SA18226T0003-01 / AH LIM MOTOR COMPANY ( BRANCH )
ENTRY DATE & TIME: 29/06/2022 12:45 (SGT)
SUBMITTED BY: GERALD CHEW
VERSION: 2 (26/08/2022 15:26 (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 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 | Both |
| Date of Accident | 28/06/2022 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 |
| Email 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 your vehicle? | No - Claiming third party |
| 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 | Male |
| 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? | 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 | 2 |
| 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) | 1 |
| 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? | No |
| 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 |
| Name of Driver | TAN WEE THENG |
| NRIC No | SXXXX073B |

| | |
|---|---|
| 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) | - |

## SKETCH PLAN

EQ
Vehicle : SCL 813Y
29/06/2022

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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
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/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

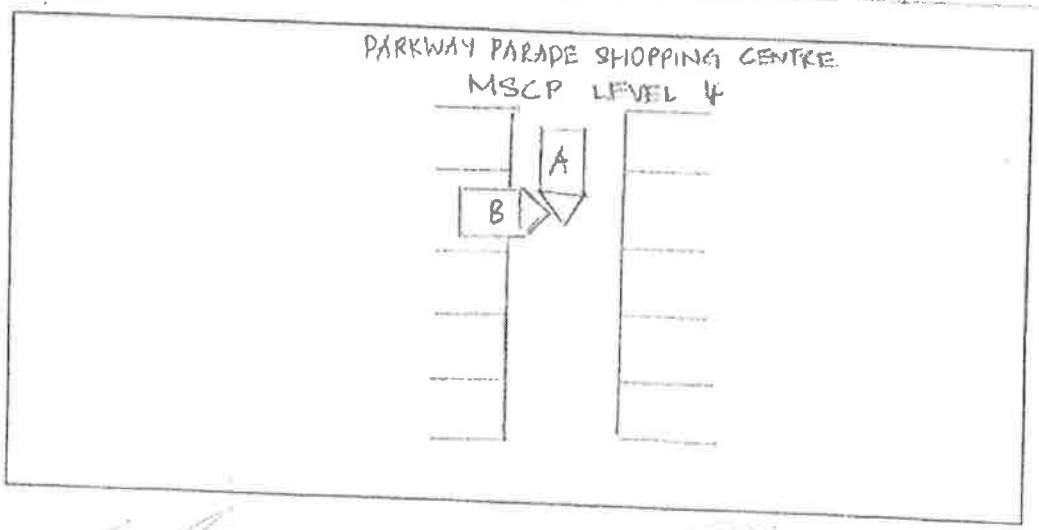
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims,

(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' 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.

**Sketch Plan**




Policyholder's Signature / Date & Time
29/06/22

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

Witnessed by Reporting Centre Personnel
29/06/2022

SKETCH PLAN #2

Date of accident: 28/6/22 Time: 11.44 am Location: Parkway Parade Shopping Centre Carpark

My Vehicle A: SJL813Y Vehicle B: SDS7228S Vehicle C: —

SKETCH PLAN

Describe Circumstances of the Accident

I, Chan Kwan Lam, S8970249D, was in my car, 2012 BMW M6, in Parkway Parade Shopping Centre Carpark level 4, driving off and heading towards the exit of the carpark. As I was driving on the straight road in the carpark, the road ahead was clear with no other vehicles. Suddenly, a white AUDI, SDS7228S, moved off abruptly from its perpendicular parking lot right in front of me as I was going straight on the road. It was too near and I could not stop in time. The front right of my car then collided with the front left of the white AUDI as I could not avoid it as it was too abrupt and sudden.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your 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

