

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 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.
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 Report | 21/11/2017 16:15 |
| Date Of Accident | 17/11/2017 09:50 |
| Exact Location Of Accident | BET WOODLANDS CHKPOINT & JB CUSTOMS BEF JB |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLK1399T |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|--------------------------------------|
| Name Of Registered Owner | HITACHI CAPITAL ASIA PACIFIC PTE LTD |
| Co Reg No | 199400399N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-66666666 |

Vehicle Particulars

| | |
|--|---------------------------|
| Manufacturer | HYUNDAI |
| Model | TL TUCSON 2.0GL AT 2WD SR |
| 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? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | P1887874 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | HUZAIFA BIN MOHAMED YAZID |
| NRIC No | S9131268I |
| Date Of Birth | 29/08/1991 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/02/2014 |
| Driving Experience | 3 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured RELATIVE
 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 REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number EW8686M
 Vehicle Make/Model/Colour TOYOTA ESTIMAT
 Details Of Properties
 Name of Driver MR NG
 NRIC/Passport Number
 Contact Number 90218649
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63387288 Fax: (65) 63382522
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

| | | |
|--------------------------|--|---------------------|
| CERTIFICATE NO. | : VPX/P1887874 | Account No. : 14082 |
| Coverage | : Comprehensive | |
| Sum Insured | : Market Value At The Time Of Loss | |
| Name of Policy Holder | : HITACHI CAPITAL ASIA PACIFIC PTE LTD | |
| Vehicle Registration No. | : SLK1399T | |
| Period of Insurance | : From 06/01/2017 To 05/01/2018 (Both Dates Inclusive) | |

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Hirer's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

- (a) Use for the carriage of passengers or goods in connection with the hirer's business
 - (b) Use for social, domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired
- The Policy does not cover
- (a) Use for racing, pace making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
 - (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

(04)

EXCESS :

Sect I - Any Authorised Driver : SGD 1,500.00

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/we hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOTCAS on 25/01/2017

IMPORTANT :
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

AXA INSURANCE SINGAPORE PTE LTD

2, Shenton Way, #21-01
 AXA Tower, Singapore 095815
 Customer Service Centre #B1-01
 Tel: 6334 7288 Fax: 6330 2022
 Website: www.axa.com.sg
 GST Registration Number: M2-000922-7



Original

Agent Code: 14082

Policy No. (if any):

New Business

SmartDrive Quota Ref:

MOTOR COVER NOTE

No. CN805295

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore, or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

| | |
|---------------------------------|---|
| THE COMPANY | AXA INSURANCE SINGAPORE PTE LTD |
| INSURED | HITACHI CAPITAL ASIA PACIFIC PTE LTD LESSEE: AZMAN BIN TAMBY MOHAMAD |
| MAKE AND DESCRIPTION OF VEHICLE | HYUNDAI TUCSON 2.0 GLS A (S/R) |
| VEHICLE REGISTRATION NO. | 1994 00 399N SLK 1399T |
| YEAR OF MANUFACTURE | 2016 |
| ENGINE NO. | G4NAGU238914 |
| CHASSIS NO. | KMH13813MHU292884 |
| ENGINE CAPACITY/TONNAGE | 1999 |
| COVER TYPE | COMPREHENSIVE |
| HIRE PURCHASE | N/A |
| VALUE (S\$) | A5 PER MARKET VALUE |
| PERIOD OF INSURANCE | FROM: 03/01/2017 TO: 02/01/2018 |
| EXCESS (S\$) | 1500 |
| AXA PREMIUM WORKSHOP? | NO |

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE SINGAPORE PTE LTD

Issued by G&M PTE LTD on 28/12/2016 10:48am

Authorised Signatory

- Note: This Cover Note is only valid for 90 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST).
 - If the policy is cancelled after the inception date:
 - An administrative fee of S\$25.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception
 - Retaining the old registration number for a new vehicle insuring with AXA

PREMIUM WARRANTY

For individual Customers:
 Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
 For Non-individual Customers:
 Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days of inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.



redefining / insurance

Date: 21/11/2017

To: Owner of Vehicle Number: SLX 1399T



The following has been advised to you via your workshop, _____ through their staff, [Signature]

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ () 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.
 - () () 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 **any combination** 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 Own Damage 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 _____

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

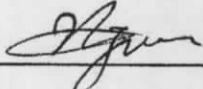
[Signature]

Name and signature of workshop personnel including company stamp



OWNER LETTER OF CONSENT

I (Owner Name) Azman Bin Tamby Mohamad i/c S1596549E owner of this
car no. SLK 13997 authorize the driver (Name) MUSAFA BIN MOHAMED YAZID i/c no.
S 9181268 I to file accident report which happened on (Accident Date)
17/11/2017 at (Location) after woodlands checkpoint,
before JB Customs.

Owner's Name :  AZMAN BIN TAMBY MOHAMAD.
Signature :

5681471



NRIC No. S1596549E



Date of issue
20-12-2016

Address

APT BLK 804B KEAT HONG CLOSE
#03-32
SINGAPORE 682804

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1596549E



Name



AZMAN BIN TAMBY MOHAMAD



Race

MALAY

Date of birth

27-01-1963

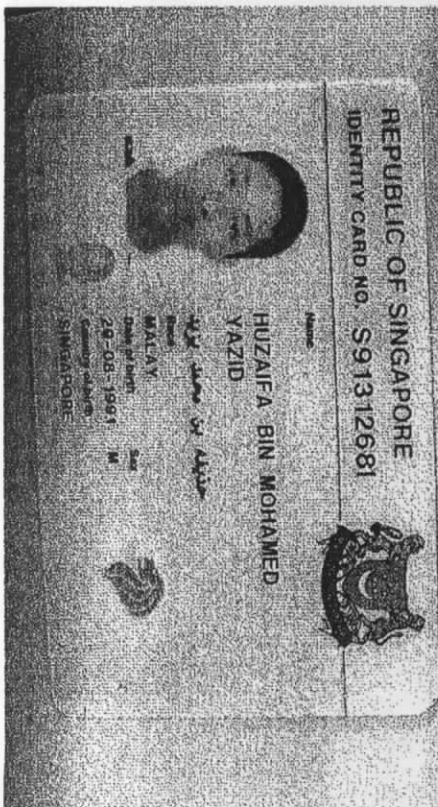
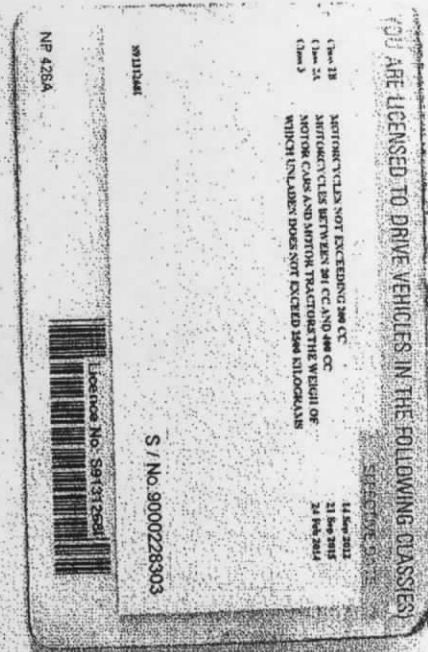
Sex

M

Country/Place of birth

SINGAPORE

Driver



SKETCH PLAN

IMPORTANT NOTICE

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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 lodgment 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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

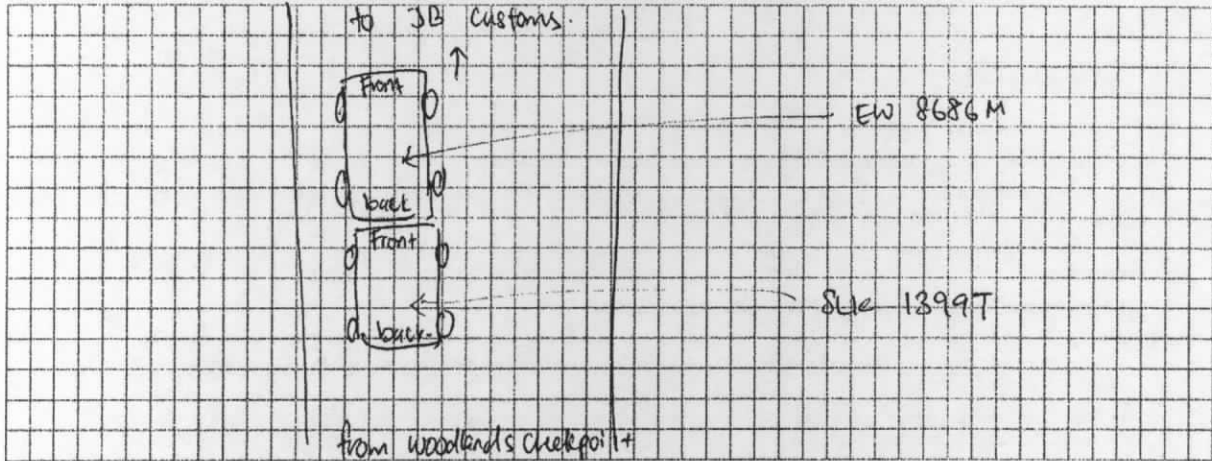
Driver's Signature
(If driver is not the policyholder)
Date & Time: 1348 hrs

Reporting Centre Personnel's Signature
Name: HASBULLAH
NRC/FIN No..



21/11/2017

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 17th November 2017, I was driving between to Malaysia, JB after woodlands checkpoint and before JB customs, when I met with an accident. The car that I was driving, (SLK 1399T), collided with the car in front (EW 8686 M). No one was injured. The car that I was driving suffered minor dent and the car in front suffered minor dent as well.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

| | |
|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | - Reporting Only |
| <input type="checkbox"/> | - Claim OD |
| <input type="checkbox"/> | - Claim TP |
| <input type="checkbox"/> | - Claim OD/ TP at other workshop |

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

Policyholder's signature

Date & Time



Driver's Signature

(if driver not the policyholder)

Date & Time

1248 hrs
21/11/2017

Reporting Centre Personnel's Signature

Name: HASBULLAH

Nric/Fin No.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|---------------|---------|
| Owner ID Type | Company |
| Owner ID | 0399N |

Vehicle Details

| | |
|-------------------------------|-----------------------------------|
| Vehicle No. | SLK1399T |
| Vehicle to be Exported | Yes |
| Intended De-registration Date | 21 Nov 2017 |
| Vehicle Make | HYUNDAI |
| Vehicle Model | TL TUCSON 2.0 GLS AT 2WD SR (EPB) |
| Primary Colour | Blue |
| Manufacturing Year | 2016 |
| Engine No. | G4NAGU238914 |
| Chassis No. | KMHJ3813MHU292884 |
| Maximum Power Output | 114.0 kW (152 bhp) |
| Open Market Value | \$21,784.00 |
| Original Registration Date | 06 Jan 2017 |
| First Registration Date | 06 Jan 2017 |
| Transfer Count | 0 |
| Actual ARF Paid | \$22,498.00 |

Intended PARF Rebate Details

| | |
|------------------------------|-------------|
| PARF Eligibility | Yes |
| PARF Eligibility Expiry Date | 05 Jan 2027 |
| PARF Rebate Amount | \$16,873.00 |

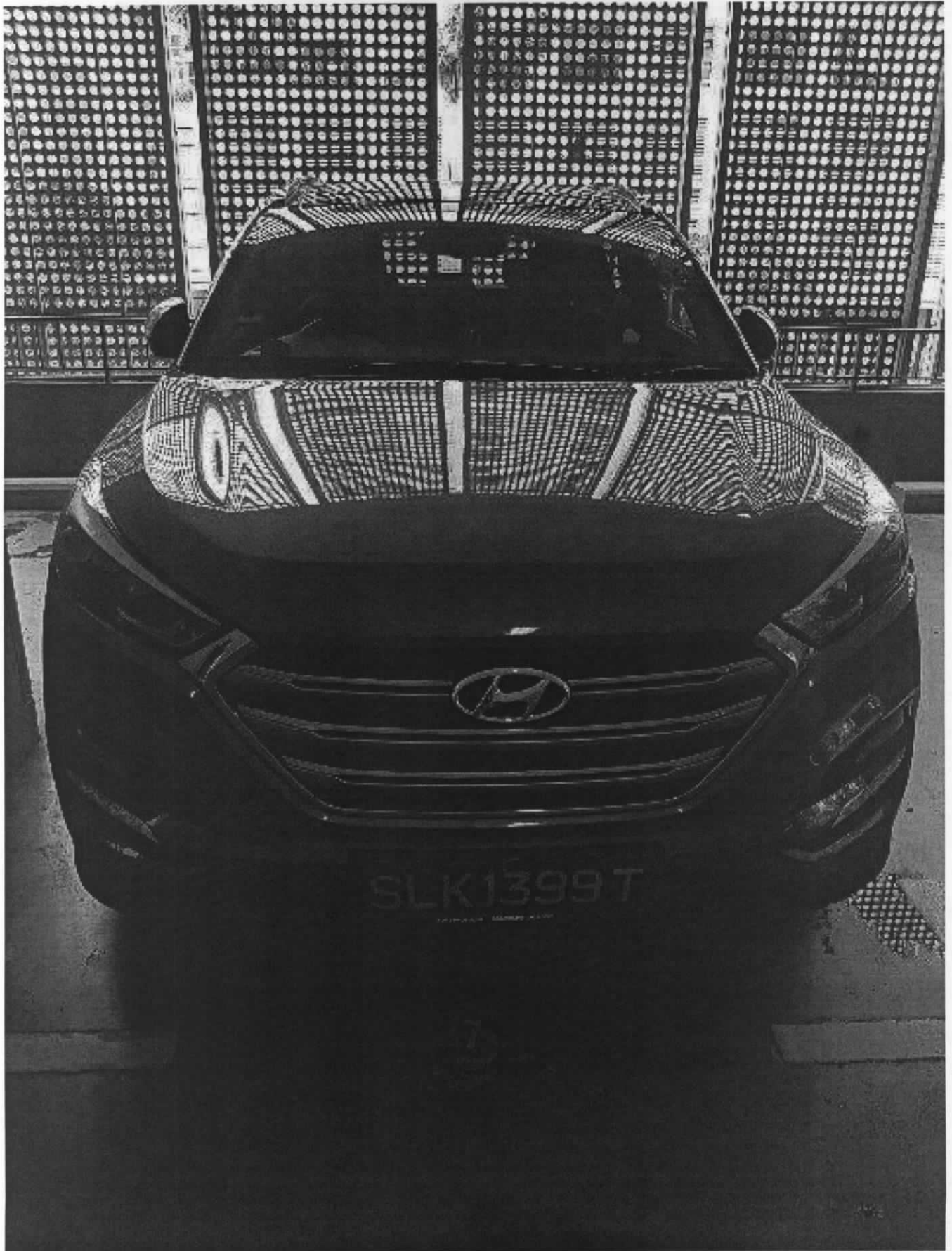
Intended COE Rebate Details

| | |
|----------------------------|--------------------------------------|
| COE Expiry Date | 05 Jan 2027 |
| COE Category | B - Car above 1600cc or 97kW(130bhp) |
| COE Period(Years) | 10 |
| QP Paid | \$53,001.00 |
| COE Rebate Amount | \$42,400.00 |
| Total Rebate Amount | \$59,273.00 |

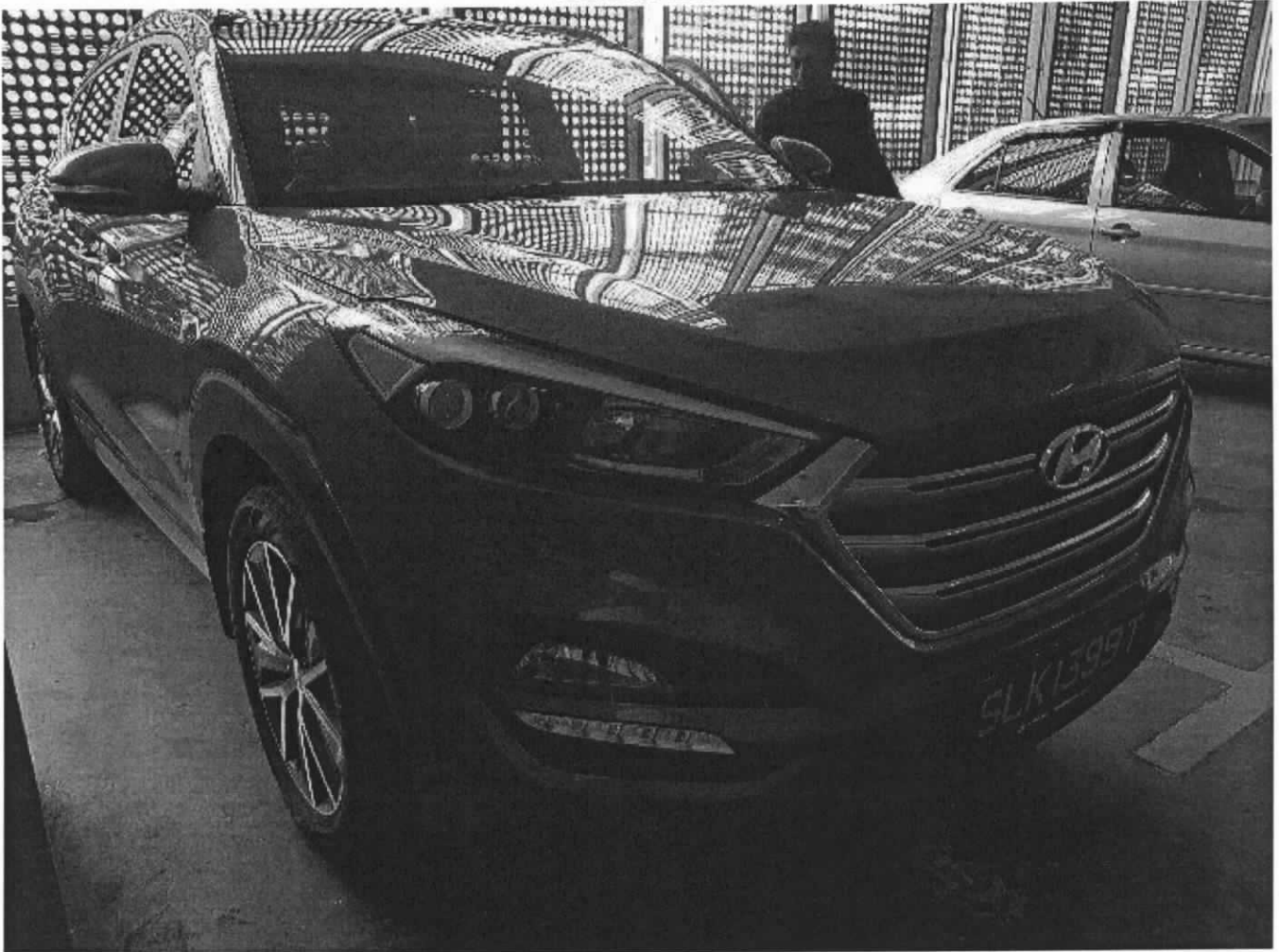
The information contained herein is correct as at 21 Nov 2017

OK

Accident Photo



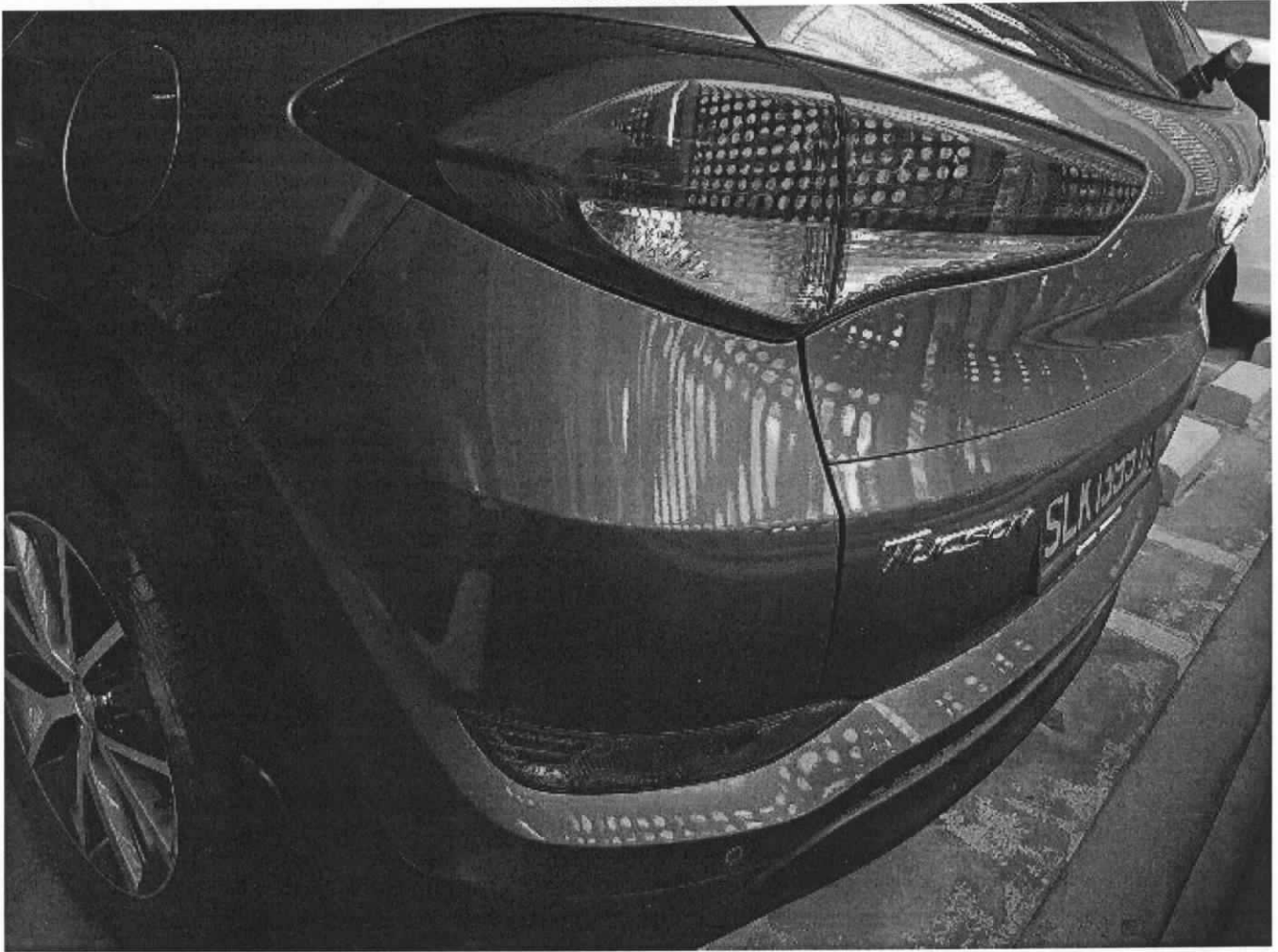
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPORTING MILEAGE



Accident Photo

