SA1822410001 / AH LIM MOTOR COMPANY (BRANCH) ENTRY DATE & TIME: 01/04/2022 16:21 (SGT) SUBMITTED BY: GERALD CHEW VERSION: 1 (01/04/2022 16:21 (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 | 01/04/2022 16:21 (SGT) |
|---------------------------------|------------------------|
| Date of Accident | 29/03/2022 14:30 (SGT) |
| Exact Location of Accident | Petir Rd, Singapore |
| Additional Location Information | PETIR ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| Vehicle Registration Number | SKM7818M | |
|-----------------------------|----------|--|
| INSURED/POLICYHOLDER | | |

Nissan

| Is company? | No |
|--------------------------|-----------------------|
| Name Of Registered Owner | TAN WEE NGEE |
| NRIC No | SXXXX212F |
| Email Address | WILLIETANWN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90688277 |
| Alternative Phone No | (Home) +65-90688277 |

VEHICLE PARTICULARS

Manufacturer

| Model | Almera |
|--|---------------------------|
| 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 | 1498 |

INSURANCE COMPANY

| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
|---------------------------|---|
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | MT/01024613 |
| Cover Note Number | MT/01024613 |

DRIVER

| Name of Driver | TAN WEE NGEE |
|----------------|--------------|
| NRIC No | SXXXX212F |

Date Of Birth 15/05/1955 Occupation Indoor Date Of Driving Pass 21/09/1972 Driving experience 49 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-90688277 Alt. Phone Number (Home) +65-90688277 Email Address WILLIETANWN@GMAIL.COM Address BLK 235 BUSHAN ST 22 #10-150 Address complement Postcode 570235 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 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Thomson Neighbourhood Police Post Police Station Phone No (Phone) +65-18004529999 Alt. Police Station Phone No (Fax) +65-65535740 Police Station Address Blk 25 Sin Ming Road #01-180 Singapore 570025 Was notice of intended Prosecution given? Nο 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 Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMS146J Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

| 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

MPORTANT NOTICE

- I. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 5. Any false reporting may be referred to the Police for Investigation.
- 3. 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

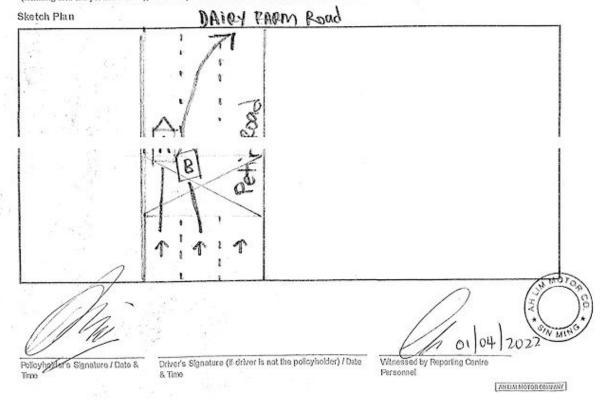
(e) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (N) administering my claims (including the matting of correspondence, statements, involves, 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")

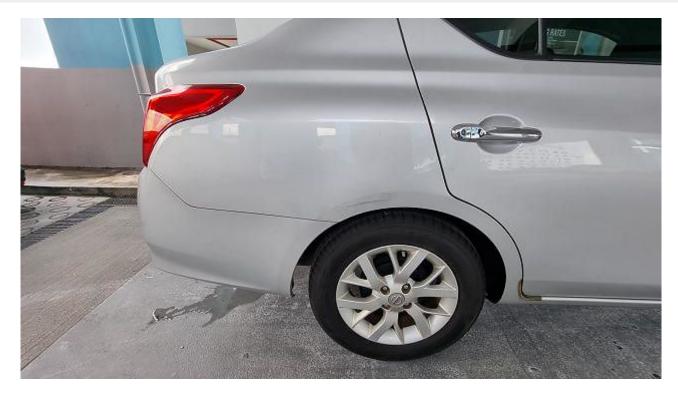
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.