We declare the foregoing particulars are true in every respect

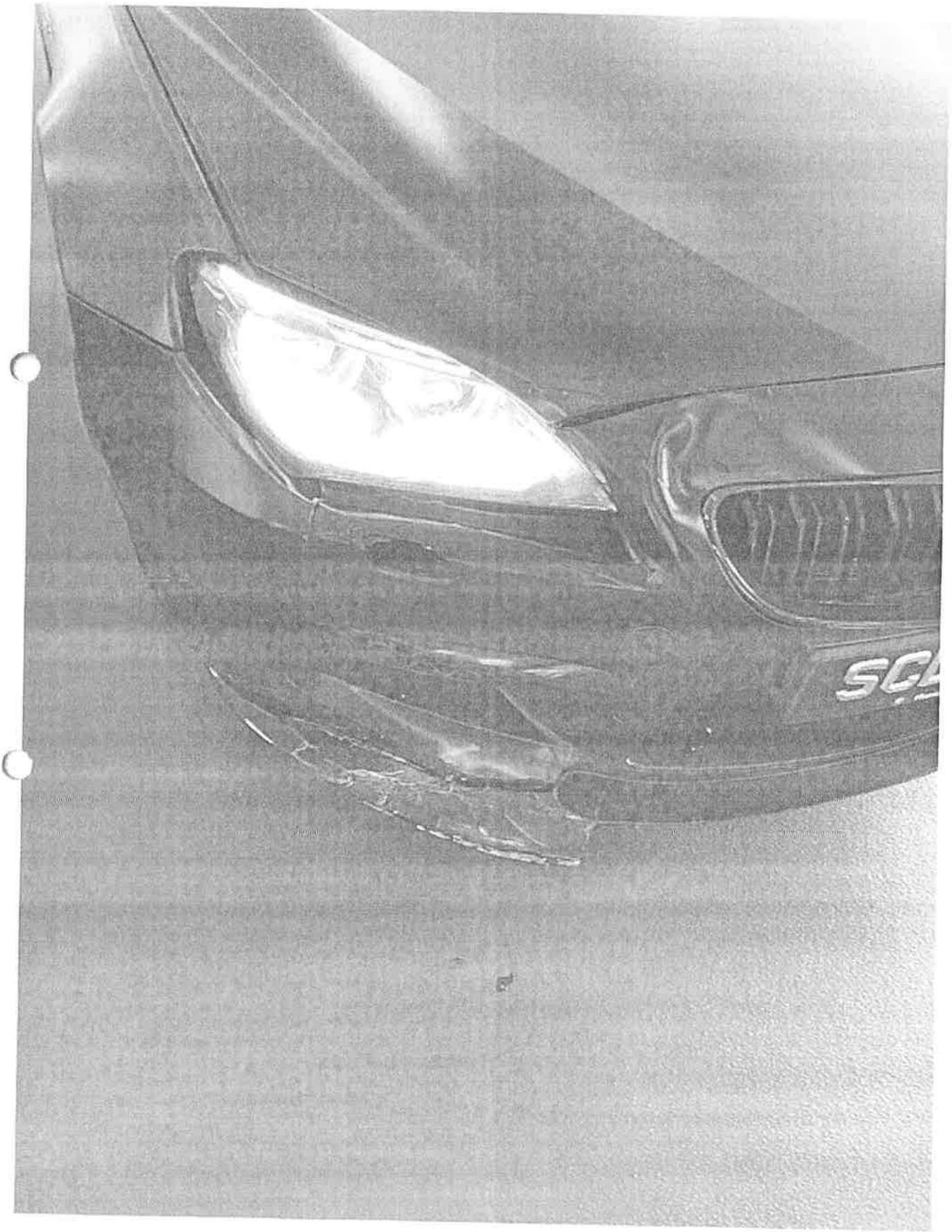
Policyholder's Signature / Date & Time 29/06/22

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

AH LIM MOTOR CO. (1977) PTE LTD

29/06/2022

Witnessed by Reporting Centre Personnel



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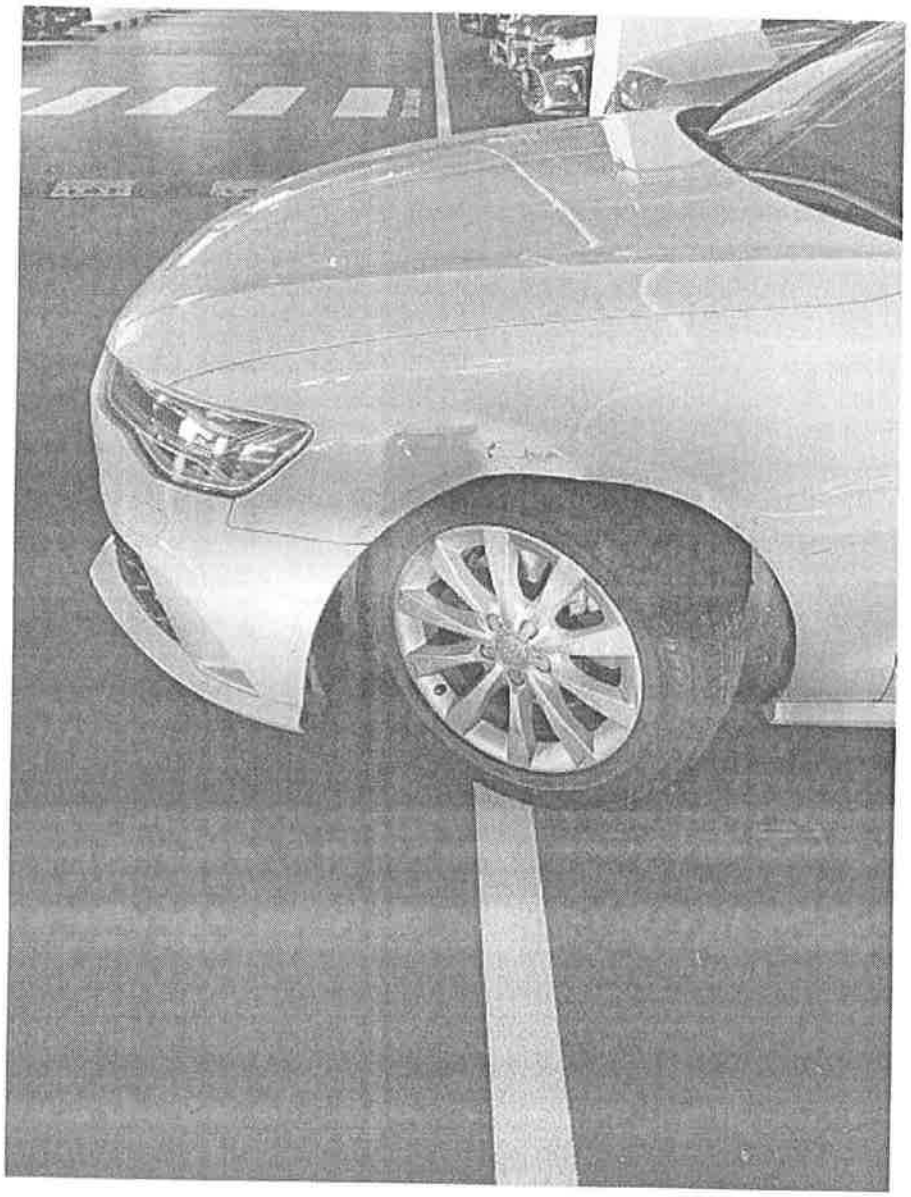

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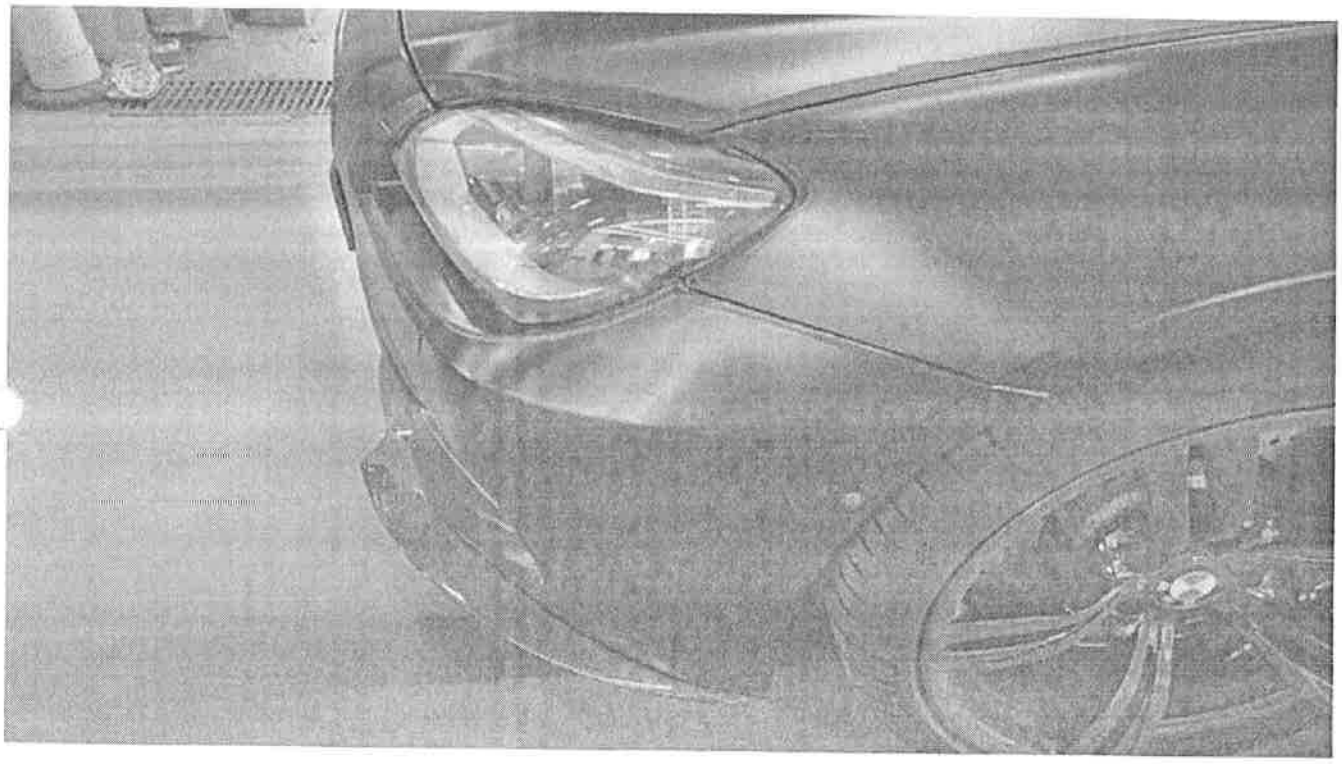

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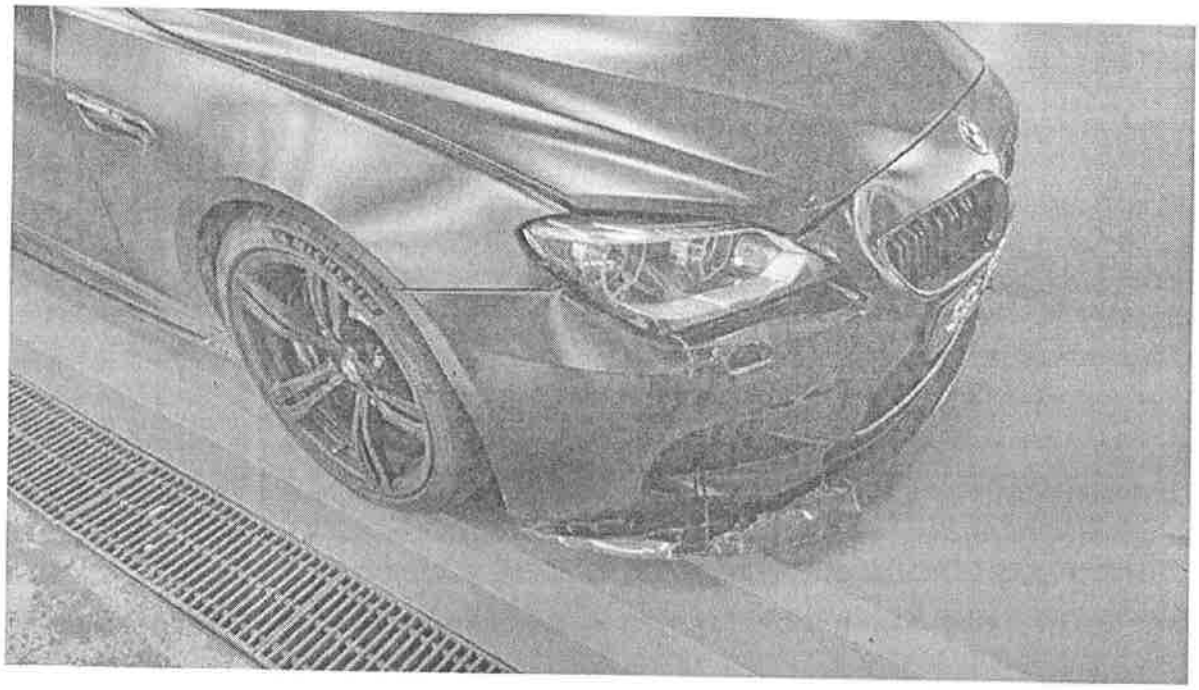
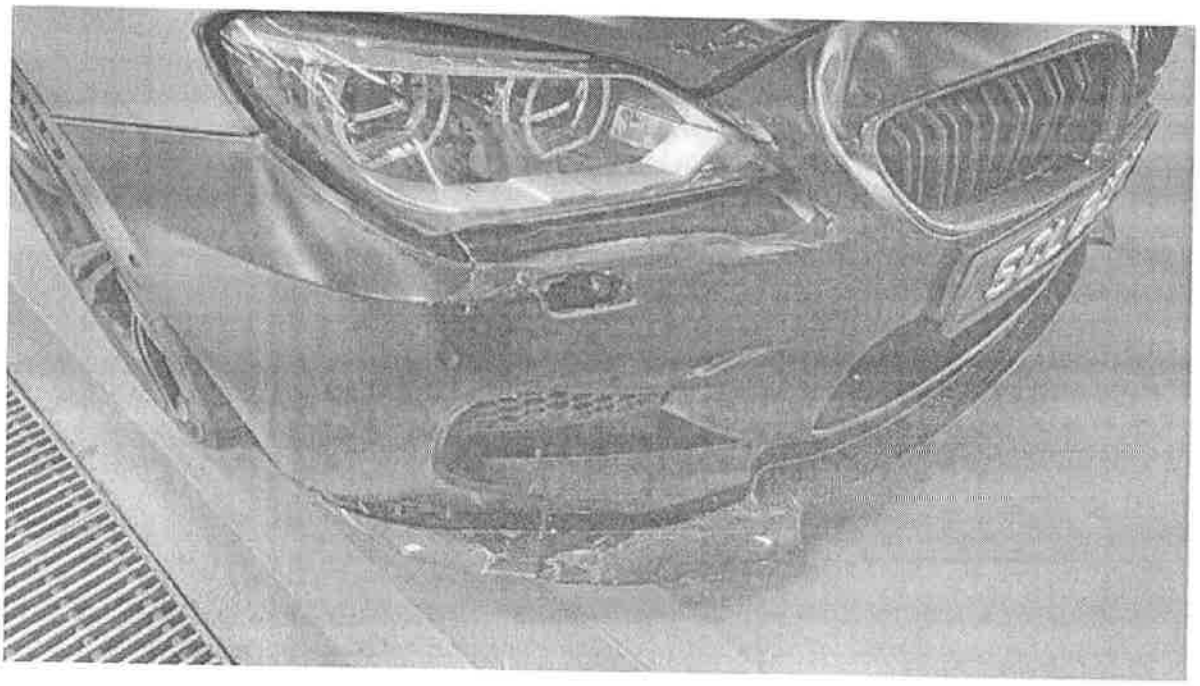
IMAGES #5





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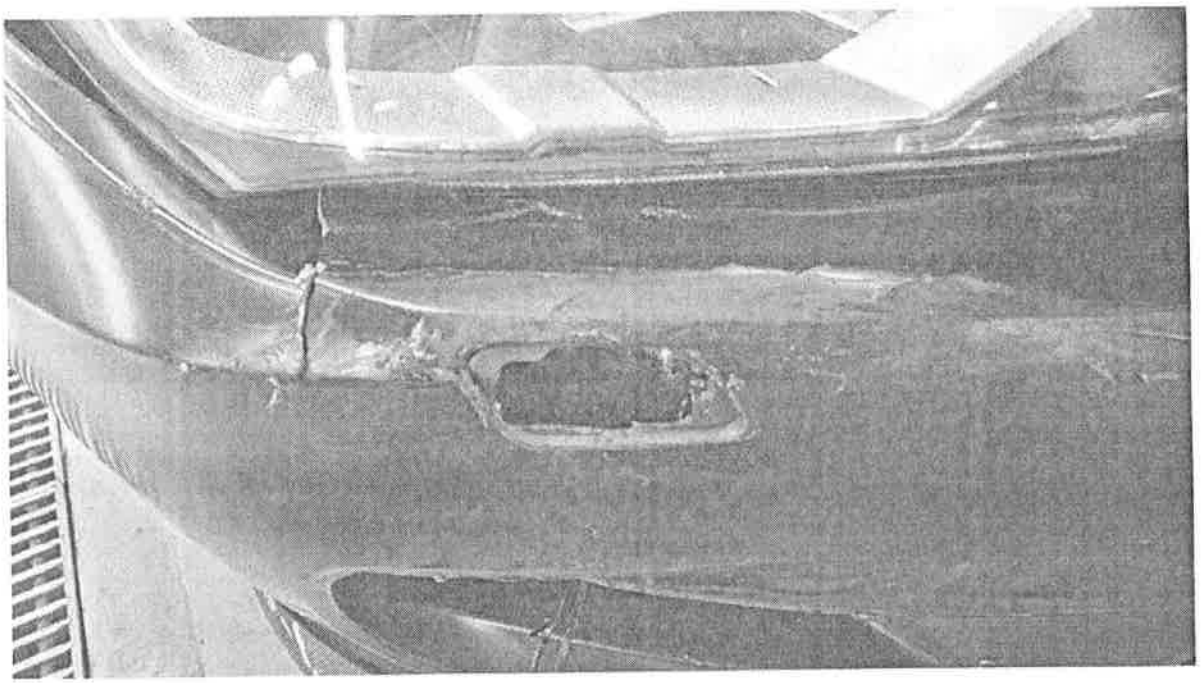

