SA1E22BG0001 / ALAN'S UNITED AUTO PTE LTD ENTRY DATE & TIME: 16/11/2022 16:08 (SGT) SUBMITTED BY: KHONG SHI JIE VERSION: 1 (16/11/2022 16:08 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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

16/11/2022 16:08 (SGT) Date of Submission Reported by Date of Accident 16/11/2022 09:34 (SGT) Exact Location of Accident Singapore Additional Location Information OPEN CARPARK BEHIND EXPO HALL 4B Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SNH268L Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? AMBER PEK JIA XUAN (BAI JIAXUAN) Name Of Registered Owner NRIC No SXXXX381Z AMBERPEK@GMAIL.COM Email Address (Phone) +65-90255857 Mobile Phone No Alternative Phone No

Tesla Manufacturer MODEL 3 Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party vour vehicle?

Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMPPHQ21-008776

DRIVER

AMBER PEK JIA XUAN (BAI JIAXUAN) Name of Driver SXXXX381Z NRIC No 23/12/1986 Date Of Birth Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	04/08/2017 5 YEARS AND 3 MONTHS Female (Phone) +65-90255857 - AMBERPEK@GMAIL.COM 16 DUNSFOLD DRIVE - 359378 Yes - No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes VIDEO FOOTAGE WITH OWNER
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	GBG3002P Commercial vehicle ANDY KONG HOU TING

Passport No/FIN	GXXXX278X
Contact Number	(Phone) +65-98009324
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate portor liability</u>.
- 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.
- 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 todgement 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)

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 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' lawyers/ aw 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 acodent and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any engiáles by me;
- (iv) administering my claims (including the making 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/mall 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 addition 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 lowyerslaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Philipple of Signature / Cale & Time

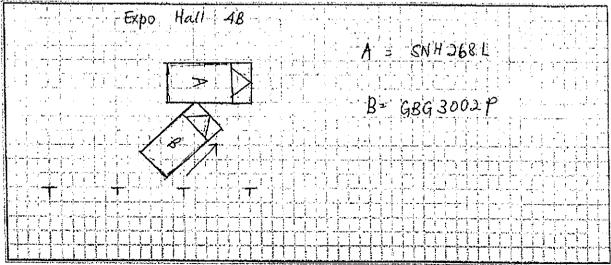
Driver's Signature (& driver is not the policyholder) / Date

& Yim

Witnesses by Reporting Centre Personner

(Name as in NRIC/ID card)





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