

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.

 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

Hyundai

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

Model Tucson 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? Yes Vehicle Category Private car Transmission Auto 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? 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes

No

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

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

Yes

Bedok Division Headquarters

(Phone) +65-18002440000

(Fax) +65-64443009

30 Bedok North Road Singapore 469676

No

If yes, against whom?

-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident SD CARD WITH TP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	JSN1170 - -
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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- 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,

0900 hrs / 11 Jun 20

(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,

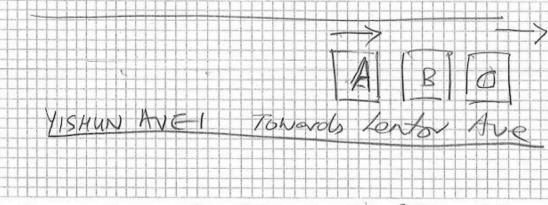
Policyholder's Signature / Date & Time

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A=SNW 6871T B= JSN 1170 C= GBA 2714G

Describe Circumstances of the Accident

Refor 7	. Pohre Report	G/20220612	7/7/7
		1	1
salido film avastas			
eclaration			
The state of the s	ng particulars are true in every respect.		
you wish to claim agai ust be made within the	nst your own policy, please be advised that stipulated timeframe from the day of occu-	t your insurer may have a fourte rrence. Kindly check with your in	en (14) days clause whereby the cl esurer for more details.
Hear -	/ 0900 hre /	11 Du 2022	_ ~,
olicyholdens agnature me	/ Date & Driver's Signature (If driver is & Time	not the policyholder) / Date	Witnessed by Reporting Centre Personnel



















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	Address			
TAN SOO CHUANG	461 PASIR RIS DRIVE 4 #04-283 SINGAPORE 510461			
ID Type / ID No. NRIC NO / S1588525D	Contact No. Home/Office: Mobile: 81832567			
Nationality SINGAPORE CITIZEN	Email Address WILLIAM.TAN.SOO.CHUANG@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Administration manager	Male	59	31/03/1963	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			
D	401 FA	JIK KIO DK	IVE 4 #04-203 311	NOAFORE 3 1040

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:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220610/7177

workshop under AXA Insurance. He replied to proceed.

Victim			
Person Name	TAN SOO CHUANG		
ID Type	NRIC NO	ID No	S1588525D
Gender	Male	Age	59
Race	Chinese	Language	English
Occupation	Administration manager	Address	461 PASIR RIS DRIVE 4 #04- 283 SINGAPORE 510461
Mobile No	81832567	Is Informant A Victim?	Yes
		[Victim?	
Person Name	TAN SOO CHUANG (Inform	ant)	

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	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: