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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wiful 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.

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

The second extensive seven property and	ACCIDENT STATEMENT
Date Of Report	12/02/2018 17:02
Date Of Accident	10/02/2018 12:00
Exact Location Of Accident	GRANGE RD ON THE CURVE NEAR GRANGE GARDEN
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP4632K
Insured/Policyholder	
Name Of Registered Owner	AUDEMARS PIGUET (SINGAPORE) PTE LTD
	199006205E
Co Reg No Email Address	JONATHAN,KING@AUDEMARSPIGUET.COM
Mobile Phone No	(LOCAL) +65-91161560
Alternative Phone No	OFFICE-91161560
Vehicle Particulars	
Manufacturer	TOYOTA
	HARRIER
Model 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?	NO
If No. Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067515687-03
Cover Note Number	
Driver	
Name of Driver	JONATHAN ANDREW CHARLES KING
NRIC No	S7185603H
Date Of Birth	13/12/1971
Occupation	INDOOR
Date Of Driving Pass	29/12/2004
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91161560
Fax Number	
Contact Number	OTHERS-91161560
EMail Address	JONATHAN,KING@AUDEMARSPIGUET.COM
ACT 100 TO 100 AAA AAA AAA AAA AAA AAA AAAA AAAA	Prop 1 of

Address

80 HOLLAND ROAD

#06-04

Postcode

258875

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

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

PLEASE REFER TO SKETCH PLAN

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

SJX1940K

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PAULINE LYALL

NRIC/Passport Number

G6113397L

Contact Number

83034195

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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
- 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.

AUDEMARS PIGUET (SINGAPORE) PTE LTD

14 Kung Chong Road #04-01 Lum Chang Building

Singapore 159150

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centr

NRIC/FIN No.

KETCH PLAN	GRANGE ROAD Roadworks
	SSX 1940 K 3 / porty
11111	IMSTANCES OF THE ACCIDENT
Drivin love in to Both (aran IC	Front to Juddenly apply brakes. polish an evancy brakes of swarred but made of contact with the vehicle in Front. parties pulled over to the side road.
AUBERIARS PIG I/Werd Raing Lum Sin Policyholder's : Date & Time:	2/248 Date & Time: 2/2/19 NRIC/FIN No.:

Claim Handling Accident MT/0982035 GST Registration No. SKP46328 Vehicle No. 5067515687-03 Policy No. Policyholder NRSC AUDEMARS PIGUET (SINGAPORE) PTE LTD Policyholder Name drive CLASSIC Cover Type PRIVATE CAR INSURANCE Product Code Contact No.(Home) Contact No.(Office) 91161560 Contact No. (Mobile) eCode. Special Remark Email Address eCode Reason No Yes Wo Yes KFK. Private Hire NCD Entitlement(%) No: NCO Protection O Accident Details Side Swipe Accident Type Accident Report Within 24 hrs. 12/02/2016 17:46 Report Date Singapore Country of Accident Time of Accident Innomini 10/02/2018 Date of Acodest Drange Force Reporting Centre GRANGE ILD ON THE CURVE NEAR GRANGE GARDEN Accident Location **▽** Benefits Windscreen Excess Additional Excess Own damage Excess 600.00 Outside Singapore OD Excess Unnamed Driver Excass 0.00 Dutside Singapore TP Excess 0.00 Third Party Excess GST Registered Information GST Registration Date No No CST Remistered GST Status Venfied Modification History Policyholder Mailing Address #64-01 LUM CHANG BULLDING 14 KUNG CHONG ROAD Post Code Singapore address Address Type 5567515687-03 Related Policy Number OI Driver Info Unnamed Driver Driver Type Unnamed Driver Driver Name Driver DOB 571856038 Driver NRIC JONATHAN ANDREW CHARLES # Unnamed driver Name Driving Experience Driver Age Register Date of Driver Lizense 29/12/2004 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) Address 3 #06-04 DOET Address 7 BO HOLLAND ROAD Address 1 Post Code Foreign address Address Type Address 4 tint No. Driver Insurer Compeny SKP4632K Does he own a Singapore Registered car? Oriver Vehicle No. Yes S No Declaration Yes @ No Breathalyser or Blood Test Reading? Any injury? Medification History Claim 001 New Insured NRTC AUDEMARS PIGUET (SINGAPOR) Claim Type * Contact No. (Office) Contact No (Home) NIL. Contact No. (Mobile) TP Whicle Number SKP4532K OI Vehicle Number SHIRLEEN TANDAUDEMARSHID Email Address Name of Preferred Workshop SKP4632K / 53K1940K ON 10 Feb 2018 Claim Description Furty at Fault: Insured Liability * Preferred Warkshop Contact GIA report Preferred Workshop, Name unknown Preference Repair Option Require Finalisation Date Received Claim Close Date 12/02/2018 17:49 treve Reconstered ROSLI WAHAR Report Taken By Print AK letter Save Subma Attachment Claim No. MT/0982035 Accident No. 12/02/2018 17:50 Upload Date Yes No Last Doc. Received Livgenty Confidential Category * Path * Browse... Clear Please Select



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(9)	ACCIDENT STATEMENT
	ACCIDENT DATE: 10 102/2018 100/MM/YYYY), TIME: 1 2:00 (HH:MM)
	CONTRACTOR OF THE CUDIE NEAR GRANGE
	GARDEN.
57	. Service 0.01/001010
	OVEHICLE NUMBER: SKI 4030M
191	BINSURANCE COMPANY! TAYCOME
	CIPOLICY NUMBER: SOLTSTS BY TO SARTY THE PARTY FIRE ATHEFT
	BIMAKE & MODEL! TOYOTA HAR RECE.
	TO THE REPORT OF THE PROPERTY
	-WELLOLE CATEGORY IF KIVALEY CONTINUENCE
	THE PART OF LICINO AT ACCURENT UMS.
	IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (126/112)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER PROMET() PER LES (MALE / FEMALE)
	BINRIC/FIN/PASSPORT: FOSGER OFF CONTACT: GILLISTONG FOLLO
65	CIADORESS! BO HOLEAND CORD ISSICO
	ONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER
	A DELVED 1
	CINAME! JONATHON 1270
	(Including driver) BINRIC/FIN/PASSPORT! FOT 999 0719 CONTACT! 9/10/560
	(1) CIADDRESS: SO HOLLAND WAD CO
- 2	1 10 175 05 BIRTH: 1 13 / 12/ (971)[DD/MM/YYYY]
5	OCCUPATION (INDOOR) OUTDOOR)
	IDATE OF DRIVING PASS THE INSURED'S COMPANY? (YES) NO)
	4. WAS DRIVER AN EMPEOTE THE DRIVER WITH INSUREDI
	IF NO, KEDATIONS IN THE COLUMN CONTRACT COLUMN COLU
	ELIZATO CURRACTURA VITALIA
	THE THIRD IN UKEU LINE AND THE TENTH OF THE
	7. GIREPORTED TO POLICE (YES) NOT IF YES, PLEASE STATE WHICH POLICE STATION: Hother - No report in 1 # provide
10	B. THIRD PARTY VEHICLE CT / 1940K MODEL: NECTAN SUN
	VEHICLE NIMBER
	b) DRIVER'S NAME: MANTHE CONTACT! PROT 1495
	O NRIC/FIN/PASSPORT
	(1) 9. THIRD PARTY VEHICLE MODEL!
į	4 No of passanger of deliver's NAMEL CONTACTIVE
	(Including delver) 1) NRC = N/PASSPORT!
	No. of the contract of the con
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email: jonathan-tring @ audomars piquet: con fax: 1080

EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

AUDEMARS PIQUET (SINGAPORE) PTE LTD



KING JONATHAN ANDREW CHARLES

CHIEF EXECUTIVE OFFICER

F0599907M

23-06-2017

26-07-2017

26-07-2019

L8174912



VISIT PASS Immigration Regulations

KING JONATHAN ANDREW CHARLES



Date of Birth. Des

13-12-1971 M

Date of listure

BRITISH Date of Expire

F0599907M 26-07-2017 26-07-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOH ARE DICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Motor cars =< 3000 kg with =< 7 passengers exclusive of the chiver; and motor fractors /yehicles =< 2500 kg

29 Dec 2004

NP 42BA



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 (M	ALAYSIA)

MOTOR VEHICLES [THIRD PARTY RISKS] RULES, 1959 (MALAYSIA)

Certificate Number: 5067515687-03	Cover :	drivo CLASSIC
ertificate Number: 50075555		

- Index mark and Registration Number of Vehicle : SKP4632K : ZSU600018261
 - Chassis Number
- : AUDEMARS PIGUET (SINGAPORE) PTE LTD 2. Name of Policyholder : 11 Sep 2017 3. Effective Date of Insurance
- : 10 Sep 2018 4. Expiry Date of Insurance
- 5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his/her 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.

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

headings.	
EXCESS (SECTION 1)	: 5\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	; N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: ACCLAIM INSURANCE (MOTOR BUSINESS) (00000690627) Agency

: 07 Aug 2017 18:15 hrs Date of Issue

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: Chief Executive Authorised Officer