| usto of accident: 29 | 03 2022 Time: 14.30 Loca 7818 M Vehicle B: SMS146 | tion: Petic Road | |
|-------------------------------|---|--|--|
| y Vehicle A: SKM | 7818m Vehicle B: SMS146 | Vehicle C: | |
| ETCH PLAN | • | | |
| scribe Circumstances | of the Accident . | THE PROPERTY OF THE PARTY OF TH | 1 |
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| lote: Please take note th | nat your insurer have 14 days timeframe for leck with your own insurer for more inform | you to submit own damage claim under ation. | |
| The section of | Ah Lim Motor Claim 600 | Pat other workshop Rep | orting Only |
| | / | /1 | St MOTOR |
| We declare the foregolya par | uticularmare true in every respect. | // | $\begin{pmatrix} 4 \\ x \end{pmatrix}$ |
| 1 1/h | | //, 1 | . I Com same |
| 11/11/ | * | J 6001 0 | 4 2027 |
| Policyhokler's Signature / Da | ate & Driver's Signature (If driver is not the poll | cyholder) / Date Witnessed by Roporting Cent Personnel | re |
| Time / | 8. Time | | AH LIM MOTOR COMPANY |



















Report No. T/20220329/2061

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

| REPORT | F A TRAFFIC | CACCIDENT | | | |
|--|-------------------------|------------------------------|--|----------------------------|--|
| Date/Time Report Made: 29/03/2022 16:04 | | | Vide Report No.: Station Diary I | | |
| Informa | nt's Particu | ulars | | | |
| Name of | Informant: E NGEE | | Address: APT BLK 235 BISHAN STRE 570235 | ET 22 #10-150 SINGAPORE | |
| | / ID No.: 0 / S11052 | 12F | Contact No.: Home/Office: Mobile: 90688277 | | |
| National SINGAP | ity: PORE CITIZ | EN . | Email: | | |
| Sex: Male | Age: 66 | Date of Birth: 15/05/1955 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: | | | Driving Licence Information: Class: 2B.2A.2.3 | Date of Expiry: | |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 29/03/2022 14:30 | Type of Location: Bend |
|-------------------------|---------------------------|--|---|---------------------------|
| Location: PETIR ROAL |) | | 9 | |
| Weather: Clear | | Road Surface: Dry | | oad Speed Limit: |
| | | Traffic Control: | 100 | raffic Volume: |
| Traffic Flow: | | THE STATE OF THE PARTY OF THE P | | |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenge |
|-------------|------|--------|--|--------|---------------------|----------------|
| SKM7818M | Car | NISSAN | ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR CMFT | Silver | Slightly Damaged | 0 |
| SMS146J | Car | VOLVO | | | | 0 |



Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Report No. T/20220329/2061

2 of 3

Tel No: 1800-4529999

CONTINUATION OF REPORT

| Details of V | ehicle Insurance | L. See No. | Effective | Expiry Date |
|-------------------------------|--|---|--|-------------|
| Vehicle No. Insurance Company | Insurance No | CONTRACTOR OF THE PARTY OF THE | COLUMN TO SERVICE STATE OF THE | |
| | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | MT/01024613 | 15/03/2022 | 14/03/2023 |

| | n Involved | | | | | |
|---|----------------|--------------------------------|----------------------|--|---------------------|--|
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA | | | | |
| No. of Pedestrian | s Injured: NIL | 036 011 000 | and the | 10,060 | | |
| Driver | | | ID No. | Contract of the Contract of th | S1105212F | |
| Name | TAN WEE NGEE | | ID No. | | 011002121 | |
| | CKM7949M (Cor) | | Contact No. | | 90688277 | |
| Related Vehicle | SKM7818M (Car) | | | | | |
| | NIII | | Class of | | Class: 2B,2A,2,3 | |
| Hospital/Clinic | NIL. | | Driving Licence & | | Date of Expiry: NIL | |
| | | | | | | |
| | | NIL | Date Discharge NIL | | NIL | |
| Date Treatment NIL No. of Days granted Medical Leave NIL | | | Degree of Injury NI | | L | |

On 29/3/2022 at 230pm I was driving my car SKM7818M (Nissan/Silver) along Petir Road towards Dairy Farm Road, I intended to filter to the left and my vehicle was stationary as the vehicles in front of me had stopped, Suddenly I noticed a vehicle SMS146J (Volvo/Dark Blue) on my right rear.

As the vehicle SMS146J wanted to cut into the lane, the driver hit onto my vehicle's right (driver side) rear

tuttieu to right side of persy . -----

I am lodging this report as the driver did not stop after hitting my vehicle and for my insurance purposes.





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 3 of 3 Report No. T/20220329/2061

Tel No: 1800-4529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature of Officer Recording The Report: Signature Of Informant SR STAFF SGT MUHAMMAD KAMARUIZAN BIN KASSIM Signature Of Interpreter: Date/Time: Not applicable 29/03/2022 16:04 Officer In Charge Of Case: Classification Of Case: TP/HRT/ SI STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032 SN 079 NP168 SIGNATURE

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.