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 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.

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 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 17/04/2021 13:26 (SGT) Date of Accident 17/04/2021 09:25 (SGT) Exact Location of Accident Everitt Rd, Singapore Additional Location Information TWDS CHANGI RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBC8222J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner TAN BOON GUAN @ CHEN WEN PAN

NRIC No S0476682B

Email Address chuanhua@singnet.com.sg Mobile Phone No (Phone) +65-85694326

Alternative Phone No +65-85694326

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200

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 2000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive

Fleet Policy

Nο Policy Number GA053720 Cover Note Number

DRIVER

Name of Driver TAN BOON GUAN @ CHEN WEN PAN

NRIC No S0476682B Date Of Birth 20/01/1940 Occupation Indoor Date Of Driving Pass 04/05/1962 Driving experience 58 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-85694326 Alt. Phone Number +65-85694326 Email Address chuanhua@singnet.com.sg Address 163 JOO CHIAT TERRACE Address complement Postcode 427308 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 - 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? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG EVERITT ROAD AND WANTING TO TURN INTO CHANGI ROAD. AFTER STOPPING AT THE STOP LINE

TO CHECK FOR ONGOING VEHICLE ALONG CHANGI ROAD, I PROCEED TO TURN. SUDDENLY, VEHICLE B WHO ALSO WANTING TO TURN ONTO CHANGI ROAD DROVE TO THE RIGHT HAND SIDE OF MY VEHICLE AND PROCEED TO TURN WITHOUT SIGNALLING. HOWEVER WHILE VEHICLE B WAS TURNING, HE CUT INTO MY LANE RESULTING IN THE LEFT HAND PORTION OF VEHICLE B HITTING ONTO THE RIGHT HAND PORTION OF MY VEHICLE.

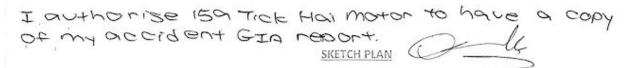
ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJA3833U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver MR ANG

NRIC No	S1509676D
Contact Number	(Phone) +65-96892008
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-



IMPORTANT NOTICE

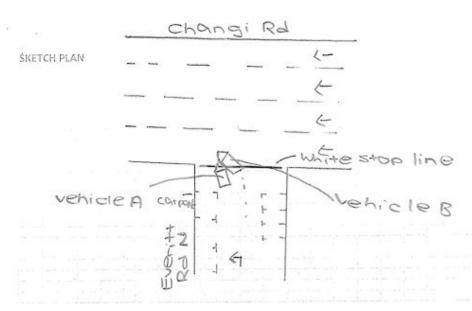
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- 8. Consent under the Personal Data Protection Act (PDPA)

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:
 - 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:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Everitt Rd N I was driving along to turn into Changi Rd. After a Stopping at the stop line to check for to Ongoing vehicle along Changi Rd, I proceed Suddenly, vehicle 8 who also wanting to turn onto Changi Road to the right hand side of my vehicle and proceed to turn without signalling However while vehicle B was turning cut into my lane resulting in the left hand portion of vehicle B hitting onto the right hand DECLARATION bortion of my behicle. DECLARATION DONTON OF MY

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:

Reporting Centre Personnel's Signature Name NRIC/FIN Nu.:

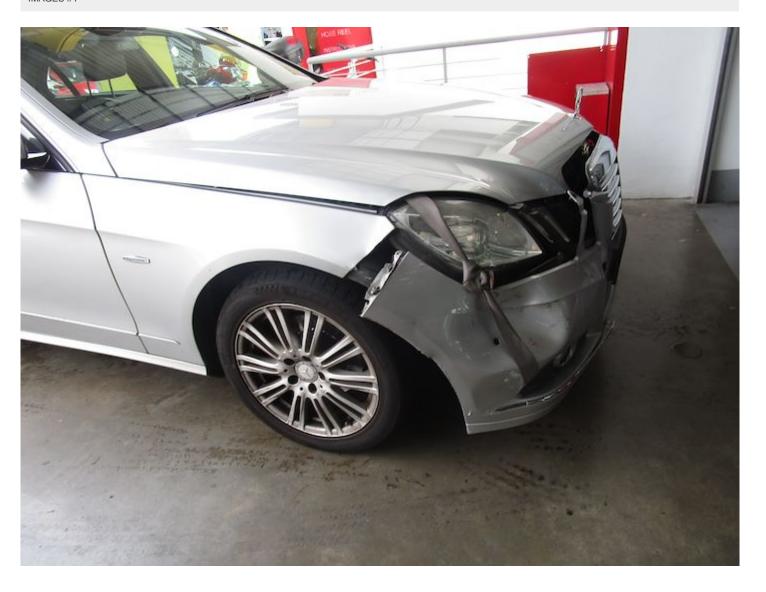
LETTER OF UNDERTAKING

My/Our Insurance is under M/s AXA to claim under my/our Policy or again claim to M/s AXA Insurance Singapor 14(fourteen) days of occurrence	ist the Third Party re Pte Ltd with all	and if the former relevant facts and	r shall submi	í such a
				923
My/Our Third Party claim is handle by i	my/our preferred w	orkshop, 159 T	ick Hai	Mot
My/Our Third Party claim is handle by n	my/our preferred w	orkshop, 159 T	ick Hai	Mot
	my/our preferred w	orkshop, <u>159</u> T	ick Hai	Mot

















4/17/2021

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