

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	11/06/2018 16:04
Date Of Accident	09/06/2018 20:30
Exact Location Of Accident	LOR 6 TOA PAYOH BESIDE HBD HUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL464P
Insured/Policyholder	
Name Of Registered Owner	EVER SPRING MEDICAL GROUP PTE LTD
Co Reg No	199103830K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 AVG-2.0 (R18 LED) (A)
Exact Purpose for which vehicle was being used at time of accident	WORK USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA163112/1
Cover Note Number	

Driver

Name of Driver	TAN BEE GAWH
NRIC No	S1257133Z
Date Of Birth	26/04/1957
Occupation	INDOOR
Date Of Driving Pass	15/04/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97606999
Fax Number	(LOCAL) +65-97593344
Contact Number	
Email Address	TAMBGATAN@YAHOO.COM.SG

Address	108 FARRER ROAD
Postcode	259236
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 - MAJOR/MINOR RD
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?	NO
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

Report please refer to sketch Plan

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	SFU7303Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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 any 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/are 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/are outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) 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.

Over Spring Medical Group Pte Ltd
804 42 Cambridge Road 401-04
Singapore 210042

Tel: 62568377

Policyholder's Signature
Date & Time:

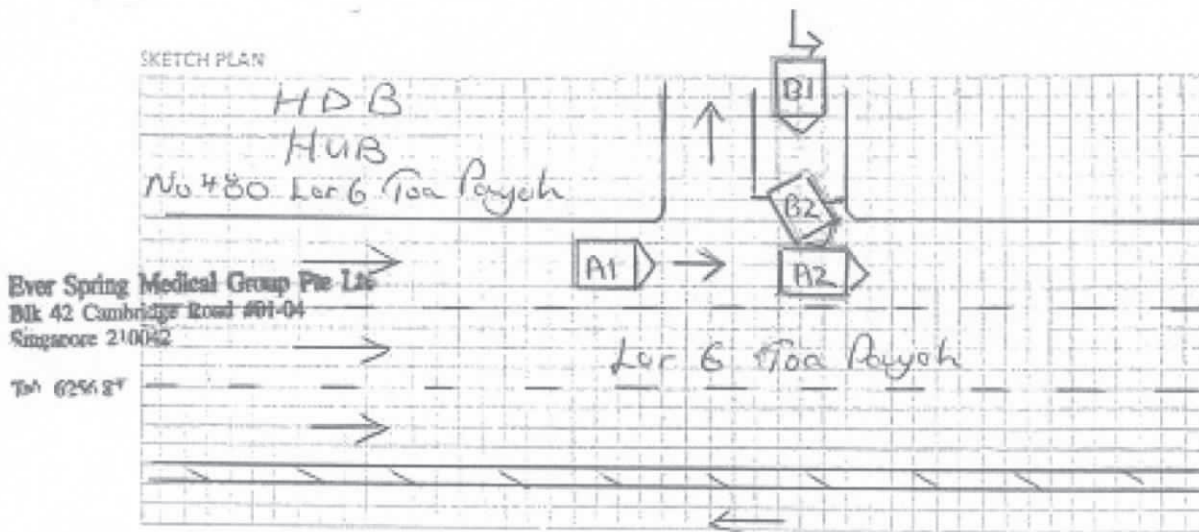
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Ramli
571512090

Sketch Plan #2

SKETCH PLAN



Ever Spring Medical Group Pte Ltd
Blk 42 Cambridge Road #01-04
Singapore 210042

Tel: 6256187

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/06/2018 at about 2030 hrs at along Toa Payoh Lor 6 beside HDB Hub. I was travelling on the extreme left lane along Lor 6 Toa Payoh towards Lor 4 and when coming towards the Car Park Exit of HDB Hub a Vehicle (B) exit out without stopping and without giving way to my on coming vehicle and hence collided onto my whole left Portion of my Vehicle (A) causing damages to my vehicle.

(A) SLL 464 P

(B) SFU 7303 Z

DECLARATION

We declare the foregoing particulars are true and correct.

Ever Spring Medical Group Pte Ltd
Blk 42 Cambridge Road #01-04
Singapore 210042

Policy No. 6256187
Signature

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

Reporting Centre Personnel's Signature
Name: Kenneth
NRIC/IN No.: S7131809C