

## 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 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	23/09/2021 21:03 (SGT)
Date of Accident	21/09/2021 14:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE EXIT TO TOH TUCK AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT889E ✓
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MEWAH OILS & FATS PTE LTD
Company Reg No	198306094E
Email Address	LWWONG@MEWAHGROUP.COM
Mobile Phone No	(Phone) +65-91692088
Alternative Phone No	+65-91692088

#### VEHICLE PARTICULARS

Manufacturer	Audi ✓
Model	Q5 ✓
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	Commercial vehicle
Transmission	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA401778/1
Cover Note Number	-

#### DRIVER

Name of Driver	WONG LAI WAN ✓
NRIC No	S26203301

Date Of Birth	21/12/1960
Occupation	Indoor
Date Of Driving Pass	22/01/1991
Driving experience	30 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91692088
Alt. Phone Number	-
Email Address	LWWONG@MEWAHGROUP.COM
Address	5 LENTOR GREEN
Address complement	-
Postcode	789254
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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

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

PLS 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	SLG3814U
Vehicle Manufacturer	Audi
Vehicle Model	A3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHONG SIANG LOONG DERRICK
NRIC No	S8840339H
Contact Number	(Phone) +65-81337358
Address	-

Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
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 accessed 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 envelope/postal 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 sited outside of Singapore, for one or more of the above Purposes.

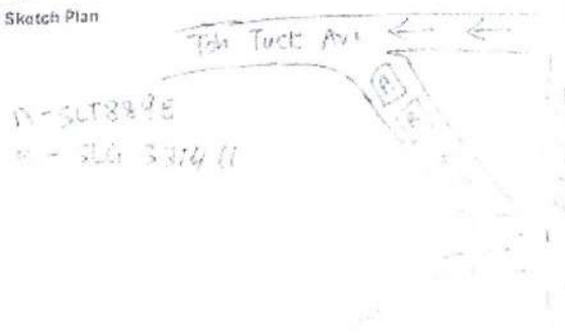


22/09/2021  
Policyholder's Signature / Date & Time

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

22/9  
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I am driving and turning into Toh Tuck Avenue, I stopped to give way to on-coming vehicles from Toh Tuck Avenue, suddenly I heard a bang, the car behind me hit onto my rear.

Large rectangular area with horizontal lines for sketching or drawing.



Declaration

I/We declare the foregoing particulars are true & correct.

Signature

Signature area with handwritten marks.

Signature area with handwritten 'B/S' and other marks.

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(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

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22/09/2021 *[Signature]*

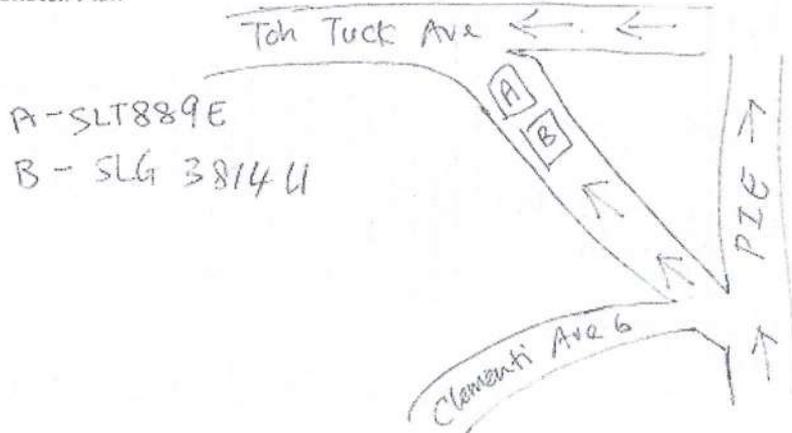
Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I am driving and turning into Toh Tuck Avenue, I stopped to give way to on-coming vehicles from Toh Tuck Avenue, suddenly I heard a bang, the car behind me hit onto my rear.

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Handwritten signature]*  
*[Handwritten date]*

22/09/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

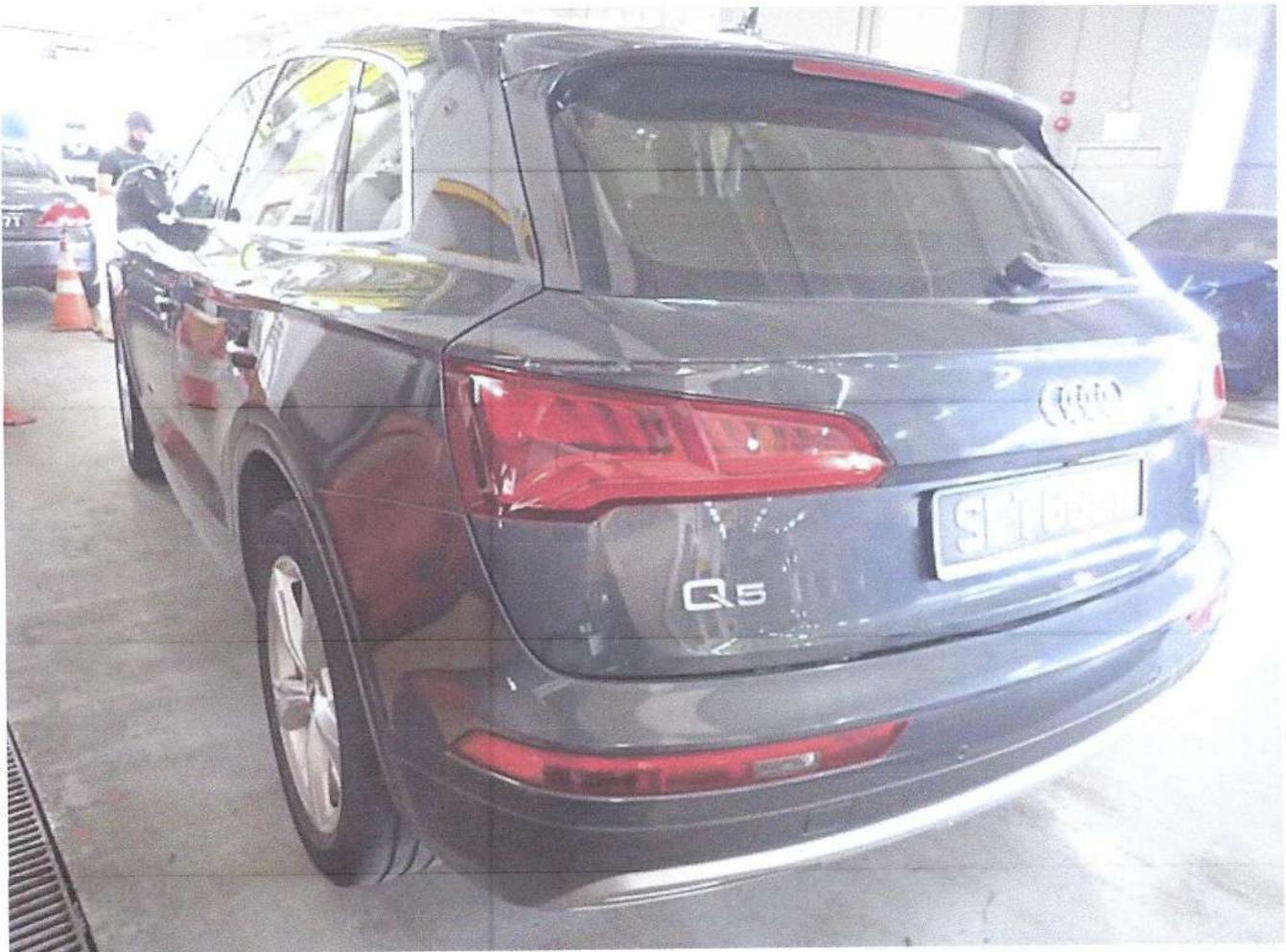
IMAGES





IMAGES #3





IMAGES #5





IMAGES #7



