SA18226T0003 / AH LIM MOTOR COMPANY (BRANCH) ENTRY DATE & TIME: 29/06/2022 12:45 (SGT) SUBMITTED BY: GERALD CHEW VERSION: 1 (29/06/2022 12:45 (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 29/06/2022 12:45 (SGT) Reported by Date of Accident 24/06/2022 11:49 (SGT) Exact Location of Accident 80 Marine Parade Rd, Singapore 449269 Additional Location Information PARK PARADE SHOPPING CENTRE CARPARK LEVEL 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCL813Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHAN KWUN LAM** NRIC No SXXXX124D Fmail Address LOUISCHAN242@HOTMAIL.COM Mobile Phone No (Phone) +65-98001602 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model M6 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

No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 4395

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMPPHQ21-006321

DRIVER

Name of Driver **CHAN KWUN LAM** NRIC No SXXXX124D Date Of Birth 24/02/1989 Occupation Indoor

Date Of Driving Pass 16/02/2012 Driving experience 10 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98001602 Alt. Phone Number Email Address LOUISCHAN242@HOTMAIL.COM Address 48 MARINE PARADE ROAD #18-08 Address complement Postcode 449306 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - 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? 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SDS7228S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

TAN WEE THENG

SXXXX073B

Name of Driver

NRIC No

Contact Number	(Phone) +65-90893888
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

1. 1.

SKETCH PLAN

IMPORTANT NOTICE

Vehicle: SCL 813Y

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 29/06/2022 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.
- 4. The Issue and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance
- 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 insurence 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.
- Consent under the Personal Data Protection Act (PDPA)

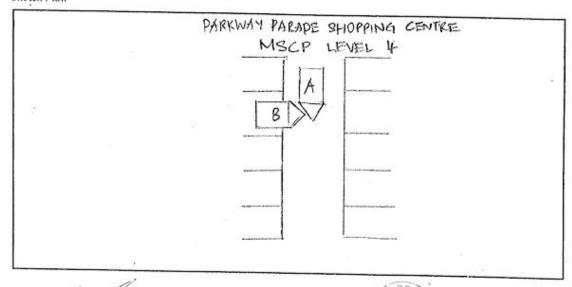
lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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 at 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 end/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the accident and/or my claims;
- (fi) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (tv) administering my claims (including the mailing of correspondence, statements, involces, 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/mall
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all insurer(e) 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.

Sketch Plan



Policyhokier's Signature / Date & 29-06.22

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Date of accident: 28/6/22 Time: 11.49 or Location: Parkway Brade Stopping Com
My Vehicle A: Sci813Y Vehicle B: SDS 72283 Vehicle C:
SKETECH PLAN
Describe Circumstances of the Accident
I, Chan Kwin Lawn, S89701240, was in my our, 2012 BMW M6,
in Parkway Parade Shopping Centre Carpark level 4, driving off and heading towards the exil of the catpark. As I was driving on
heading towards the exit of the corpore. As I was driving on the straight read in the carpore, the road alread was clear
with no other yehicles. Suddenly a white AUDI SOST 2288
mad the doct here to accounting a date lat color by had
of me as I was going straight on the road. It was too near and I could not stop in time. The food right of my
hear and I could not stop in time. The thank right of my
car then collided with the front left of the while HUDI as
I could not avoid it as if was too abrupt and sudden.
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74
Note: Please take note that your insurer have to days time frame for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.
Claim OD/TP at Ah Lim Motor . Claim OD/TP at other workshop Reporting Only
W/o declare the foregoing particulars are true in every respect.
COR CO
Fre 1 29/06/2022
Policyholder's Signature / Date & Driver's Signature (fill driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

