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.

- 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 11/06/2022 09:51 (SGT) Date of Accident 10/06/2022 17:45 (SGT) Exact Location of Accident Yishun Ave 1, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV6871T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN SOO CHUANG NRIC No. S1588525D Email Address william.tan.soo.chuang@gmail.com Mobile Phone No (Phone) +65-81832567 Alternative Phone No +65-81832567

VEHICLE PARTICULARS

Manufacturer Hyundai Model Tucson Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number P2409453 Cover Note Number

DRIVER

Name of Driver TAN SOO CHUANG NRIC No. S1588525D

Date Of Birth 31/03/1963 Occupation Indoor Date Of Driving Pass 22/04/1997 Driving experience 25 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-81832567 Alt. Phone Number +65-81832567 Email Address william.tan.soo.chuang@gmail.com Address BLK 461 PASIR RISDRIVE 6 #04-283 Address complement Postcode 510461 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JSN1170 Vehicle Category Private car DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336 ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

SD CARD WITH TP

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?

Vehicle Registration Number	JSN1170
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	GBA2714G -
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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

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- 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.
- 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)

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' 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;
- (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.

(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.

0900 Lrs / 11 Ju 20 s Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

B= JSN1170 C= GBA 2714G A= SNW 6871T

Describe Circumstances of the Accident

71			Report	1			
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	-						
12.12							
aration							
eclare the for	egoing pa	articulars are tru	e in every respect.				
wish to claim	against y	our own policy, ;	please be advised that from the day of occu	t your insurer may ha	ve a fourteen	(14) days clause	whereby th

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

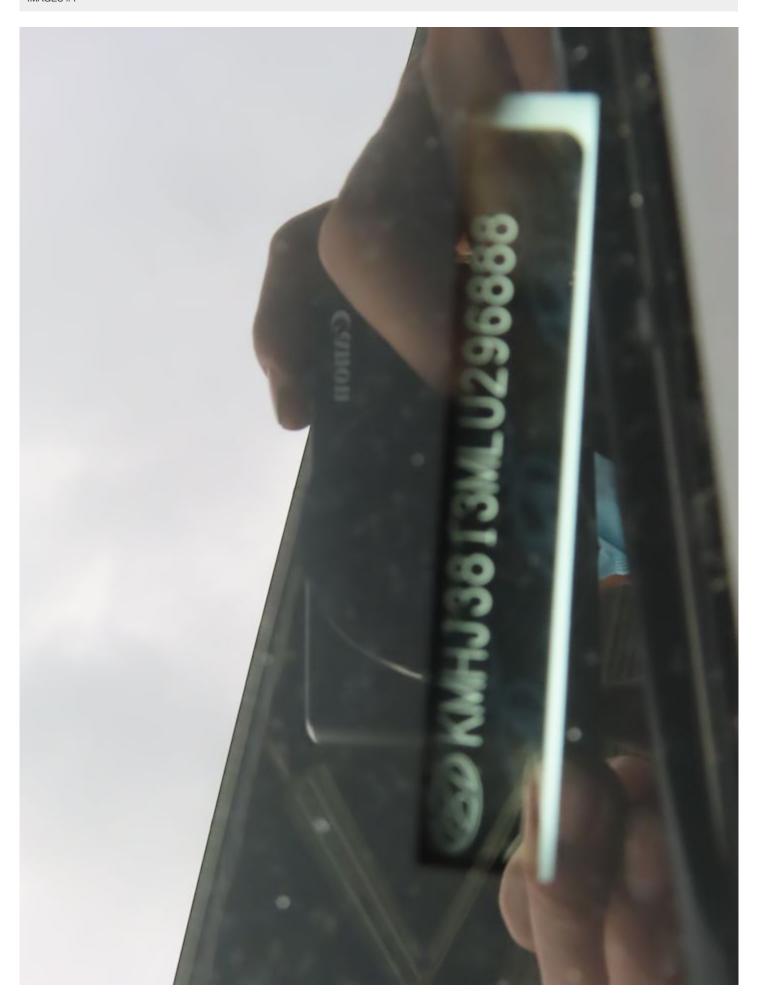
Witnessed by Reporting Centre

Personnel

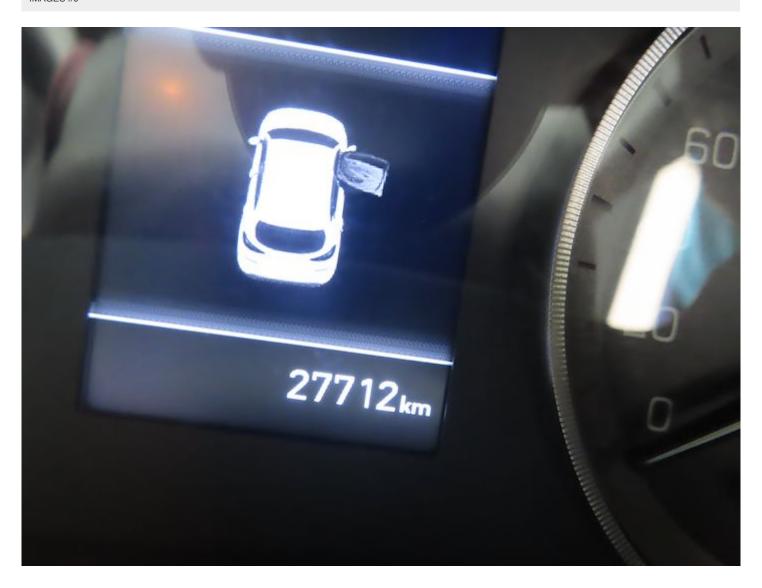


















1 of 2

Report No. G/20220610/7177

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 10/06/2022 20:11	Vide Re	port No.		Station Diary No.
Name Of Informant TAN SOO CHUANG	Address		IVE 4 #04 292 SI	NGAPORE 510461
ID Type / ID No. NRIC NO / S1588525D	Contact Home/O	No.	Mobile: 81832567	NGAPORE 3 1040 1
Nationality SINGAPORE CITIZEN	Email Address WILLIAM.TAN.SOO.CHUANG@GMAIL.COM			
Occupation Administration manager	Sex Male	Age 59	Date of Birth 31/03/1963	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 10/06/2022 17:45	Location Of Incident 461 PASIR RIS DRIVE 4 #04-283 SINGAPORE 510461			

Brief details.

I am reporting a traffic accident involving my car, GBA 2714G and JSN 1170 along Yishun Ave 1. Traffic Police Report Number is L/20220610/0080.

On 10/6/22, I was driving along Yishun Ave 1 at about 5.45pm at about 60km/h when a van GBA 2714G suddenly stopped without warning causing another behind it (JSN 1170) to also stop. I applied brake but was unable to stop my car in time. My car hit JSN 1170 which in turn hit GBA 2714G. My car SMV 6871T was the 3rd car. JSN 1170 was ahead of mine as the middle car and GBA 2714G was the first vehicle. I have contacted IO FAIZ at 65476437 to inform him that I will be towing my car to an authorized

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2022 20:11
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220610/7177

workshop under AXA Insurance. He replied to proceed.

ID Type NF	IN SOO CHUANG RIC NO	ID No	loureagen.
	RIC NO	ID No	045005050
Gender Ma		10 110	S1588525D
OUTGO! IVIC	ale	Age	59
Race Ch	inese	Language	English
Occupation Ad	ministration manager	Address	461 PASIR RIS DRIVE 4 #04- 283 SINGAPORE 510461
Mobile No 81	832567	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2022 20:11
Officer In-Charge Of Case:	Classification Of Case: