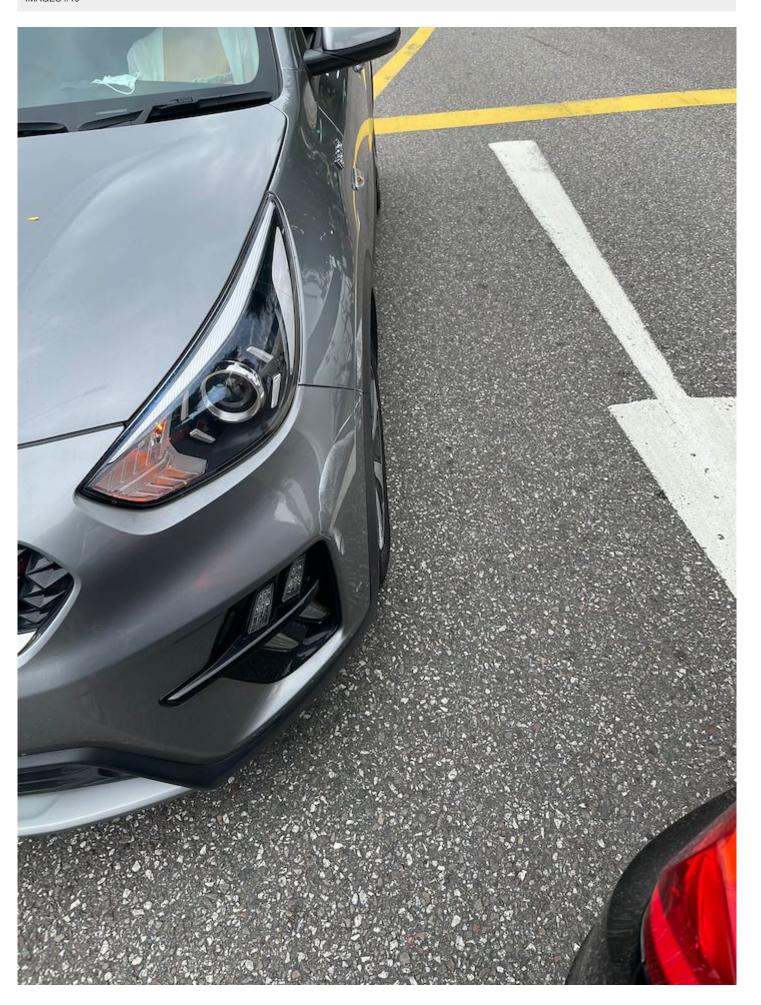


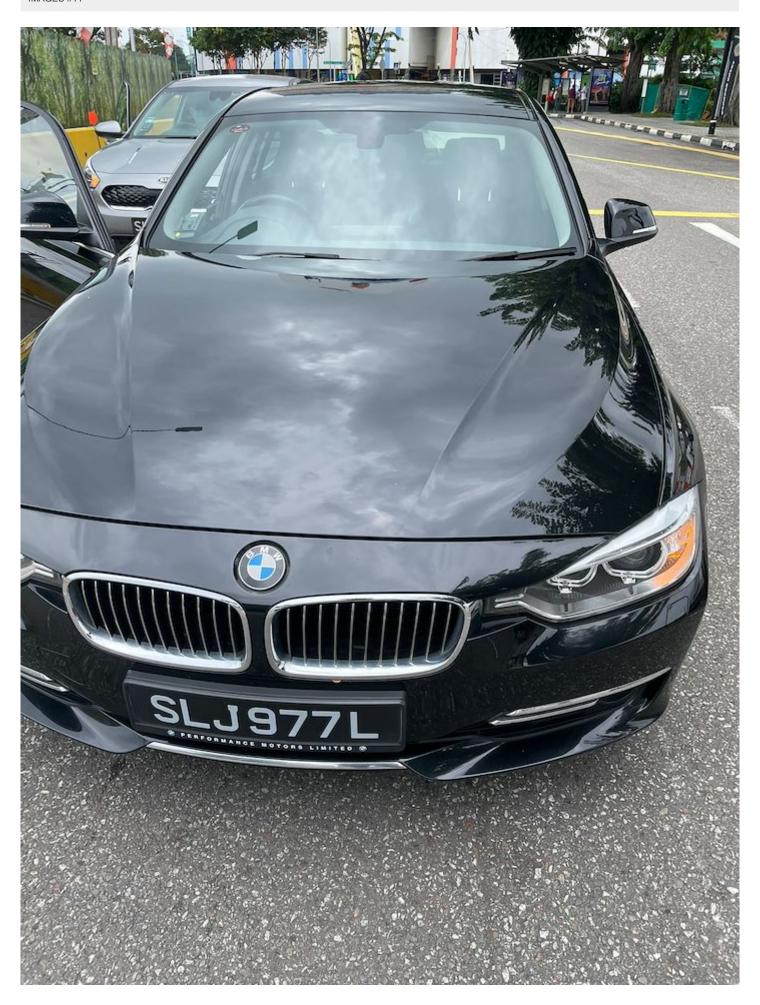
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210914/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2021 16:16		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	2004			
CARL CONTRACTOR	f Informant: JAN XIN, L		Address: 30 HOLLAND CLOSE #03-199 SINGAPORE 270030			
ID Type / ID No.: NRIC NO / S8939738C			Contact No.: Home/Office:	Mobile: 88683878		
Nationality: SINGAPORE CITIZEN			Email: LENNONCHOI@GMAIL.COM			
Sex: Age: Date of Birth: Male 31 08/11/1989			Type of Informant: Driver	4744 AUG 30 - 19000 VIII.		
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Trade broker (including oil and bunker trader)			Driving Licence Information: Class: 3A	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2021 13:05	Type of Location Straight Road
Location: OPHIR ROAL)			
Weather:		Road Surface: Dry		oad Speed Limit:
Clear		Diy		0 Km/h
Clear Traffic Flow: One Way		Traffic Control: Not Controlled	T	0 Km/h raffic Volume: o Traffic

Details of V	emcie mvo	iveu				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLJ977L	Car	S				0
SMU8690R	Car	KIA	1 -	Grey	1	1

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210914/7025

CONTINUATION OF REPORT

Driver						9
Name	CHOI YUAN XIN, LENNON			ID No.		S8939738C
Related Vehicle	SLJ977L (Car)			Contact	No.	88683878
Hospital/Clinic	MY ORTHOPAEDIC CLINIC			Class o Driving Licence Expiry		Class: 3A Date of Expiry: NIL
Date	14/09/2021	Date	14/09/2021			
No. of Days gran	ted Medical Leave	06	Degree of	of Serious		us
Driver				72		1
Name	CHEN WEIJIE			ID No.		S84244032A
Related Vehicle	SMU8690R (Car)			Contact	No.	96992814
Hospital/Clinic	NIL			Class o Driving Licence Expiry		Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL Date				NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

on the 13th of September 2021 at about 1305, i was driving SLJ977L along Ophir Road towards North Bridge Road. I was driving in the second lane and suddenly i felt an impact on the right side of my vehicle. i stopped my vehicle immediately to come out and investigate only to notice SMU8690R had collided onto the right side of my vehicle.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210914/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2021 16:16
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168



<u>IMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEN	NDUM	
A)	PARTICULARS OF PERSON MAKING THE AMENDME	ENTS:	
	Original Report No: SY09219E0004	Vehicle Registration No:	SLJ977L
	Name (as shown in NRIC): LENNON ZHOI YUAN	XIN_NRIC/FIN/Passport No:	SXXXX738C
	(*Vehicle Driver/Vehicle Owner) (*) Please delete a		
	Address: 30HOLLAND CLOSE #03-199		Singapore (270030)
	Contact (Tel):	Mobile No.: <u>88683878</u>	
	Email Address: LENNONCHOI@GMAIL.COM		
	Date of Accident:13.09.2021	Time of Accident:16:5	54
	Place of Accident: _ ALONG OPHIR RD TWDS	NORTH BRIDGE RD	
	Insurance Company: NTUC		
D)	ADDITIONAL INFORMATION /AMENDMENTS:		
	Usage purpose upon accident PRIVATE	HIRER TO PRIVATE USI	Ξ.,
	-		
		SHUYI	
	Policyholder / Driver's Signature Date:	Reporting Centre Pers Name: NRIC/FIN No.: Date:	sonnel's Signature

C Accident report SY09219E0004

GIARMC Addendum Form