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 ability.
- 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 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 aforesaid.	hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/06/2017 12:54
Date Of Accident	15/06/2017 09:30
Exact Location Of Accident	T-JUNCTION OF LORONG 1 GEYLANG AND GEYLANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR1200R
Insured/Policyholder	
Name Of Registered Owner	TAN KUAN KHER
NRIC No	S7319109B
Email Address	AKBBNB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96201200
Alternative Phone No	OFFICE-96201200

Vehicle Particulars

Manufacturer **JAGUAR** F-TYPE-3.0 (A) Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number VPA/P1685108

Cover Note Number

Driver

Name of Driver TAN KUAN KHER

NRIC No S7319109B Date Of Birth 27/05/1973 **INDOOR** Occupation **Date Of Driving Pass** 24/06/1997

19 YEARS AND 11 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-96201200

Fax Number

Contact Number OFFICE-96201200 **EMail Address** AKBBNB@GMAIL.COM

18 WINDSOR PARK ROAD Address

Postcode 574125

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION- HEAD TO SIDE

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? YES Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name THOMSON NEIGHBOURHOOD POLICE POST

ROAD: BLK 25 SIN MING ROAD, POSTCODE: 570025, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJA3921Z Vehicle Make/Model/Colour TOYOTA AXIO

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJA3921Z

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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)

l understand, acknowledge, agree and consent that :

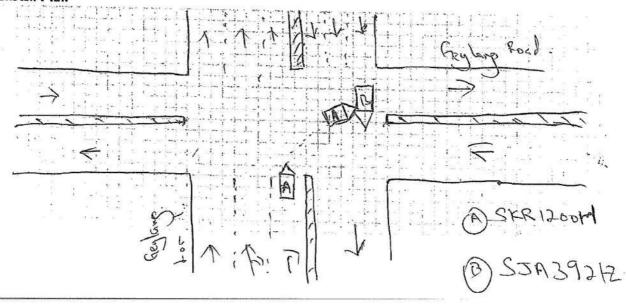
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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

& Time

Policyholder's Signature / Date &

Witnessed by Reporting Centre

Personnel





Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

T/20170615/2130

1 of 3 Report No. T/20170615/2130

	117 16:45	naqe.	Vide Report No.:	3 -	50 Station Diary No.:
Informa	nt's Partic	ulars			
	f Informant: AN KHER		Address: 16 WINDSOR PARK RO	DAD SINGAPO	RE 574125
	/ ID No.: O / S73191	09B	Contact No.: Home/Office:	Mobile:	96201200
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: Date of Birth: 44 27/05/1973		the state of the s		
Race: Chinese			Language: English	Instituti	on / School Name:
Occupat SELF E	tion: MPLOYED		Driving Licence Informa Class: 3		Expiry:

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 15/06/2017 09:30	Type of Location: X-Junction
Location: Along Road 1 LORONG 1 C GEYLANG R Weather:	BEYLANG	Road Surface:		Road Speed Limit:
Clear		Dry		Road Speed Limit.
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Wor	king	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by

Details of V	ehicle Invo	lved	Associate States			
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA3921Z	Car	TOYOTA		Grey	Slightly Damaged	0
SKR1200H	Car	JAGUAR	F-TYPE 3.0SC S ST2 CONVERTIB LE		Slightly Damaged	0

Details of Vehicle Insurance
Vehicle No. Insurance Company Insurance No Effective Expiry Date





T/20170615/2130

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Report No. T/20170615/2130

2 of 3

Tel No: 1800-4529999

CONTINUATION OF REPORT

Insurance Company	Insurance No	Effective	Expiry Date
AXA INSURANCE SINGAPORE PTE	P1685108	14/11/2016	13/11/2017
		P J	

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrians Injured: NIL Use of Ped				edestrian Crossing: NA		
Driver	Se Sellie on the State of the					
Name	TAN KUAN KHER		ID No		S7319109B	
Related Vehicle	NIL		Conta	ct No.	96201200	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	fInjury	NIL	

Brief Details.

