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	20/01/2018 15:41
Date Of Accident	20/01/2018 13:20
Exact Location Of Accident	ALONG BENDEMEER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG5811M
Insured/Policyholder	
Name Of Registered Owner	TAN WEI RU, CALVIN
NRIC No	S8715483A
Email Address	CALVIN14@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97282960
Alternative Phone No	OTHERS-97282960
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD-2.0 (A)
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
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 GA267294/1

Cover Note Number

Driver

Name of Driver TAN WEI RU, CALVIN

NRIC No S8715483A

Date Of Birth 04/06/1987

Occupation INDOOR

Date Of Driving Pass 20/09/2007

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97282960

Fax Number

Contact Number OTHERS-97282960

EMail Address CALVIN14@GMAIL.COM

Address BLK 53 GEYLANG BAHRU #11-3601

Postcode 330053

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

-

NO

NO

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

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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) 2

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO STATEMENT

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA1268C

Vehicle Make/Model/Colour SUBARU FORESTER

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver CHEW WAI MING

NRIC/Passport Number S1778266E Contact Number 8666 2223

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN	Area	erian of round.	
	8.	A	
DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT		
I am the drive	r d car B.		
0		donnear, right-most lane, d	lower A
mode a sudden	brake.		
I was not abl	k to stop in the and	per resulted in a slight	impact w
the e our A.	Ac the my car	was abstantially slow before	c alter
Au myset was	not carere. My arba	as were not deployed.	
**	0	0	
ECLARATION We declare the foregoing	particulars are true in every respect.	V	
-0		\ /	
etry-	College.	·	,

Individual Statement

2 7

					Г	Owner
						O Driver
ACCIDENT STATEMENT						
Date of Accident Time	Location	of Accident				
20/01/2018 13:20 pm Along	Ben	demeer	ļ	load		
INSURED/ POLICY HOLDER (VEHICLE A)						
Vehicle Registration Number	SJ45	BINN	01			
Name of Policyholder	lan	Wei Ru,	Cat	VVVI		
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)		5483A	100	C. L.	200	11 503000
Address		53 Geyla	117	Univa	#11-	360/ 51330053
Contact Number	Tel:		-	rip. 1 T	10	2100
Occupation AND OCCUPA	Suplo	C.A.	R.		-10	TEXT REPORT OF THE
VEHICLE PARTICULARS (VEHICLE A)	Hend	a Accor	cd	2.0 A		
Vehicle Make / Model	Saloon	MPV, CRV, V	an Lo		rcle. Ott	hers.
Type of Vehicle Exact Purpose for which vehicle was being used						
at the time of accident	Privar	te use				
Are you claiming under your own insurance policy?	0	Yes	0	No R	emarks	E
Vehicle category	0	Private	0	Commercia	0	Mdtorcycle
INSURANCE COMPANY (VEHICLE A)	UNITED TO	TARREST				
Name of Insurance Company	AXA					
Type of Policy	200	omprehensive	0	TP Fire & Th	neft O	Third party
Fleet Policy	151500	Yes	20	No		
Policy Number	GAZ	67=94/1				
DRIVER	THE REAL PROPERTY.					(65)
Name of Driver	11					
NRIC/FIN/ Passport	- 1					
Date of Birth	04-01	6-1987				
Occupation	-1					
Driving Pass Date	20-0	1-2027 Male	0	Female		
Gender		мане	-	Hp		
Contact Number	Tel			Hip.		
Address	3 6					
Email Address	0	Yes	0	No		
Was driver an employee of the insured's Company? If No, relationship of Driver with the Insured.	1	100				
Vehicle Number of Driver's Own Vehicle (if applicable)						
Insurance of Driver's Own Vehicle (if applicable)						
GENERAL INFORMATION OF THE ACCIDENT	2 D	av.				
Type of Collision (E.g. Chain Collision/ Head-On. etc)		-				
Weather Conditions	0	Clear	0	Raining		Others.
Road Surface	0	Wet	20	Dry	0	Others
Damage Area						
OTHER INFORMATION			10			
Was there any foreign vehicle(s) involved?	0	No	0	Yes		
Was anybody injured in the accident? (Including Witness)	8	No	0	Yes		
Was any other vehicle(s) or property damaged?	0	No	0	Yes		
Was there any camera video footage (in car)?	10	No	0	Yes		
DETAILS OF POLICE ACTION	-		~	Maria and American		
Was the accident reported to the Police?	10	No	0	Yes		
If Yes, please state which police station & Report No.	0	Me	0	Ves		
Was notice of intended Prosecution given?	100	No	Parent	Yes		
If Yes, against whom?						

calin 14@ gmail.com.

Individual Statement

OWN VEHICLE REGISTRATION NUMBER	SJG 5811M
DETAILS OF OTHER VEHICLES OR PROPER	RTY DAMAGED
Other Vehicle or Property 1 (VEHICLE B)	
Vehicle Registration Number	SKA13686
Vehicle Make/ Model/ Colour	SKAIDEC Subnru Forester
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	Chew Was Minel
NRIC/ FIN/ Passport	S177826E
Contact Number / Email Address	Chew Wai Nine) 51778261E 8666 2227
Address	
Name of Insurance Company	
Other Vehicle or Property 2	
Vehicle Registration Number	The state of the s
Vehicle Make/ Model/ Colour	/ .
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	///////
The state of the s	/
Name of Insurance Company	/
DETAILS OF WITNESS	
Name	/
Phone / Email Address	
Address	
NRIC/ FIN/ Passport	
DETAILS OF INJURED PERSON 1	
Name	
NRIC/FIN/ Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	O Yes / O No
Was Injured conveyed to hospital by ambulance?	O Yes / O No
DETAILS OF INJURED PERSON 2	
Name	
NRIC/FIN/ Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	Yes O No
Was Injured conveyed to Hospital by Ambulance?	yes O No
The special and the great for the special of the special feet	- 103
Declaration	
I/We declare that the above particulars & information pr	rovided above are true in every aspect
	(T. A. T. A
C Breyon	
Clate &	Time 20/4/18 1530.
Signature of Policy Holder	0 0 1330
(Company Chop if applicable)	
feetiberil study i apprendel	
Date &	Tierus
	THE STATE OF THE S
Signature of Driver / Date & Time	
(If Driver is not the Policy Holder)	40

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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.
- 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:
 - 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:
 - 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:

20/1/13 1580.

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

Name:

Reporting Centre Personnel's Signature

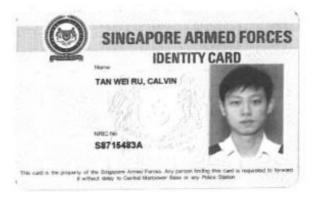
NRIC/FIN No.:

Individual Statement

Dete	20/0/2018	
To: O	Owner of Vehicle Number: SJG 5811 M	
The f staff,	following has been advised to you via your workshop,	through the
Pleas	se tick the applicable box if you had been advice on the content as seen below:	
1	You had been advised by the workshop that in the case that you wish to claim against there is a Fourteen (14) days clause whereby the claim must be made within the stip from the day of occurrence.	st your own policy, pulated timeframe
1	You had been advised by the workshop on the liability and merits of the case accordi	ingly.
5	You had been advised by the workshop on the claims procedure for the type of claim making due to this accident.	m that you will be
17	There will be delay to your vehicle repair due to the unavailability of spare parts local other option except to indent it from overseas.	lly and there is no
1	There will be no cancellation/withdrawal of the Own Damage claim once the order of have been placed. If you wish to cancel/withdraw the claim, you shall bear all cost related charges incurred directly &/or indirectly to the procurement of the spare part	e avnonces & /or
()	The estimated waiting time for the spare parts to arrive isestimated arrival time does not include the repair period.	The
1	You will be driving the vehicle out despite being advised by the workshop mechanic/pervehicle may not be road worthy.	ersonnel that the
1	For vehicles below Three (3) years old, your Insurance Company will use only genuine repair your vehicle.	original parts to
	For vehicles above Three (3) years old, your Insurance Company will be carrying out re combination of genuine original parts and/or original equipment manufacturer (OEM)	epairs using any parts.
1	You had been advised by the workshop of the Twelve (12) months warranty for $\underline{\text{Own}}$ on workmanship related to the accident.	Damage repairs
1	For vehicles that are under warranty with a local distributor, you have been advised by to check with your local distributor on any effect to your warranty prior to making this claim.	y the workshop is Own Damage
+1	others ### _ aun is dannogs dam.	
Signed a	and acknowledge by:	
0	this coluntar	
Name an	nd signature of policyholder/authorised driver	

IDENTITY CARD & DRIVING LICENCE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING COASS(ES)
PAS DATE
PAS DATE
Class 3 Motor Cars=< 3000kg with =<7 persengers, exclusive 20 Sep 2007
of the driver; and other motor vehicles =< 2500kg



CERTIFICATE OF INSURANCE





Certificate number

Chassis number

Engine number

AXA Insurance Pte Ltd.

2 1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number 03180

GA267294 / 1

CL73203704

K20A6044264

Motor Venicles (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)

Policy details

Policyholder name

Cover

Plan name

NCD applicable Vehicle registration numb

Period of Insurance Finance lean company

TAN WEI BU CALVIN Comprehensive Essential

10% S/G5811M

from 27/09/2017 to 26/09/2018 (both dates inclusive)

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any person who is driving on the Policyholder'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.

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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 those headings.

EXCESS

Basic Own Damage Excess

Windscreen Excess

SGD 600.00 SGD 100.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signature

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 Purty Risks and Componsation Act (Cap. 189).

The Premium Warranty Clause requires the promium to be paid in full within a specific period failing whichythere would be no liability under the policy, renewal certificate. endorsement etc.

KHC ROLDINGS

3894 PALESTIER ROAD SIV

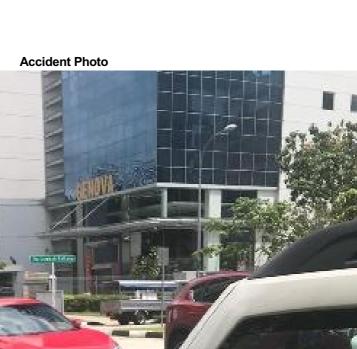
CAPURES

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811

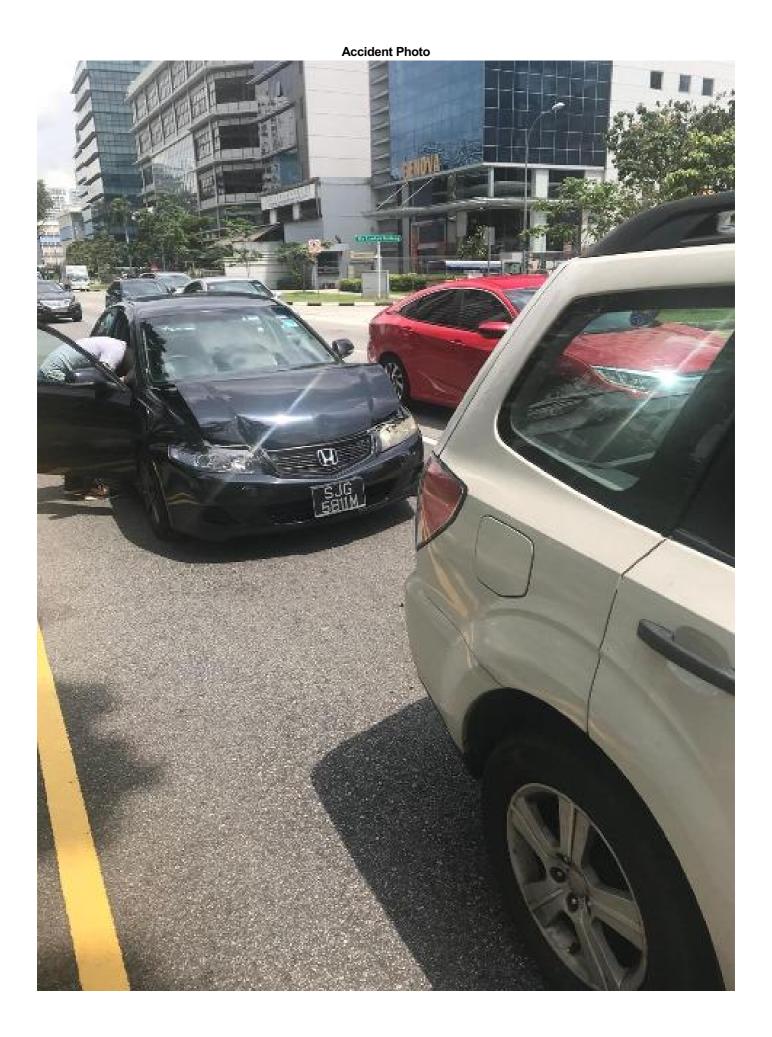
Customer Centre, #81-01

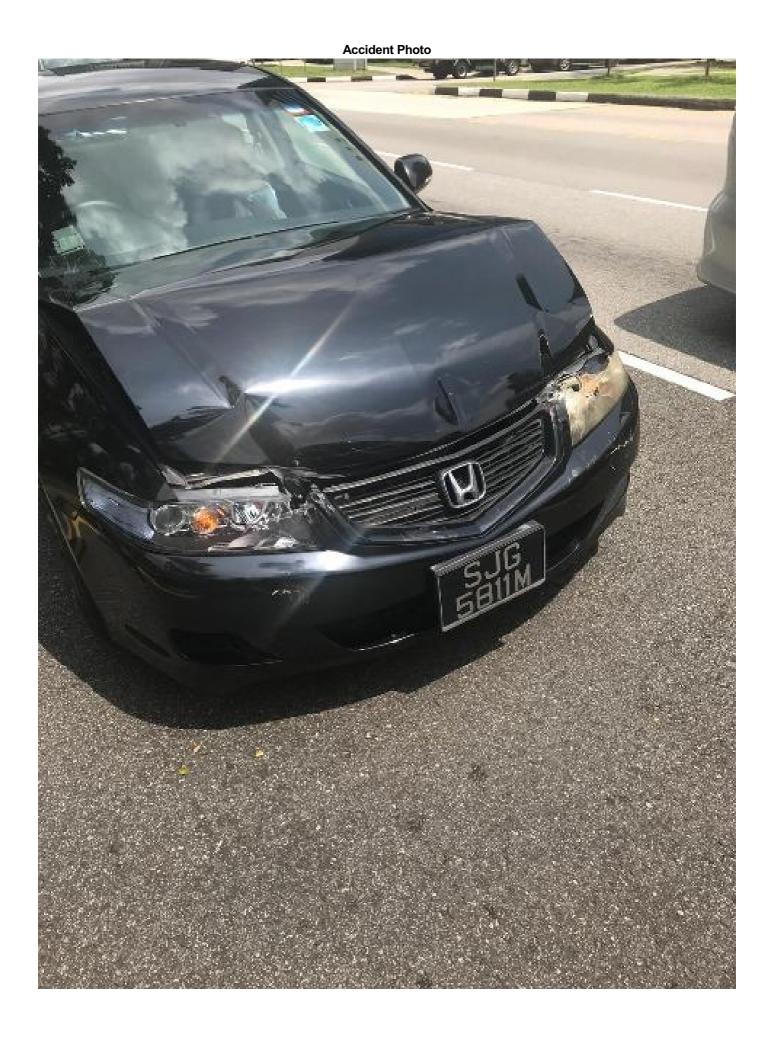
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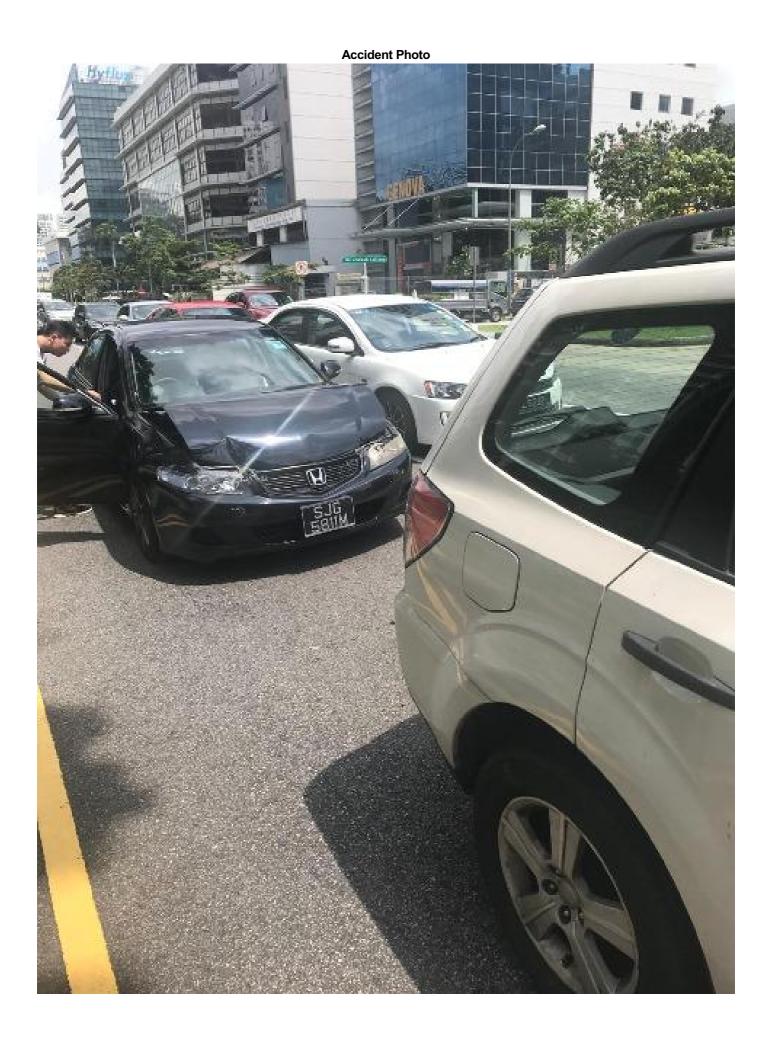


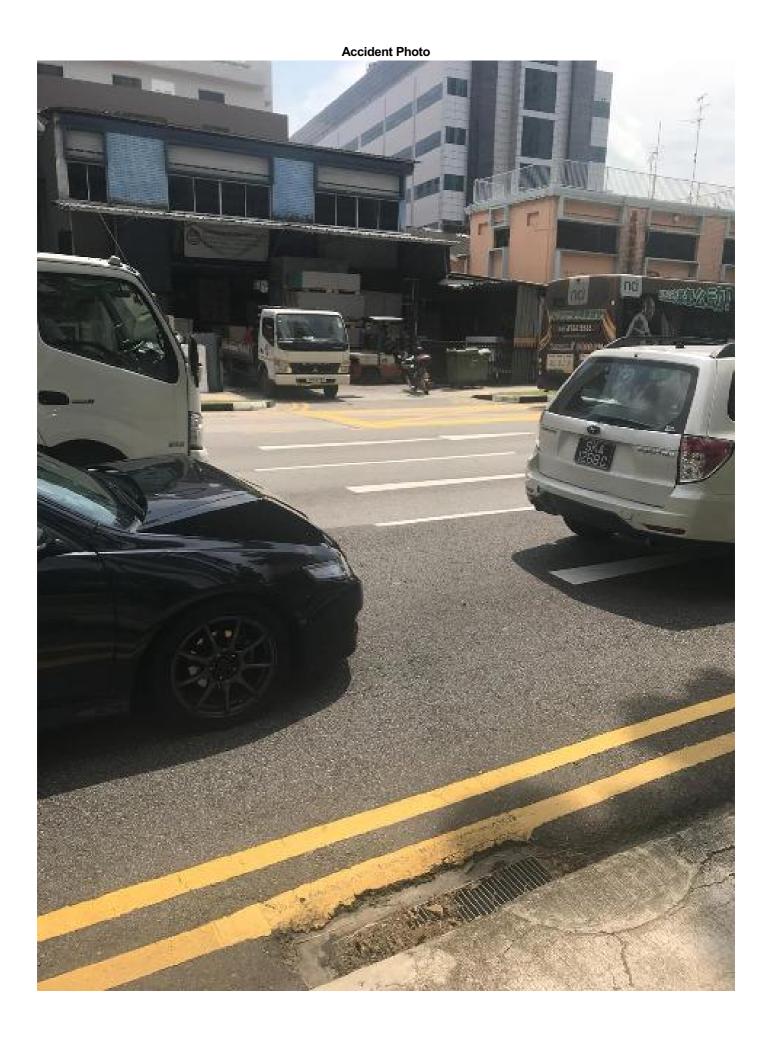








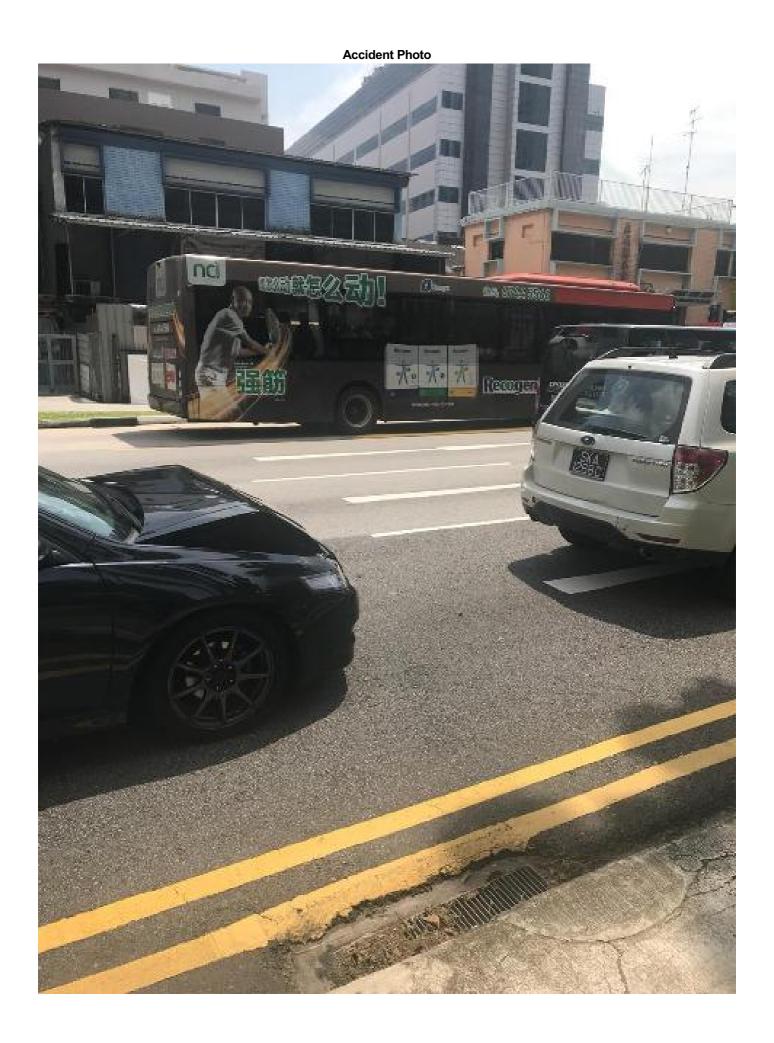






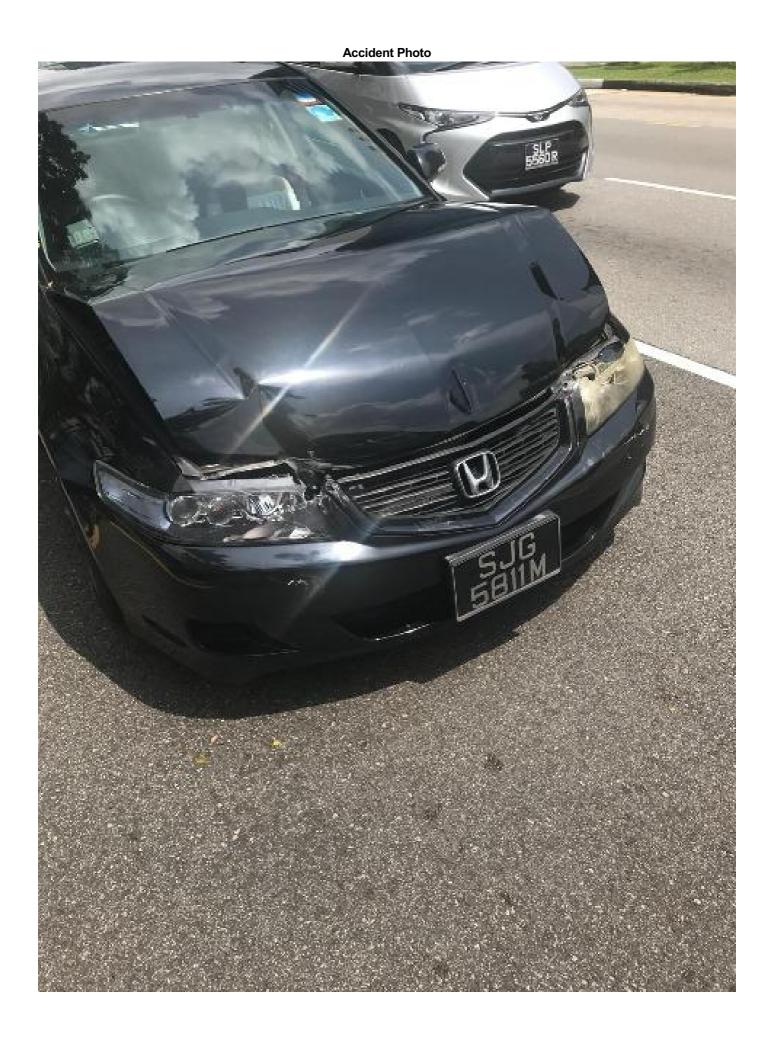




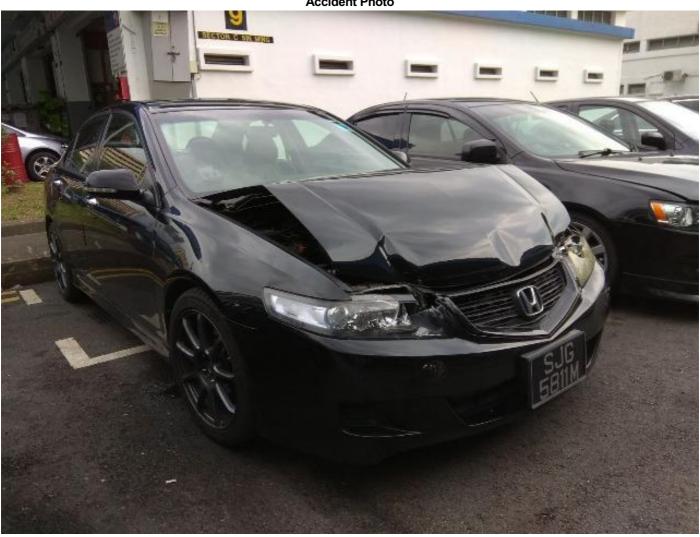




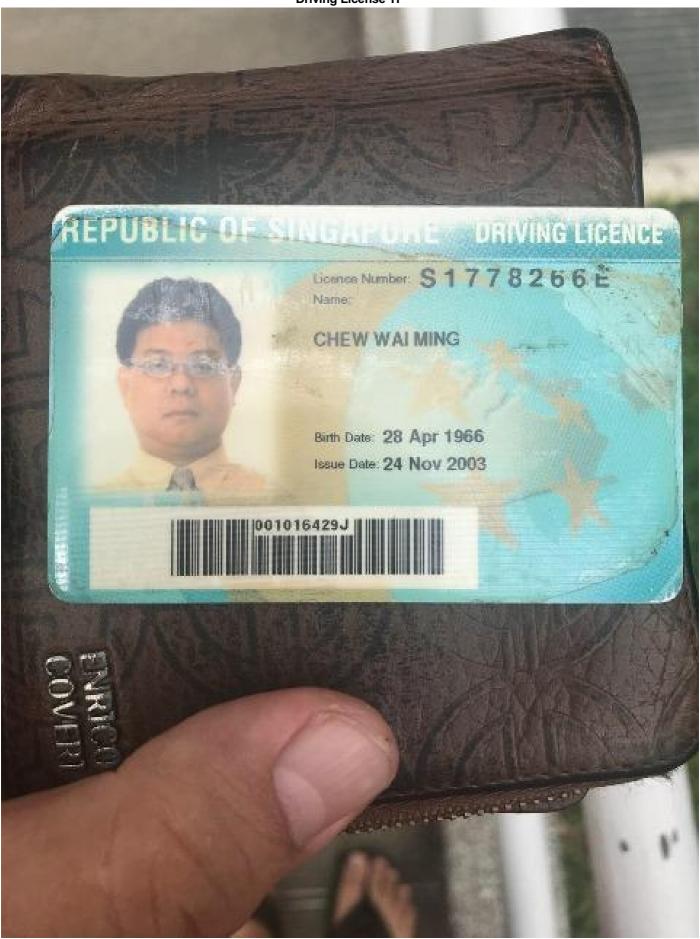








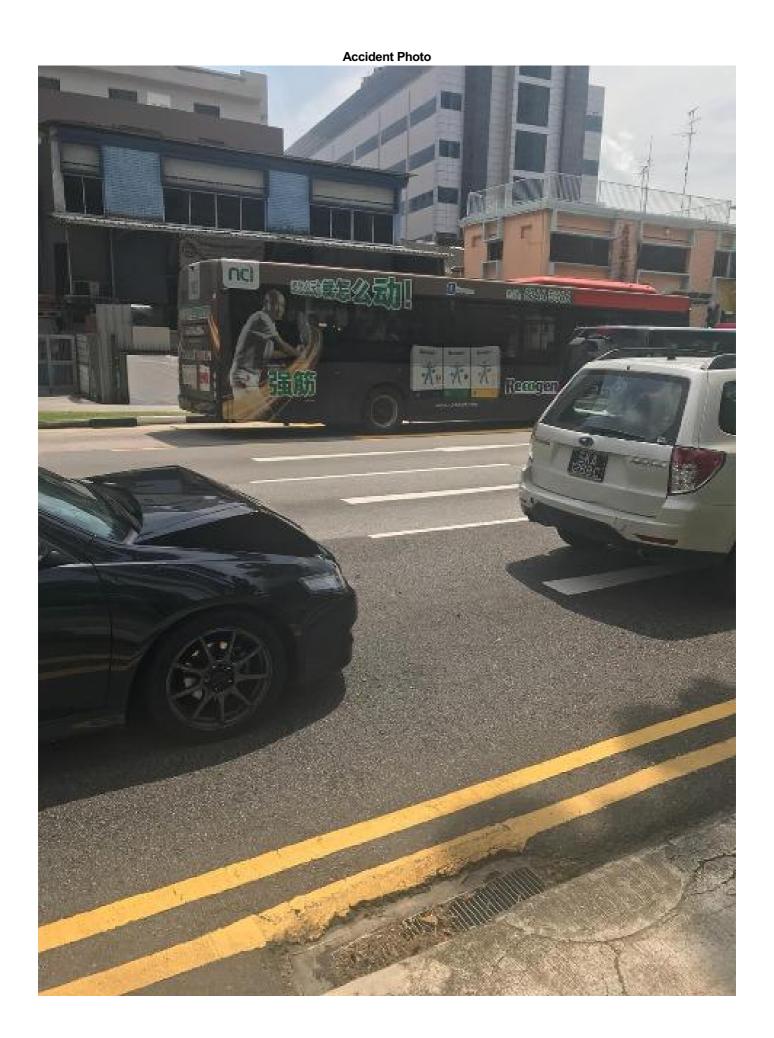
Driving License TP













Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

(A)		ENDUM	
V-7	PARTICULARS OF PERSON N	MAKING THE AMENDMENTS:	
Original Report No :	: MBHA 18010066	Vehicle Registration No :	SJG 581111
Name(as shown in NRIC):	Ian Wei Ru, Calv	in	
	(*Vehicle Driver / Vehicle	Owner) (*) Please delete as ap	propriate
NRIC/Passport No:	S8715483A		
Address :	Blk 53 Genlang	Bahru #11-3601	S(330053)
Contact (Tel) :			9728 2960
(Email) :	Calvin 14@qmail	PM	
	20/01/2018	Time of Accident :	13:20pm
Place of Accident :	Along Bendem	seer Road	
Insurance Company:	AXA		
THEN CHICAY	Address - calvi	n Hagmart. Com	
4			