SV10229H0008 / Vin's Motor Pte Ltd [575722] ENTRY DATE & TIME: 17/09/2022 14:26 (SGT) SUBMITTED BY: Raymond Teo Yun Loong VERSION: 1 (17/09/2022 14:26 (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 Actual 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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 17/09/2022 14:26 (SGT) Reported by Date of Accident 16/09/2022 18:55 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG SHEARES AVENUE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number **SLC2980A**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **HOO SWEA LEE** NRIC No S8023874F Email Address Shirley.hoo@gmail.com Mobile Phone No (Phone) +65-93855197 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 216D GRAN TOURER LED NAV 7 SEATER 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 1496

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd Policy Number / Cover Note Number MP320024

DRIVER

Name of Driver **NITIN ARORA** NRIC No S7974806D Date Of Birth 20/03/1979 Occupation Indoor

Date Of Driving Pass 12/09/2009 Driving experience 13 YEARS Gender Male Mobile Number (Phone) +65-93855197 Alt. Phone Number Email Address Shirley.hoo@gmail.com Address 410M PASIR PANJANG ROAD Address complement Postcode 117617 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse 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 - 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? 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 PASSENGER 1 Name WIFE Gender Male PASSENGER 2 **FRIEND** Gender Male PASSENGER 3 Name **CHILD** 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 REFER TO SKETCH PLAN ATTACHMENT(S)

Yes

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	GBL7779D - -
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	CHAN FOO LOI
Contact Number	(Phone) +65-91985203
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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- 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 Traffic Police Department for investigation.
- 5. This report will be forwarded by the insurers to 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 nereby 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)

I understand, acknowledge, agree and consent that

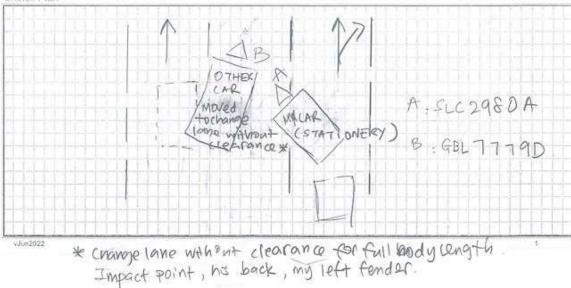
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insureris) who have insured vehicle(s) involved in this accident (all insureris) 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:
- (iii) 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 invoive disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopesimal packages); and/or
- (v) complying with applicable taw 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 losurers' 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.

Policyholder's Signature / Date & Time

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

ERICS IN KA CH ON
Witnessed by Reporting Centre Pers
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident TRAVELLING ALONG SHEARS AVENUE TOWARDS ELP (CHANGE) IN FRONT OF MBS, WAS TRYING TO FILTER INTO THE LEFT LANE AS MINE WAS A RIGHT TURNING LANE. THE TRAFFIC ON THE LEFT LANE BEHIND ME HAD ALREADY GIVEN WAY AND I HAD ALMOST FILTERED IN SEEING THE GAP IN FRONT A VAN IN THE LANE BESIDE THE LANG I WAS TRYING TO FILTER INTO DECIDED TO CUT ALROSS IN FRONT OF ME WITHOUT GIVING SUFFICIENT CLEARANGE TO ALLONDDATE FOR HIS VEHICLE LENGTH (BEING A LONG VAN), AND IN EA THE PROCESS SCRAPPED MY LEFT FENDER AND BUMPER, MY VEHICLE WAS STATIONARY AT THE TIME OF IMPACT

Declaration

I/We declare the foregoing particulars are true in every respect.

(Name as in NRIC/ID card)



















