A222S0001 / Volkswagen Group Singapore Pte Ltd fRY DATE & TIME: 28/02/2022 10:33 (SGT) SMITTED BY: Tang Shu Shi ERSION: 1 (28/02/2022 10:33 (SGT))



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

- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation of without go make a possible of the policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/02/2022 10:33 (SGT) 27/02/2022 21:45 (SGT) Singapore UPPER SERANGOON ROAD Singapore

DETAILS OF OWN VEHICLE

SFY8368J Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? TAN SIAN YEOW TERENCE Name Of Registered Owner SXXXX469F NRIC No terencesytan@gmail.com **Email Address** (Phone) +65-97820680 Mobile Phone No +65-97820680 Alternative Phone No

VEHICLE PARTICULARS

Volkswagen Manufacturer Model JETTA TSI High 90 D7F Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1400

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number VPA/P1573178/07 Cover Note Number

DRIVER

Name of Driver TAN SIAN YEOW TERENCE NRIC No SXXXX469F



Page 1 of 17

Indoor 18/02/2000 y Deving Pass 22 YEARS Male experience (Phone) +65-97820680 +65-97820680 Market Nomber terencesytan@gmail.com at phone Number 53 upper serangoon view Email Address #14-08 534019 Address Address complement Yes is the driver the policyholder? is the Relationship of the Driver with the Insured No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Chain Collision Clear Type of Accident Dry Weather Conditions Road Surface OTHER INFORMATION No Was any foreign vehicle involved in the accident? 3 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? STELLA CHAN TSUI SHAN PASSENGER 1 Female Name Gender PASSENGER 2 THERESE TAN YI HUI Female Name Gender PASSENGER 3 GERMAINE TAN YI MIN Name Female Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No Was there any audio recorded? No Page 2 of 17

19/02/1975

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD6077Z

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address

Taxi
TEO HOCK SENG
SXXXX992Z
(Phone) +65-97668949

Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

SMR6504A Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Private car Vehicle Colour SURIYAMURTHY DHINAKARAN Vehicle Category Name of Driver SXXXX040J NRIC No 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

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- This Formation provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
 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

- allow insurance and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation. 5. Any tasse report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association
 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association The report will be convertible by the insurance Assort
 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.

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

- (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' law yers/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;

CHURCH

- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (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 [0.01M Sketch Plan	Driver's Signatu & Time	ure (if driver is not the policy	holder) / Date	Witnessed by Reporting Centre Personnel
11		upper seragour	Load.	
SPA	8368]	SHD 6077Z	SMR	5504A
	Name (Special Special Sp.		-	-

scribe Circu	umstances of the Accident
	hopered @ 9:45pm or 27/2/22. This was outside the right May church along what program Road, in the
tocident	CONCORDO CHARLES CHARLES CONCORDO CONCO
sieller 1	ight was another early with transfer back, on the
end lan	
	the interior with me while in four-the
My as	The state of the state of the state of the
off its	oped. More and that the war of wall
pehicle	to check that the tent of the feet hit was
donale	at a tax 1 strate and and 6504A that
vehide	strong of traffic junction with one vehicle in from the open. There was then a bang and I exited the to check that the 1861 of my car was a laxi. SHD 60772 year hist my. There was also another car, SMR 6504A, that hist the taxi.
had	nit the taxi.
	1 to 11 and and and work
We e	adaged details and went our ways.
CONTRACTOR	

We declare the foregoing particulars are true in every respect.

foor 28/2/22

Policyholder's Signature / Date & Time (OQV)

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

Witnessed by Reporting Centre Personnel