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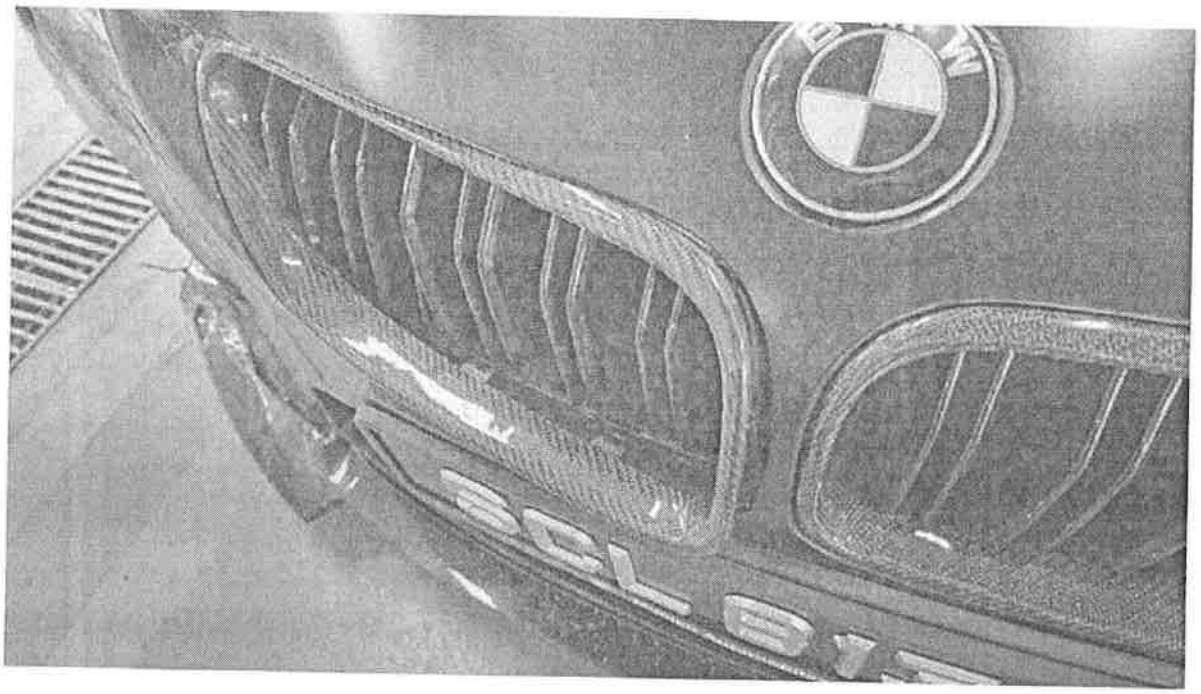

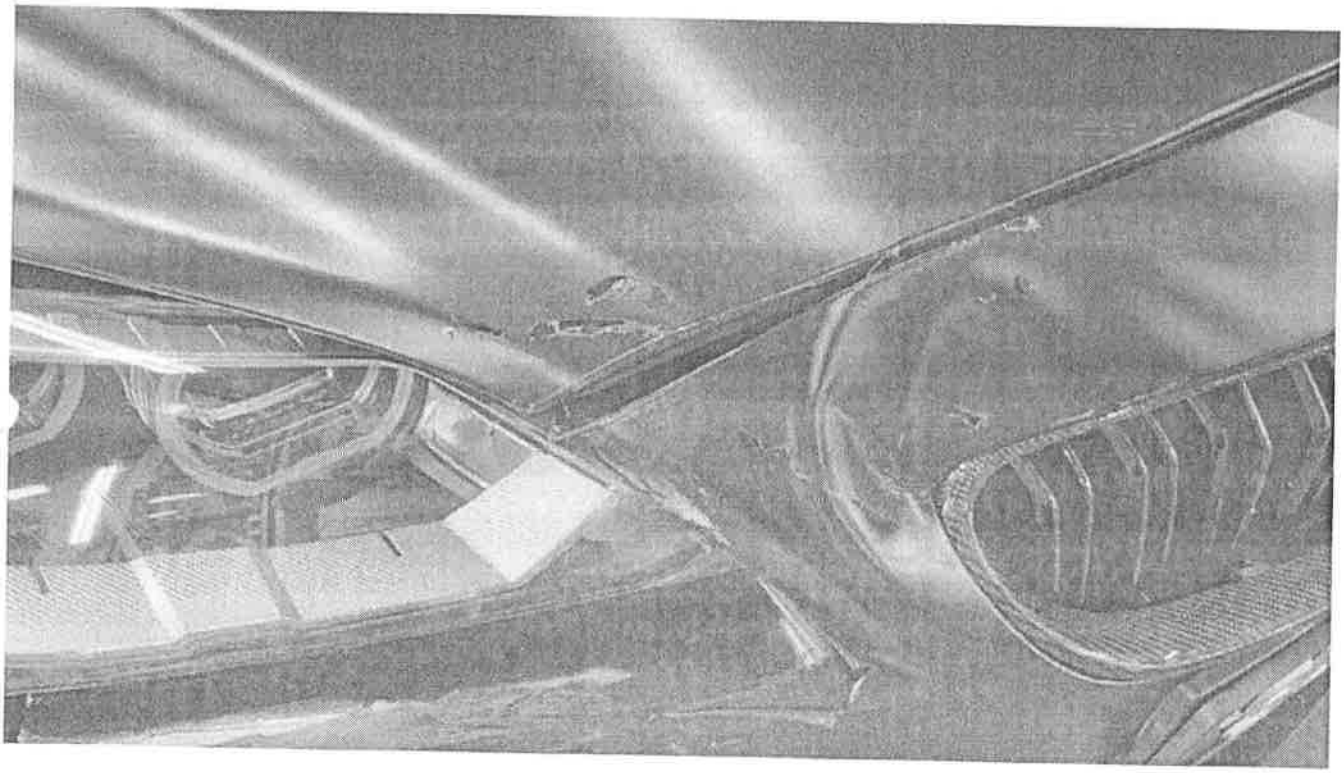

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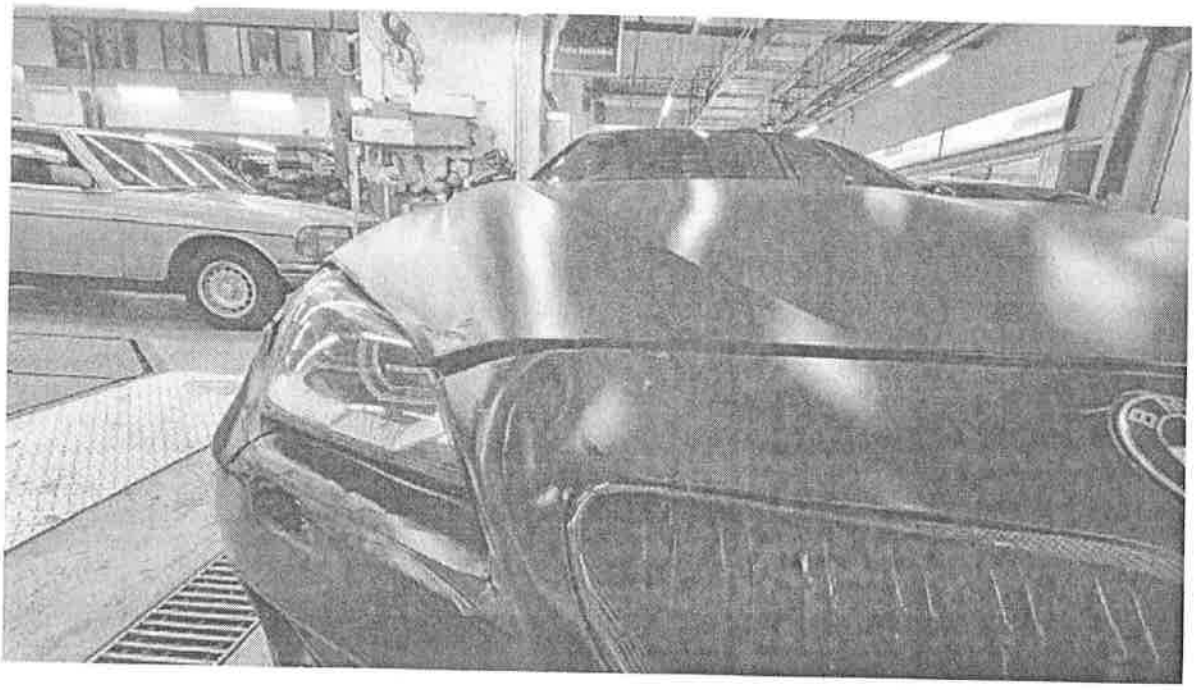

