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 <u>truthful and accurate</u> 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/01/2018 13:26
Date Of Accident	17/01/2018 09:40
Exact Location Of Accident	ALONG TPE (TOWARDS CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GT4500J
Insured/Policyholder	
Name Of Registered Owner	HRW CONSULTING
Co Reg No	53294759B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98711120
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1746057
Cover Note Number	
Driver	

Driver

Name of Driver CHEW CHIN HUAT MARK

NRIC No S0484066F
Date Of Birth 24/08/1950
Occupation INDOOR
Date Of Driving Pass 11/02/1976

Driving Experience 41 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98711120

Fax Number

Contact Number

EMail Address NOEMAIL

Address 45-2 FLOWER ROAD

Postcode 1954

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ON MY LANE. SUDDENLY, VEHICLE B FROM MY RIGHT CUT INTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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 SHA3992S

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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 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.
- 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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

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Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, HRW CONQUETING, the c	owner of vehicle no. <u>[14505]</u>
My/Our Insurance is under Ms AXA Insurance Singa to claim under my/our Policy or against the Third Parclaim to Ms AXA Insurance Singapore Pte Ltd with a 14(fourteen) days of occurrence or discovery of	all relevant facts and documents within
My/Our Third Party claim is handle by my/our preferred	workshop, lan cin horon
Signed and Acknowledge by:	ONSULTED STATES
Nric no. and signature of policyholder Compa	ny Stamp Date

Driving License









AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 069811 Customer Service Cectre #81-01 Tel:(65)63397288 Fax:(65)03392522 Websitetwww.axa.com.sg GST Registration Number: 199905512IV oustomer service (glaza.com ag



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 109) #Motor Vehicles (Third-Party Risks and Compensation) Bulzo. 1960 #Road Transport Act. 1987 [Kalaysis] #Motor Vehicles (Third-Party Risks) Rules, 1953 [Malaysis]

CERTIFICATE NO.

: VCA/P1746057

Account No. : 00103

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: HRW CONSULTING

Vehicle Registration No. : GT4500J

Period of Insurance

; From 30/04/2017 To 29/04/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their

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 ensemble or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

 (a) Use in connection with the Policyholder's business
 (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
 (c) One for social, domestic and pleasure purposes
 This Policy does not cover
 (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing

(b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

EXCESS :

Basic Own Damage Excess

: SGD 500.00

(please refer to your policy for Additional Excess)

v Limitations rendered inoperative by Section 8 of the Mohor Vehicles (Third-Party Riske and Compensation) Act, (Chapter 185) and Section 95 of the Road Transport Act, 1987 (Malayeia), are not to be included under these headings.

1/We horeby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Read Transport Act, 1987 (Malaysin).

AXA INSURANCE PTE LTD

Pals

Authorized Signature

Issued by - SGOTCAS2 on 07/04/2017

INFORMANT:
FOLIOPHOLDERS are warned that on the cale 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
descripted a Statutory Declaration to the effect must be made. Failure to comply with this
obligation is an offecce under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap.
com) IMPORTANT :

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, renewa) contificate, covernote and endorsement etc.

Page 1















