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 the insurance of the production by interested parties. 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 12/04/2022 13:15 (SGT) Date of Accident 11/04/2022 14:40 (SGT) Exact Location of Accident Boon Lay Way, Singapore BOON LAY WAY TURNING RIGHT TO JURONG GATEWAY Additional Location Information **ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SND8540T

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN CHIN AUN NRIC No SXXXX555G Email Address wly.tan@yahoo.com.sg Mobile Phone No (Phone) +65-96461458 Alternative Phone No +65-96461458

VEHICLE PARTICULARS

Model 520i 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 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number 5125746344 Cover Note Number

DRIVER

Name of Driver TAN WEN XUAN NRIC No TXXXX0737 Date Of Birth 03/01/2002 Occupation Indoor Date Of Driving Pass 22/11/2021 Driving experience 5 MONTHS Gender Mobile Number (Phone) +65-96403189 Alt. Phone Number Email Address 2sctan.wen.xuan@gmail.com Address BLK. 755 WOODLANDS AVE 4 Address complement #10-307 Postcode 730755 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Child 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 Side Swipe 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? No 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? PASSENGER 1 Name **BRAYDEN THAM** Gender PASSENGER 2 Name TIMOTHY HO Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING STRAIGHT ON THE FIRST LANE, UPON REACHING THE JUNCTION, SUDDENLY GBG2276Y CUT INTO MY LANE AND COLLIDED ONTO MT LEFT HAND FRONT PORTION AND CAUSED DAMAGE. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Nο

Was there any audio recorded?

Vehicle Registration Number	GBG2276Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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)	1

SKETCH PLAN

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- 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.

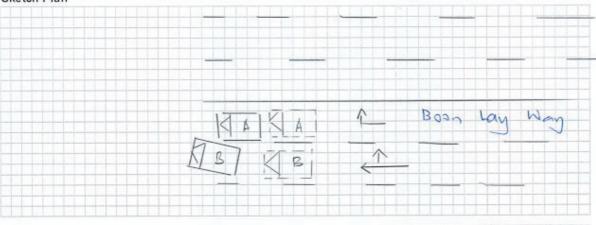
CYS.

Policyholder's Signature / Date & Time

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

進友成汽车服務科人有限公司 YS Automobile Services Pte Ltd 96 Woodlanus Industrial Park East 1 107-17 Admirary Industrial Park Singapore 757700 Tel: 6219 2090 (zlines) Fax 6219 2096. Witnessed by Reporting Centre Personnel

Sketch Plan



TOKESONS - A

B - GOG 22744

was driving	I straillet on the first lane upon resolving the
waction -	straight on the first lane, upon resolving the suddenly GBG 22768 out into my lane and not my later hand from position and consed
Collidet .	into my left local front marion and could
donose	
	ote that your insurer may have 14days Time Frame for you to submit an Own Damage claim
under yo	our own comprehensive policy, please check with your policy for more information.
W. 1985 St. 1982 - 179	
eclaration	
Ve declare the foregoing	g particulars are true in every respect. 進友成汽車服務私人有限公司
	CYS Automobile Services Pte L
	38 Woodlands Industrial Park Fast 1 #07-17 Admiratty Industrial Flark
	Tel: 6219 2098 (3lines) Fax: 6219 2096
	161: 62 19 20 20 19 20 1

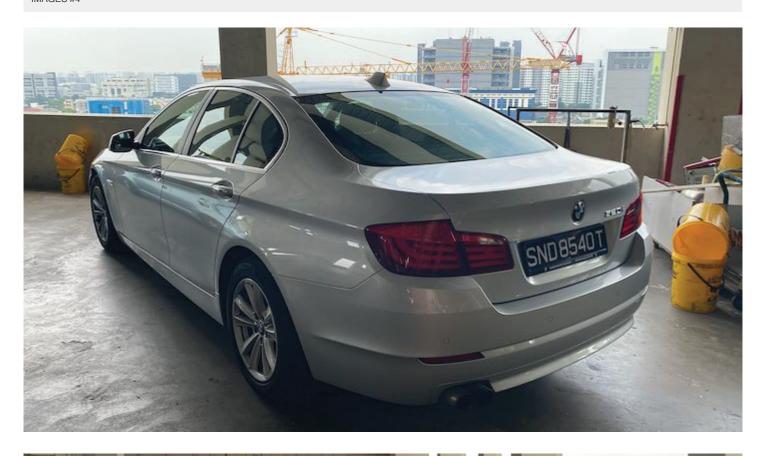






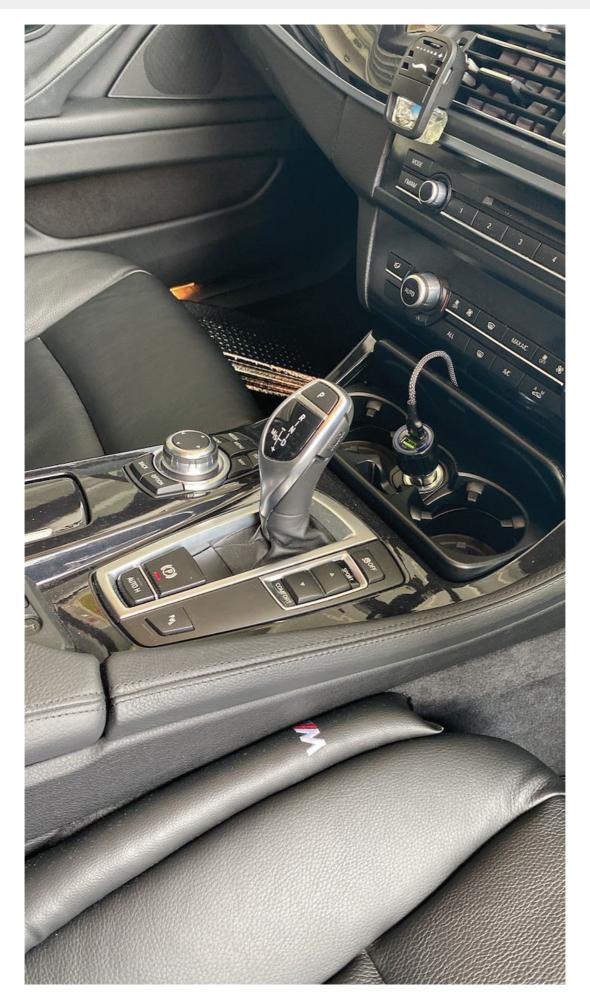














THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document. GST Reg No. M90372806G

Policy Number	: 5125746344
The Policyholder	: TAN CHIN AUN
	BLK 755 #10-307
	WOODLANDS AVENUE 4
	SINGAPORE 730755

Period of Insurance : 15 Feb 2022 To 14 Feb 2023

Sum Insured : Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST) : \$\$1,443,94

Interest Insured

 Cover Type
 : drivo CLASSIC

 Primary Driver
 : TAN CHIN AUN

 Named Driver (1)
 : N/A

Named Driver (2) : N/A : 2000cc : BMW/520i Capacity Make/Model : SND8540T Registration Year : 2013 Registration Number Off-peak Car : WBAXG120X0DX53361 : No Chassis Number Repair at Owner's Preferred Workshop : No Insure with COE ; Yes : \$\$600 NCD Entitlement : 0% Excess (Section 1) NCD Protection : No Excess (Section 2) : N/A : \$\$100 Loyalty Discount : 5% Windscreen Excess

Unnamed Driver Excess : Please refer to Terms and Conditions

: N/A

Hire Purchase Company : N/A

Optional Cover

Additional Excess

Roadside Assistance and Wellness Cover : Yes
Transport Allowance : No
Excess Waiver : No

Memo A: N/A

Endorsement Operative : M300

Agency : DICKSON INSURANCE AGENCY PTE, LTD. (00000573832)

Date of Issue : 15 Feb 2022 10:27 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive