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.

| By the lodgement of this report to the insurers, you hereby consaforesaid. | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 26/03/2018 15:24 |
| Date Of Accident | 23/03/2018 18:15 |
| Exact Location Of Accident | CTE BEFORE BALESTIER EXIT HEADING TWDS CITY |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SBN2188G |
| Insured/Policyholder | |
| Name Of Registered Owner | COOLMAC ENGINEERING PTE LTD |
| Co Reg No | 199300145N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62828100 |
| Vehicle Particulars | |
| Manufacturer | HYUNDAI |
| Model | AVANTE |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy | |

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 PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA087423

Cover Note Number

Driver

Name of Driver CHANG BOON CHUI DESMOND

 NRIC No
 \$8715016Z

 Date Of Birth
 28/05/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 28/10/2009

Driving Experience 8 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91701972

Fax Number

Contact Number

EMail Address DESMOND.CHANG.B.C@GMAIL.COM

Address BLK 336 TAMPINES ST 32 #04-486

Postcode 520336

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 CHAIN COLLISION

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? YES

Was any injured conveyed to hospital by NO

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)

NO 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT: T/20180324/2060.

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 SH7692P

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFE79B

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHANG BOON CHUI DESMOND

Approximate Age Injuries Sustain

Injured person in which vehicle? SBN2188G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SFE79B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

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.
- 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>.
- 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 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:
 - 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

| SKETCH PLAN | | |
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| DESCRIBE CIRCUMSTANCES OF T | HE ACCIDENT | |
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| DECLARATIONNES | 4 | |
| DECLARATIONNEE | s are true in every respect. | 24/3/18 11.50 AM |
| OSO PIE | V K | 26/3/18 |
| Policyholder's Signature | Driver's Signature | Reporting dentre Personnel's Signature |
| Date & Time: | (If driver is not the policyholder) Date & Time: | Name: NRIC/FIN No.: |

GINLIACISLACE Planeumin VB

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

| | | | | • |
|---|--|--|---|-----------------|
| We, COOLMAC ENGINEERING | PRECID | , the owner of | vehicle no. | IBN 21886 |
| My/Our Insurance is under MVs AXA to claim under my/our Policy or against claim to MVs AXA Insurance Singapore 14(fourteen) days of occurrence of | Insurance st the Thi c Pte Ltd or discov | e Singapore Pte rd Party and if with all relevan tery of daniag | Ltd, I/we sha the former sl it facts and d ge. | all decide when |
| My/Our Third Party claim is handle by m | y/our pref | erred workshop, | | · · |
| , | | , | | |
| Signed and Acknowledge by: | Š | • | | |
| Why. | 2 | ENGINEES OF | | |
| ric no. and signature of policyholder | Comp | any Stamp | | 36/02/2014 |

Sketch Plan #4 Pg. 1





/20180324/2060

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3 Report No. T/20180324/2060

REPORT OF A TRAFFIC ACCIDENT

| Date/Time 24/03/201 | e Report M 8 13:35 | ade: | Vide Report No.: A/20180323/0094 | Station Diary No.: 50 | | |
|--------------------------|-----------------------|----------------|--|----------------------------|--|--|
| Informan | t's Particu | lars | | | | |
| Name of Informant: | | | Address: | | | |
| CHANG BOON CHUI, DESMOND | | | APT BLK 336 TAMPINES STREET 32 #04-486 SINGAPORE | | | |
| | | | 520336 | | | |
| ID Type / | ID No.: | | Contact No.: | | | |
| NRIC NO / S8715016Z | | | Home/Office: Mobile: 91701972 | | | |
| Nationality: | | | Email: | | | |
| SINGAPO | RE CITIZE | N | | | | |
| Sex: | Age: | Date of Birth: | Type of Informant: | | | |
| Male | 30 | 28/05/1987 | Driver | | | |
| Race: | | | Language: | Institution / School Name: | | |
| Chinese | | | English | | | |
| Occupatio | n: | | Driving Licence Information | 1: | | |
| PROJECT ENGINEER | | | Class: | Date of Expiry: | | |

| General Informati | on of the Accident | | | | | |
|--------------------------------------|------------------------------|----------|-----------------------|---|--------|------------------------------------|
| Type of Accident: | Injury Conveyed By Ambula | ance | Drink Drive: No | Date/Time of Accident: 23/03/2018 18:15 | 5 | Type of Location: Straight Road |
| Location: Along Road 1 CENTRAL EXPR | | ido oitu | | | | |
| Weather: | stier exit heading towar | • | Surface: | | Pos | d Speed Limit: |
| Clear | | Dry | ouriace. | | ittoat | и орееи шин. |
| Traffic Flow: | | Traffic | Control: | | Traff | fic Volume: |
| One Way | 4 | Not Co | ontrolled | | Heav | vy |
| Type of Collision: Between Moving | Vehicles - Head To Re | ar | | | | one conveyed by ulance: |

| Details of Vehicle Involved | | | | | | | | |
|-----------------------------|-------|------|-------|-------|-----------|-----------------|--|--|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger | | |
| SBN2188G | Car . | | | | Slightly | 0 | | |
| | | | | | Damaged | | | |
| SFE79B | Car | | | | Slightly | 1 | | |
| | | | | | Damaged | | | |
| SH7692P ` | TAXI | | | | Slightly | 0 | | |
| | | | | | Damaged | | | |

Sketch Plan #5 Pg. 1





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Report No. T/20180321

Tel No: 1800-5871999 CONTINUATION OF REPORT

| Details of Perso | n Involved | | | | | |
|--|------------------|------------|-------------------------------------|--------------------|---------------------------------------|--|
| Any Pedestrian Ir | nvolved: No | | | | | |
| No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA | | | | ing: NA | | |
| Driver | | | | | | en de la companya del companya de la companya del companya de la c |
| Name | CHANG BOON CHU | I, DESMONE | O | ID No | | S8715016Z |
| Related Vehicle | SBN2188G (Car) | | | Contact No. 917019 | | 91701972 |
| Hospital/Clinic | RAFFLES HOSPITAL | | Class Drivin Licend Expiry | g | Class: 2B,2A,3 Date of Expiry: NIL | |
| Date Treatment | 24/03/2018 | | Date Discl | narge | 24/03 | /2018 |
| No. of Days gran | | | | Injury Slight | | |

Brief Details.

On the 23/03/2018 at about 1815hrs, I was driving my car bearing vehicle no.SBN2188G along the first lane of CTE heading towards city before Balestier Exit, when all of a sudden, the front car bearing vehicle no.SFE79B had emergency braked. As such, I also applied emergency brakes and managed to stop in time. However, all of a sudden, I felt a collision from my vehicle's rear which then caused my vehicle to surge forward and collided into the front car. I then stopped and exited my vehicle to make a check for damages and injuries.

As a result of the accident, there was a big dent on both my front and rear portion of my car. On the other hand, there is a big dent on the front car's rear portion and a big dent on the rear taxi's front portion.

Traffic police and ambulance came and attended to us. There was a pregnant lady who was a passenger in the front car bearing vehicle no.SFE79B who was then conveyed by ambulance to hospital. Traffic police then took my in car camera memory card and asked me to lodged a traffic accident report vide incident no. A/20180323/0094 with investigation officer in charge IO Sufian, Tel: 65476247.

On the 24/3/2018 at about 0000hrs, after seeking medical attention at Raffles Hospital, I was given 5 days MC from 24/3/2018 till 28/3/2018.

I wish to state that I do not have particulars of the other parties as we did not have time to exchange particulars. However, the traffic police did take down all of our particulars.

Sketch Plan #6 Pg. 1





T/20180324/2060

3 of 3

Report No. T/20180324/2060

ce Station Of Origin:

ن Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

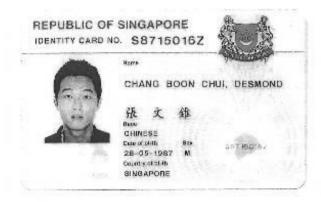
Sketch Plan

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 Officer Recording The | Report: | Signature Of Informant: | |
|---|--|--|--|
| G/ | | \uparrow ν | |
| Sgt 3 MUHAMMAD DANIYAL BIN | | 1/6 | |
| BAHARUDDIN | | 102 | |
| Signature Of Interpreter: | | Date/Time: | |
| Not applicable | | 24/03/2018 13:35 | |
| | · . | | |
| | | | |
| Officer In Charge Of Case: | | Classification Of Case: | |
| | NAME AND ADDRESS OF THE PARTY O | | |
| TP / GIT / | Aur an | Security Control of the Control of t | |
| SI THABAGESH JEYATHESH | SINGAPORE POLICE | 193 of the contention of the content | |
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| SI THABAGESH JEYATHESH Contact No.: 65476232 | SINGAPORE POLICE FOR | SIGNATURE | |

Driving License









INSURANCE





AXA Insurance Pte Ltd.

1800 880 4838 (Within Singapore) (65) 6880 4888 (International)

(63) 6380 4740

customer.carc@nxa.com.sg

. www.aka.com.sg

Certificate of Insurance

account number 04247

Motor Venicles (Third Party Risks and Companies Ion) Act, (Chapter 189). Motor Venicles (Third-Party Risks and Companies Ion) Fules, (2060). Focal Transport Act, (1997) (Malaysia) Mictor Vehicles (Third-Party Risks) Rules, 1959 (Waleysia)

Policy details

Policyholder name

COOLMAC PROINCERING PTE LTD

Cartificate number

GA087423 / 1

Cover Plan name Comprehensive Peace

Chasses number Engine number

KMHDJ418MAJ982057 G4F090797018

NCO applicable Vahicle registration number

10% SBN21886

Period of Insurance

from 22/01/2018 to 21/01/2019 (both dates inclusive)

Finance loan company

MAYEANK

Persons or classes of persons entitled to drive*

(a) Any Named Driver as stated in the Policy.

1, CHANG HEETENG

(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 sepermitted 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 Victor Vehicle.

Limitation as to use*

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

The colley down not cover - use for hire or reward, recing, 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 whon the Motor Car, whother stationary, in use or otherwise, is in or on, a roding track, circuit, route, course or any other roads by whatever name called that are typically used for recing, pace-making or such similar outposes.

Limitations mindered inocerative by Section B of the Mater varieties (Third-Parry Risks and Compensation) Act, (Chapter 160) and Section 65 of the Mater Tearsport Pet, 1957 (Malayera), any notito be included under those headings.

EXCESS

Banic Own Damage Excess

Windspream Excess

SGD 500.00

SGD 100,00

An Additional Excess is applicable as follows:

1, \$\$500 for unnamed Authorised Driver

2, \$5500 for declared Young and Inexperienced Driver

3. SS5,000 for undeclared Young and Inexperienced Drivers. This additional excess is motived to S\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

M

I/We hereby certify that the policy to which this Contificate relates in issued in accordance with the provision of the Motor Mehicles (Thirt) Party Riples and Compensation) Act, (Chapter 1.89) and Part IV of the Road Transport Act, 1987 (Melayala).

AXA Insurance Pte Ltd

Authorised signature

Insure Link Pte Ltd 2 Karlang Avonus 608-16 77 Hub B(358497) 77 : 6444 4944

Fox: 6444 0040

Important note

Pallocholders are womed that or the sale of a motor vehicle-they must surrouder the Certificate of Insurance and the Policy to the Insurance company. If the Certificate of Insurance has been lest or destroyed a Statutory Declaration to the effect must be mode. Pailure to comply with this polligation is an offence under the Motor Yealtho (Third-Party Refs and Pompensation Act (Can. 129)).

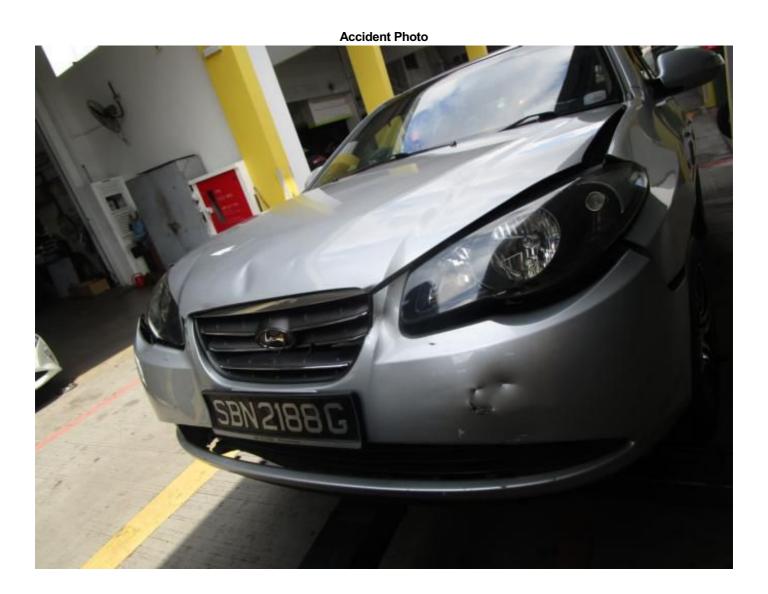
The Promises of Commenced Commenced to premise to be paid in full within a specific period failing when there would be no liability under the policy renewal confidence. ancomement, etc.

AXA Insurance Ptg Ltd (199903512M) 8 Shorton Way, #24-01, AXA Tower, Singapore 068611 Customer Centre, #81-01

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Accident Photo







Accident Photo







Accident Photo

