

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report	29/03/2018 10:57
Date Of Accident	28/03/2018 08:15
Exact Location Of Accident	BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1620T
Insured/Policyholder	
Name Of Registered Owner	CAROLINA BIOLOGICAL SUPPLY (S) PTE LTD
Co Reg No	200204548C
Email Address	MELVYN@CAROLINA.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64635312

Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER-1.6 D (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN834792
Cover Note Number	

Driver

Name of Driver	TOH CHWEE AIK
NRIC No	S6829538F
Date Of Birth	12/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1994
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97908178
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 761 PASIR RIS ST 71 #12-214
Postcode	510761
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5455C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN CHOON KENG
NRIC/Passport Number	S1514202B
Contact Number	97282189
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

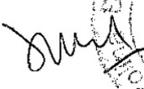
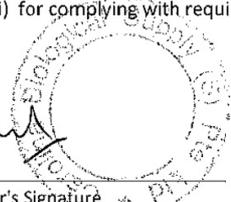
SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



 Policyholder's Signature
 Date & Time:

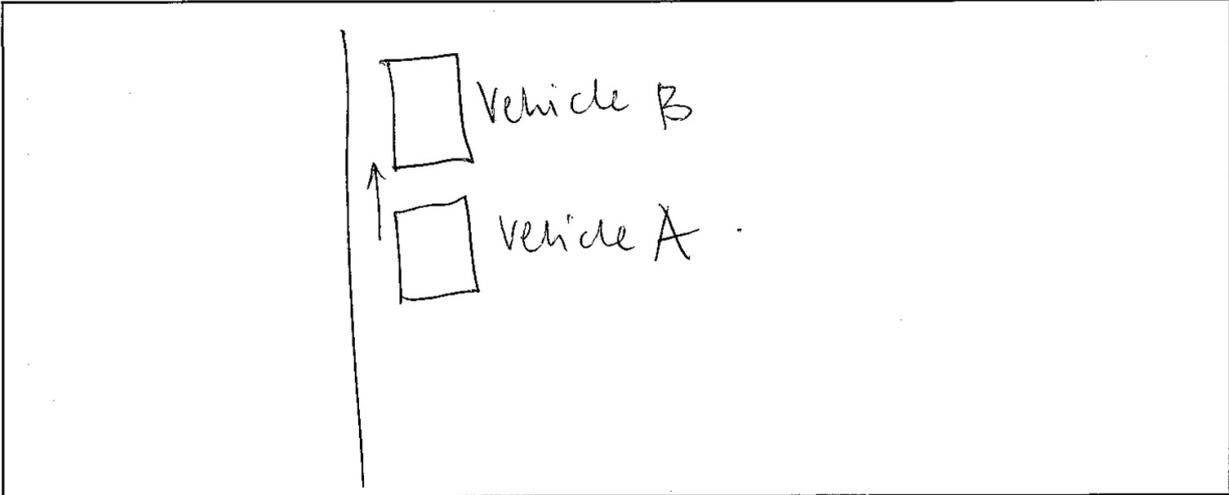

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 28/03/18
 10.02 am


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

Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 28th Mar '18 Time: 8-15am Location: Bartley Road East
 My Vehicle A: GBG1620T Vehicle B: GBG5455C Vehicle C/Others: —



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle hit the other vehicle at Bartley Road East as traffic was very ~~to~~ slow and road was jammed up. The vehicle was travelling slowly at a start-stop pace along the straight road on a clear day.
~~We~~ Both the drivers came out the impact and exchange details and discussed about how to resolve the matter.
 No one was hurt or showed any signs of injury nor was there any complaints of injury.
 We went off along our own way after that.

() Claim OD / TP at Ah Lim Motor () Claim OD / TP at other workshop Reporting Only

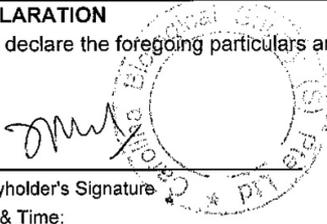
Remarks : Please forward a copy of my efile accident report to

My workshop :
 Email Address :
 & Myself :
 Email Address : melvyn@carolina.com.sg

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.

DECLARATION

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


 Policyholder's Signature
 Date & Time:


 Driver's Signature (If driver is not the policyholder)
 Date & Time 29/03/18


 Witnessed by Reporting Centre
 Personnel



Carolina Biological Supply (S) Pte Ltd

49 Jalan Pemimpin #01-06 APS Industrial Building Singapore (577203)
Tel: (65) 6463 5312 Fax (65) 6463 4213 Email: sales@carolinasingapore.com

Co. Reg. No.: 200204548C

Teamed With Teachers

Letter of Authorization

I, Melvyn Tan Tzen Huang (S7581022I), the Manager for Carolina Biological Supply (S) Pte Ltd, authorize Toh Chwee Aik (S6829538F) to drive our vehicle GBG 1620T, on behalf of our company.

Toh Chwee Aik is employed by our company as driver.

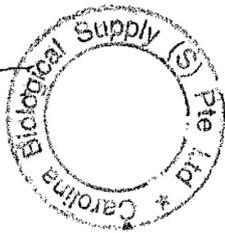
Thank you.

Yours Sincerely,

(Melvyn Tan)

Manager

29th Mar 2018



DRIVER NRIC & DL Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6829538F**
 Name: **TOH CHWEE AIK**
 Birth Date: **12 Sep 1968**
 Issue Date: **19 Dec 2017**

002755321G



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S6829538F



Name: **TOH CHWEE AIK**
 卓 水 益
 Race: **CHINESE**
 Date of Birth: **12-09-1968** Sex: **M**
 Country of Birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	29 Jun 1994
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	24 Sep 1999
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg and the unladen weight $>$ 7250kg	05 Nov 1999

NP 428A



A0012307




NRIC No: **S6829538F**

Blood Group: **A+** Date of issue: **19-04-2001**

Address:
APT BLK 761 PASIR RIS STREET 71
#12-214
SINGAPORE 510761

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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