SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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.

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

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

DETAILS OF OWN VEHICLE

SNB6575S Vehicle Registration Number egen se vice na elektronis i belig vita es A INSURED/POLICYHOLDER Number of Pacient age (Income Dayler)

has the driver been are backed by unicrown person(s) Is company? No Name Of Registered Owner THAM TIANYOU EUGENE NRIC No S8317636I dominion_e@yahoo.co.uk **Email Address** 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 second 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

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Back!

Date Of Birth	20/06/1983	distant with birth
Occupation	Indoor	
Date Of Driving Pass	11/11/2003	the forest the second second
Driving experience	18 YEARS AND 6 MONTHS	
	Male	
	(Phone) +65-97890552	
Mobile Number	+65-97890552	
Alt. Phone Number	dominion_e@yahoo.co.uk	
Email Address	28 JALAN LEMPENG #24-06	
Address	28 JALAN LEIVII LIVG 112 1 00	CALLETT ATTUTO
Address complement	1 28 807 - mario estra de en activa	The carety of the part of the care of the
Postcode	the second of th	and the second s
s the driver the policyholder?	Yes Yes	stanter a series internal to letter of
f No, Relationship of the Driver with the Insured	No winterest the state asserted or ones	THE REST OF SHARE PARTY OF STREET
Does Driver Own Other Vehicles?	No modern server and and	direction and the world of the Callette To
/ehicle Registration Number of Other Vehicle Owned by Driver		and the second s
nsurance Company of Other Vehicle Owned by Driver	entropies de la companya de la comp Antigenta de la companya de la comp	committee our course the surregion of the last
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OTHER INFORMATION		
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Was any foreign vehicle involved in the accident?		
		ing the contract of the contra
Number of vehicles involved in the accident	2	'scirio's Repostration (Turnelan
Was anybody injured in the Accident?	Yes	
Was any injured conveyed to hospital by ambulance?	No	
Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes	
Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)	5	
soliciting/offering accident claims assistance?	No	ls company?
soliciting/offering accident claims assistance?	NO	Part e C.I. Regustant Owner
PASSENGER 1 TO SOLVE 1886		VAID NO
Name addocuped symble of immore	THAM YANG YIN ELINA	Print Address
Gender SS209378-20+ According	THAM YANG XIN ELINA	Mobilu Finane No
65 ₁ 7749655 7 -	Female	Pliana in a Plionn No
PASSENGER 2		
Name		
	SIM JIA HUI ANNABELLYN	
	Female	
PASSENGER 3		aprilaction
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Name	MOE HLA HLA WIN	12161
Gender		i carvisione i provinci ecoque, ibusii
PASSENGER 4		7,47.2
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Name yang hib i gaband S. C. Gender iss staves	THAM KWANG ZHI ETHAN	A Complete Company
Gender	Male	described at the same
77 / / C ()		(0) (6) (1)
DETAILS OF POLICE ACTION		
Vas the accident reported to the police?	No	
Nas notice of intended Prosecution given?	No	
Vas notice of intended Prosecution given? fyes, against whom?	-	in with the second position of
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20/06/1983

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 SNB6575S. 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number		97
Vehicle Registration Number		SMA9164S
Vehicle Manufacturer		
Vehicle Model		inger in T
Vehicle Variant		
Vehicle Colour		-
Vehicle Category	The second of th	
Name of Driver		Private car
Contact Number		
Address		-
Address complement		
Postcode		-
Insurance Company Name		<u> </u>
Nature Of Damage		
Details of property damaged in a		
No. Of Passenger (Including Driv		
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INJURED PERSONS DETAILS

INJURED 1	
Name of injured person	THAM YANG XIN ELINA
Gender	Female
Phone No	
Address	-
Address Complement	
Post Code	- Karaman
Approximate Age Years Old	_
Injuries Sustained	<u> </u>
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	- 1
Injuries Sustained	-
Injured person in which vehicle?	SNB6575S
Were seat belts wom?	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?	SNB6575S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 4	This is the position in a confiltred to a second
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Name of injured person Gender	JIA HUI has the property once who rectify for the enduse
Gender Phone No	Female Supporting Place
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Approximate Age Years Old	······································
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Injured person in which vehicle?	SNB6575S
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Was this injured conveyed to hospital by ambulance?	. No hate Color is a
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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2 This Form most be completed by the Policyholder and/or the Authorised Driver.
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- 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 atoresaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

funderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may lare permitted to collect, use, disclose and/or process my personal data/personal information sol 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) arvolved 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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by ms;
- (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 vehiclb(s) involved in this accident and the insurers' lawyers/law from 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 poscyholder) / Date 8 Tane	Witnessed by Reporting Centre Personnel				
Sketch Plan						

cribe Circu	mstances	of the Ac	cident	,	17 .		1.11	1 1	w 11d
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IWe declare the foregoing particulars are true in every respect

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

Witnessed by Reporting Centre Personnel