

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 04/05/2022 13:07 (SGT)
Date of Accident 03/05/2022 11:40 (SGT)
Exact Location of Accident 18B Holland Dr, Singapore 273018
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB6575S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner THAM TIANYOU EUGENE
NRIC No S83176361
Email Address dominion_e@yahoo.co.uk
Mobile Phone No (Phone) +65-97890552
Alternative Phone No +65-97890552

VEHICLE PARTICULARS

Manufacturer Mercedes
Model GLB200
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 1332

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA582382
Cover Note Number -

DRIVER

Name of Driver THAM TIANYOU EUGENE
NRIC No S83176361

Date Of Birth 20/06/1983
 Occupation Indoor
 Date Of Driving Pass 11/11/2003
 Driving experience 18 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97890552
 Alt. Phone Number +65-97890552
 Email Address dominion_e@yahoo.co.uk
 Address 28 JALAN LEMPENG #24-06
 Address complement
 Postcode 128807
 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 Side Swipe
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 5
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name THAM YANG XIN ELINA
 Gender Female

PASSENGER 2

Name SIM JIA HUI ANNABELLYN
 Gender Female

PASSENGER 3

Name MOE HLA HLA WIN
 Gender Female

PASSENGER 4

Name THAM KWANG ZHI ETHAN
 Gender Male

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

ON 03/05/2022 AT 1138HRS, MY VEHICLE WAS TRAVELLING IN A STRAIGHT LINE INTO HOLLAND DRIVE ESTATE. AT BLK 18B HOLLAND DRIVE COVERED PATIO VEHICLE SMA9164S TOYOTA ISIS TURNED ABRUPTLY RIGHT OUT OF WAITING LOT (WITHOUT CHECKING HIS BLINDSPOTS AND SIDE MIRRORS) THEREBY RAMMING ONTO THE LEFT SID OF MY VEHICLE SNB657S. AFTER THE ACCIDENT, THE 5 PASSENGERS ON MY VEHICLE WENT TO VISIT THE DOCTOR DUE TO COMPLAINTS OF NECK PAIN AND ARE GIVEN MEDICAL CERTIFICATE BY THE DOCTOR.

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Reasons for not uploading a video of the accident
 Was there any audio recorded?

Yes
 Yes
 NOT AVAILABLE. WITH TP WORKSHOP
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA9164S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident VEHICLE B
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person THAM YANG XIN ELINA
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SNB6575S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person MOE HLA HLA WIN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SNB6575S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person THAM KWANG ZHI ETHAN
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -

Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SNB6575S
Yes
No

INJURED 4

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

JIA HUI
Female

SNB6575S
Yes
No

.....

THAN NIAN XIN ELINA

Female

SNB6575S

Yes

No

THAN NIAN XIN ELINA

Female

SNB6575S

Yes

No

THAN NIAN XIN ELINA

Female

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 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' 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.

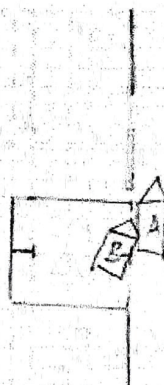
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

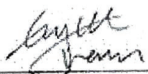


Describe Circumstances of the Accident

On the 3rd May 1138 hrs, my vehicle was travelling in a straight line into Holland Drive estate. At BLK 18B Holland Drive covered patio vehicle SMA 9164S Toyota 191S turned abruptly right out of parking lot (without checking his blind spots and side mirrors) thereby ramming into the ^{left} side of my vehicle SA/B 1574S. After the accident, the 5 passengers on my vehicle (myself, my wife, 2 kids and helper) went to visit the doctor due to complaints of neck pain and are given medical certificate by the doctor.

Declaration

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

Witnessed by Reporting Centre Personnel