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.

Alternative Phone No

- 4. The issue and acceptance of this is form by instrained 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 24/05/2021 19:32 (SGT) Date of Accident 23/05/2021 14:50 (SGT) Exact Location of Accident Newton, Singapore Additional Location Information **NEWTON CIRCUS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number **SLR9283D**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN CHEN SIANG NICODEMUS HIDALGO NRIC No. SXXXX739D Email Address Mobile Phone No

VEHICLE PARTICULARS

Manufacturer

Model C180 Variant 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1595

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA419688 Cover Note Number

DRIVER

Name of Driver TAN CHEN SIANG NICODEMUS HIDALGO NRIC No. SXXXX739D

| Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver | Indoor 22/11/2012 8 YEARS AND 6 MONTHS Male - Yes - No - | |
|--|---|--|
| GENERAL INFORMATION OF THE ACCIDENT | | |
| Type of Accident Weather Conditions Road Surface | Collision - Roundabout 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 material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 | No 2 No - Yes 2 No | |
| Name Gender | WIFE Female | |
| DETAILS OF POLICE ACTION | | |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? | No No | |
| CIRCUMSTANCES OF ACCIDENT | | |
| PLS REFER TO SKETCH PLAN | | |
| ATTACHMENT(S) | | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? | Yes Yes No | |
| DETAILS OF OTHER VEHICLE PROPERTY 1 | | |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category | SG5159G - - - - Bus | |

| Name of Driver | MOHD AZNI BIN OTHMAN |
|---|----------------------|
| Work Permit No | 5XXXX7556 |
| Contact Number | |
| 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

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- 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. 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.
- 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)

l 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

n Skeld Mer

Witnessed by Reporting Centre Personnel

6452.7

Sketch Plan

| Describe Circumstances of the Accident |
|---|
| Vehicle A was in Newton Circus, on the second lane from the left after |
| entering from Kampong Java Road Vehicle A intended to stay on second |
| lane for order to exit into scotts Road. Vehicle B was on the left most |
| lane after entering from Kampong Java Road. After passing the Clemenceau |
| Ave N exit, behicle A intended to stay on its lane. However, after parring |
| the yellow box at the clearnceau Ave N'exit, Vehicle B cut into Vehicle A's |
| lane forcibly. Occause of this, Vehille A moved one lane to the right Because |
| Vehicle A's lane did not allow exit to scotts Road, Vehicle A signalled left, |
| slowed down to wait for an opportunity to enter satts road safely. In |
| I doing so Vehicle A stopped and stayed clearly in his lane to see how if and pass vehicle is safely. After Vehicle is had forgibly at in |
| Weld a Alc long it matined on the long to an its He Bukit Tough |
| Vehida Als lane, it continued on its lane to go to the Bukit timah poad exit (towards Sarkito road). As Vehicle B did so, it did a |
| had two recklescly to position itself at the traffic light at Scotts |
| Road. When it did this turn the rear right end of vehicle B hit |
| bad turn recklessly to position itself at the traffic light at Scotts Road. When it did this turn, the rear right end of vehicle B hit the front left side of vehicle A Cwhich was stationary and in its lane). |
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Declaration

IWe 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

Witnessed by Reporting Centre Personnel



