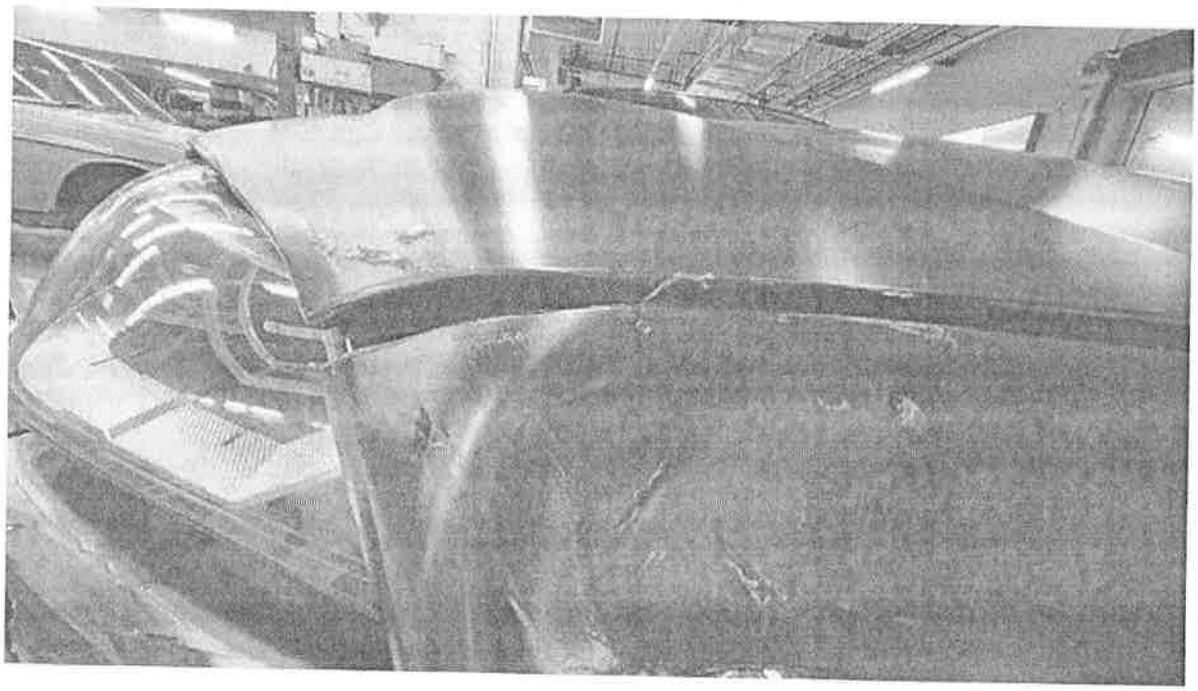

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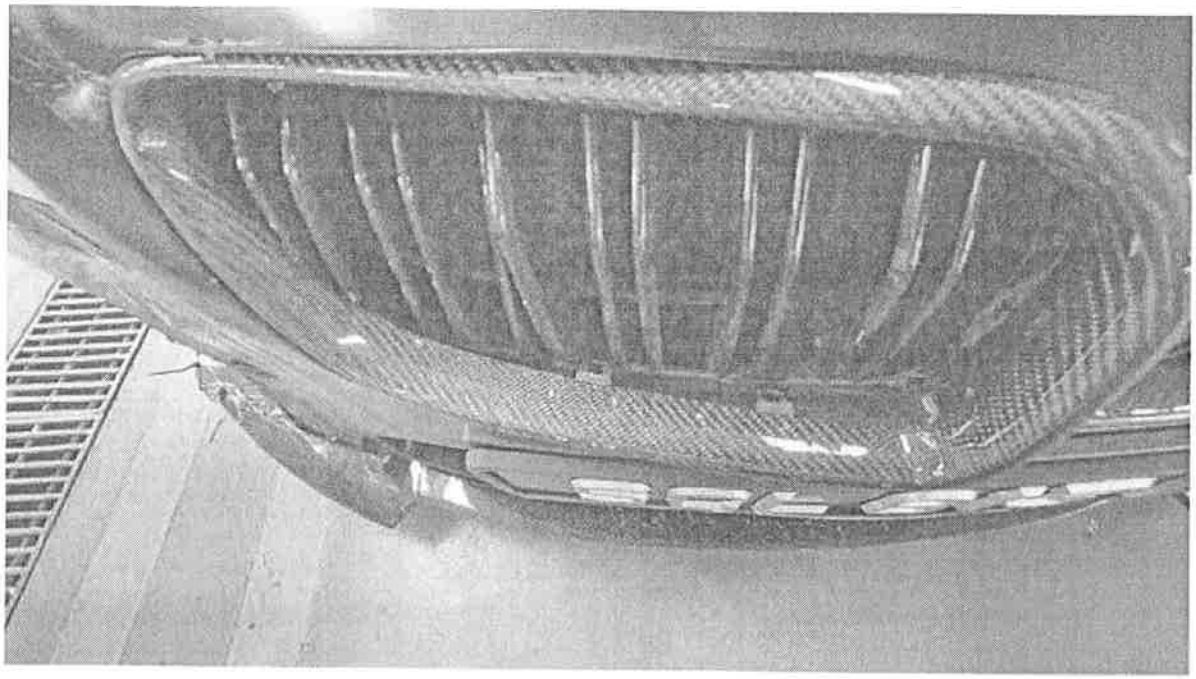