On 15/06/2017 at about 9.30am, I was driving my vehicle SKR1200H (Jaguar/ White) along Geylang Lorong 1 turning right towards Geylang Road. During that point of time, it was not raining and the road surface was dry. The traffic volume was also light. When I was making the turn, I noticed that the traffic light turned amber. After checking for oncoming vehicles, I made the right turn. As I was negotiating the right turn, I noticed a vehicle SJA3921Z (Toyota/ Grey) approaching the junction at a high speed. I tried to stop but still collided onto the vehicle. Due to the accident, the driver of SJA3921Z was injured and was conveyed to hospital from the accident scene. I was advised by the traffic police to lodge a police report.





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999 3 of 3 Report No. T/20170615/2130

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Informant:
Date/Time: 15/06/2017 16:45
Classification Of Case:
SN 070

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7319109B





TAN KUAN KHER (CHEN GUANKE)

陳冠科

CHINESE

27-05-1973

SINGAPORE







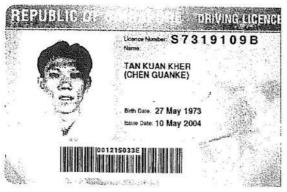
13-02-1996

16 WINDSOR PARK ROAD SINGAPORE 574125

NRIC No: \$7319109B

Date: 13/01/2010 No: 6385997

279531



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram

NP 428A

-	AKA.	redefining/insurance
	Date: _	16/6/10/7
()	To: Ow	ner of Vehicle Number: SIC FI 200H
	The foli	lowing has been advised to you via your workshop, (D & through their
1	Please t	tick the applicable box if you had been advice on the content as seen below:
1	1	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
()	You had been advised by the workshop on the liability and merits of the case accordingly.
()	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
()	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
()	There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
()	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
()	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy. $ \frac{1}{2} \int_{\mathbb{R}^n} \frac{dy}{dy} dy dy dy dy dy dy dy $
()	For vehicles below Three (3) years old, your insurance Company will use only genuine original parts to repair your vehicle.
		For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.
{)	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.
()	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
()	Others
S	igneda	ing acknowledge by:
N	lame a	nd signature of policyholder/authorised driver
_	lame a	nd signature of workshop personnel including company stamp

RANCE SINGAPORE PTE LTD Way, #27-01 1. Singapore (68811) Service Centre #61-01 ,87288 — Fax. (65)63382522 we exa com sg stration Number. M2-0009922-2



Private Cars COMP POLICY SCHEDULE RENEWAL Intermediary Copy

arp@axa.com sg	90	licy No. : VPA/	P1685108
LICY INFORMATION	The state of the s		
(14, e.c.)	: (01) 00880 J&	T PLANNING SER	V (CB)
mured	: TAN KUAN KHER		
dress	: 538 #02-09 GEYLANG ROAD SINGAPORE 38949		TONG
	last declared insurance.	engaged in th and no other	e business or profession for the purpose of this
eriod of Insurance	: From 14/11/201	6 To 13/11/20	17 (Both Dates Inclusive)
ny subsequent peri gree to accept a re	od for which the	Insured shall	pay and the Company shall
RENIUM			
remium After 30.00	% : SGD 2,482.23		
ntra Coverage	: SGD 200.00	ACC -	
ssr 7.00%	: SGD 187.76	A Strain of Miles and	
	: SGD 2,869.99		
Total Payable			
RISK DETAILS THE M	OTOR VEHICLE		
Type Of Cover	: Comprehensive		
Regn No.	: SKR1200H		
Type Of Use	: Private Car		
Make/Model	: JAGUAR F-TYPE	3.00SC S ST2 CON	VB
Year of Manufacture	: 2013	Seating Capacit	y (excl. Driver) : 03
Body Type	: CONVERTIBLE		Engine C.C. : 2995
Engine No.	: 13072405131306	PS Chassis	No. : SAJAC65G5E8K06753
Insured's Estimated Market Value	i : Market Value A (including Acc	t The Time Of Lo	se ire Parts)
Limitations as to U	se : As specified i	n Certificate of	Insurance
Hire Purchase	: OCBC BANK LIMI		
Extra Coverage (Pres	nium Breakdown)	Limite (SGD) Premium (SGD)
ACCESSORIES - CANOP	Z	4,000.00	200.00
Sect I - Named Dri			SGD 2,500.00 SGD 3,000.00
Sect I - Unnamed D Windscreen Excess			SGD 200.00
Nemed Drivers			
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