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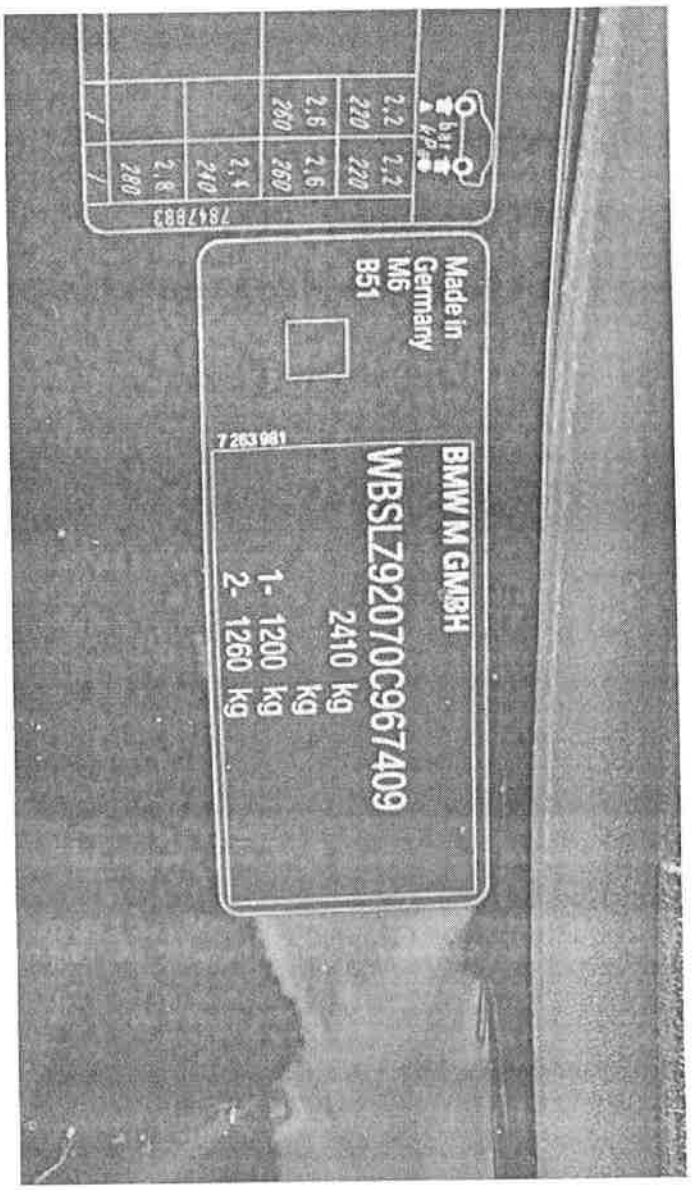
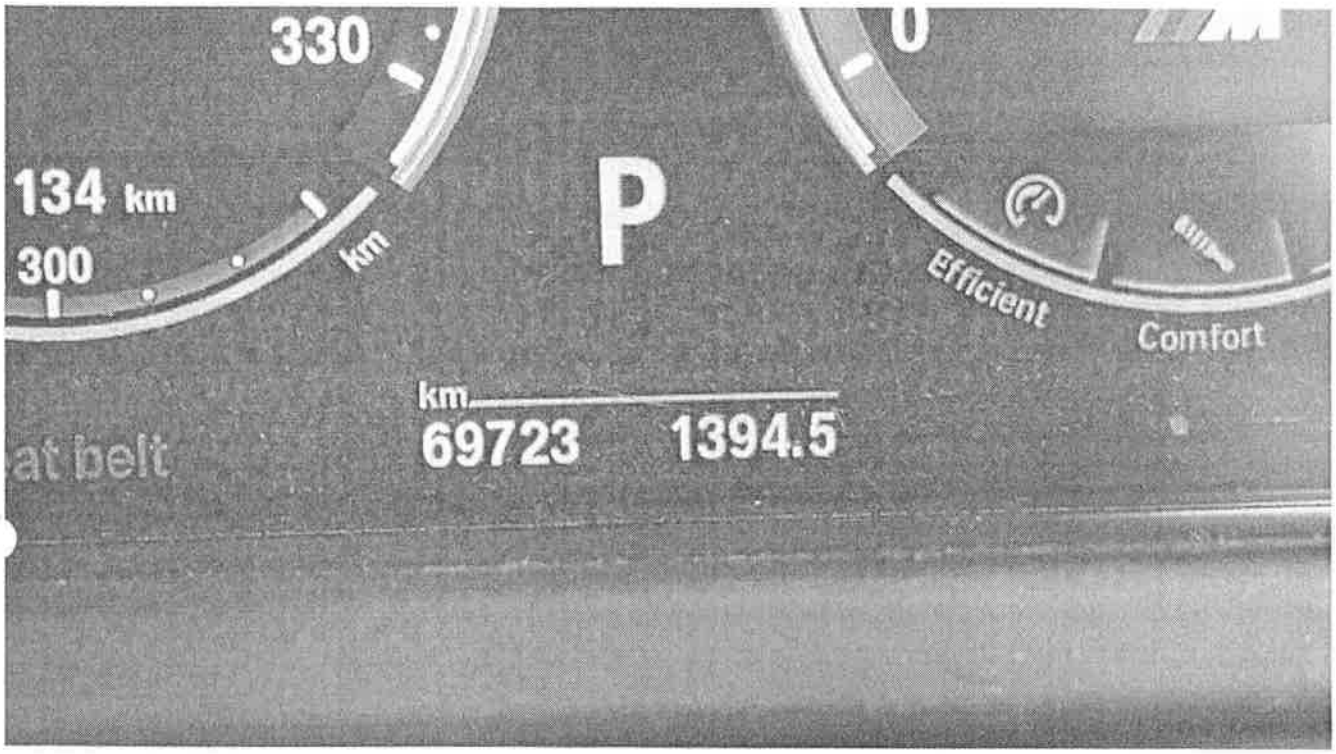

BMW M GMBH
WBSLZ92070C967409
2410 kg
1- 1200 kg
2- 1260 kg
7263981
Made in Germany
M6
B51
7847883

IMAGES #11



GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA18226T0003 Vehicle Registration No: SCL813Y

Name (as shown in NRIC): Chan Kwan Lam NRIC/FIN/Passport No: S8947C134D

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 48 Marine Parade Road #18-08 Singapore ( 449306)

Contact (Tel): Mobile No.: 98001603

Email Address: louischan343@hotmail.com

Date of Accident: 28.06.2022 Time of Accident: 1149 hrs

Place of Accident: 80 Marine Parade Road (S) 449369

Insurance Company: EQ Insurance

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Date of accident should be at 28.6.2022 not 21.6.2022

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Gerald Chew
NRIC/FIN No.:
Date: