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 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

7. By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/04/2018 13:42
Date Of Accident	31/03/2018 14:00
Exact Location Of Accident	PIE TWDS JURONG AFT PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV7964P
Insured/Policyholder	
Name Of Registered Owner	FAUZIAH BINTE ISMAIL
NRIC No	S6805769H
Email Address	RAFEE0212@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98216587
Alternative Phone No	OFFICE-98216586
Vehicle Particulars	

TOYOTA Manufacturer Model WISH-1.8 (A)

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number VA1/GA312432

Cover Note Number

Driver

Name of Driver PUTRI QISTINA BTE MOHD RAFEE

NRIC No S9401915Z Date Of Birth 21/01/1994 Occupation **OUTDOOR Date Of Driving Pass** 30/07/2013

Driving Experience 4 YEARS AND 8 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97706395

Fax Number

Contact Number OFFICE-98216586

EMail Address PUTRIQISTINA21@GMAIL.COM Address 704 CHOA CHU KANG ST 53 #11-82

Postcode 680704

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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?

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

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286,

NO

YES

NO

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER AS ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA8182U

Vehicle Make/Model/Colour MERCEDES

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ZHANG GIZHEN

NRIC/Passport Number S7573492A

Contact Number 90603910

Address Postcode

Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Personnel

Sketch Plan

SEA BIBZU.

SEA BIBZU.

SEA BIBZU.

SEX 1932H

TANT TO SEA SEAU.

TANT TO SEAU TO SEAU

o Centre

Accident Sketch Plan

REFER	70	Police	REPORT	T/20180401/20	28
claration					
e declare th	e fore	noino particula	rs are true in every	respect	
o occupie (i	- 1010	Annia heromes		CONTRACTOR	
				()	
8	u	_00		hd ii	DIAL
1/4	_			(U	July
0				e (# driver is not the policyholder) / Date	Witnesses by Reporting Centre Personnel
marks of billion of the	Cinnett	ure / Date &	Driver's Signatur	e (# driver is not the nolicyholder) / Date	vvinessearby reporting Centre

Page 5 of 41



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

NP 168 No : T | 20180401 | 2028 Name : Putri Qistina Binte Mohd Rafee

Accident Date/Time : 31/03/2018 @ 1400hQ Address : B|k 704 Chou Chu Kang St 53

Vehicle(s) involved : SL×1032H

SLD 4551L

SLV 7964P

SKA 81821A Date : 01 04 2018

Dear Sir / Madam I wish to amend as follows: Due to the strong banging impact from the near cor SKA8182U, my colleange namely Hong Sung Hee and I were injured in the accident and both of us were conveyed to Changi General Hospita TO A CHU KANG MPC

26 CHOA CHUK.

FAN: 670 ...

Yours faithfully





1 of 4

Report No. T/20180401/2028

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2018 12:10			Vide Report No.:	Station Diary No.: 34	
Informan	t's Partice	ulars			
Name of Informant: PUTRI QISTINA BINTE MOHD RAFEE			Address: APT BLK 704 CHOA CHU KANG STREET 53 #11-82 SINGAPORE 680704		
ID Type / ID No.: NRIC NO / S9401915Z			Contact No.: Home/Office:	Mobile: 97706395	
Nationality SINGAPO		EN	Email:		
Sex: Age: Date of Birth: Female 24 21/01/1994			Type of Informant: Driver		
Race: Boyanese			Language:	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Injury Drink Date/Time of Accident: No 31/03/2018 14:0		Type of Location. Straight Road	
	EXPRESSWAY		†i:	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collis Between Mov	sion: ring Vehicles - Head To Rea	ar		Anyone conveyed by ambulance: Yes

l	Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
	SKA8182U	Car				Seriously Damaged	0
	SLD4551L	Car				Slightly Damaged	1
	SLV7964P	Car				Seriously Damaged	1
	SLX1032H	Car			18.	Slightly Damaged	0 .





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

Report No. T/20180401/2028

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrian		Use of Pe	Use of Pedestrian Crossing: NA		
Driver	s injured. IVIL	030 011	Ducotifui	01000	
Name ·	Zhang Yizhen		ID No.		S7573492A
Related Vehicle	SKA8182U (Car)		Contac	t No.	90603910
Hospital/Clinic	NIL			of l e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		-		
And the second s	ted Medical Leave NIL	of Injury NIL			
Driver		ALEXO EN LIVER		Big.	
Name	Low Leong Chai		ID No.		S1249204I
Related Vehicle	SLD4551L (Car)	Contac	ct No.	98302592	
Hospital/Clinic	NIL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL .	Date Dis	scharge	NIL	
	ted Medical Leave NIL		of Injury NIL		
Driver			POST ASSESSMENT	diese in.	
Name	PUTRI QISTINA BINTE MOF	ID RAFEE	ID No.		S9401915Z
Related Vehicle	SLV7964P (Car)	Conta	ct No.	97706395	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class Drivin Licent Expiry	g ce &	Class: 3A Date of Expiry: NIL
Date Treatment	31/03/2018	Date Di	scharge 31/03/2018		
	ited Medical Leave 04		of Injury		





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 , 3 of 4 Report No. T/20180401/2028

CONTINUATION OF REPORT

Passenger		late collect	CONTRACTOR.		Sint La	
Name	Hong Sung Hee			ID No	t.	S9475716I
Related Vehicle	SLV7964P (Car)			Conta	ct No.	82686141
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	31/03/2018 Date Dis			harge	31/03	3/2018
No. of Days granted Medical Leave 03			Degree of		Sligh	

Brief Details.

On 31/03/2018 at about 1400hrs, I was driving my car plate number: SLV7964P at the extreme right lane along PIE toward Jurong after Paya Lebar exit. My colleague was sitting at the front left passenger seat in my car. There were two cars in front of my car plate number: SLX1032H, SLD4551L slowly stopped their cars as the traffic was heavy and I also slow down my car and stopped along the road waiting for the front cars to drive. Suddenly, there was a car plate number: SKA8182U which were driving behind my car banged at the rear of my car and caused my car to move forward and caused the two front cars plate number: SLX1032H, SLD4551L chain collision.

Due to the strong banging impact from the rear car SKA8182U, my colleague namely Low Leong Chai and I were injured in the accident and both of us were conveyed to Changi General Hospital. My colleague and I suffered aching pain at our right back of our shoulder area and body after the accident. I was given four days of medical care leaves from 31/03/2018 to 03/04/2018 and Leong Chai was given three days of medical care leaves from 01/04/2018 to 03/04/2018.

I wish to state due to the accident my rear bumper of my car were badly dented in and my car spare tires which were screwed under rear of my car dropped out from the car. Car of SKA8182U which was driving behind my car front bumper was badly damaged and dented in. There was in car cctv installed at the front of my car.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 4 of 4 Report No. T/20180401/2028

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: J / Staff Sgt KER PECK HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2018 12:10
Officer In Charge Of Case: TP / GIT / Signature . Sgt 2 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	





















AXA Insurance Pte Ltd

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

(65) 6880 4740

⊠ customer.caie@axa.com.sg

www.axa.com.sg

date 17/01/2018

policy number VA1 / GA312432

account number / sub-code 14885 / BSTL007

Motor Vehicles (Trind-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 -Road TransportAct. 1967 (Malaysia) - Motor Vehicles (Third-Party Risks.) Rules. 1969 - Malaysia)

Cartificate sumber

Chassis number

Policy details

Policyholder name

Cover

Plan name NCD applicable

Period of Insurance Finance loan company

Yohicle registration number

SLV7964P

50%

Comprehensive

Toyota Prestige

FAUZIAH BINTE ISMAIL

Certificate of Insurance

from 16/01/2018 to 15/01/2019 (both dates inclusive)

UNITED OVERSEAS BANK LIMITED

GA312432 / 1 ITDQ020W50J005793 2ZR0A53666

Authorized Drivers

(b) Any Named Driver as stated in the Policy:

(c) 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 dequalified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

- Use of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passangers (besides commercial hire or reverd) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cove

- Use for commercial hire or reward, or for racing, pece-making, reliability trail, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

* 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.

EXCESS

Basic Own Damage Excess

Windscreen Excess

9GD 500.00 Not Approable

Young/inexperienced driver excess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the insured MotorCar is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of variole for less than one year

Young and/ or inexperienced driver shall mean any person who :

- is less than 23 years old , and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

Additional clauses & endorsements to your policy

NB

I/Wis hereby cartify 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

AXA insurance Pte Ltd (199903512M) 8 Shanton Way, #24-C1, AXA Tower, Singapore 068811 Customer Centre, WB1-01

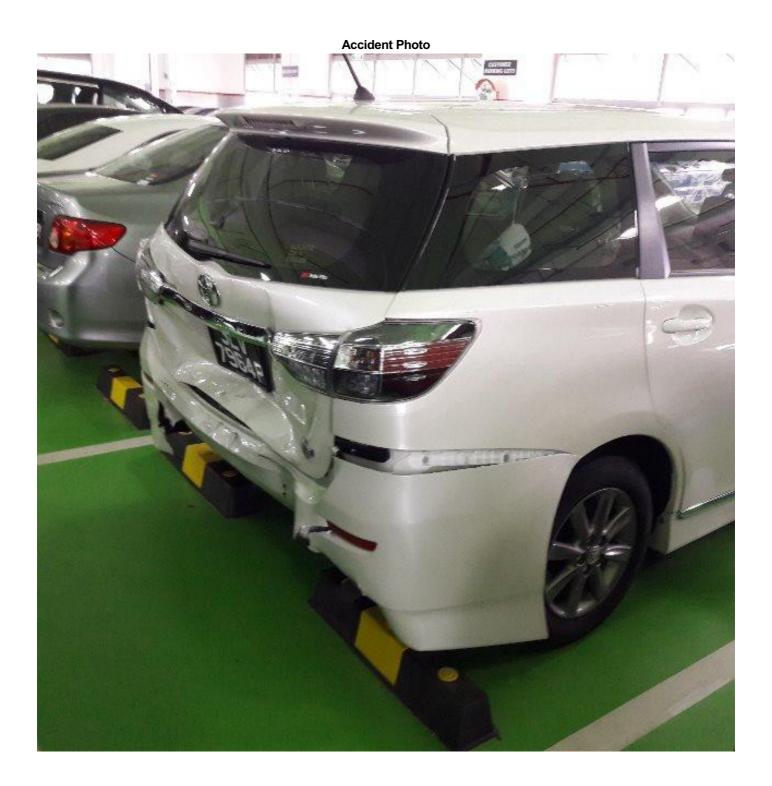
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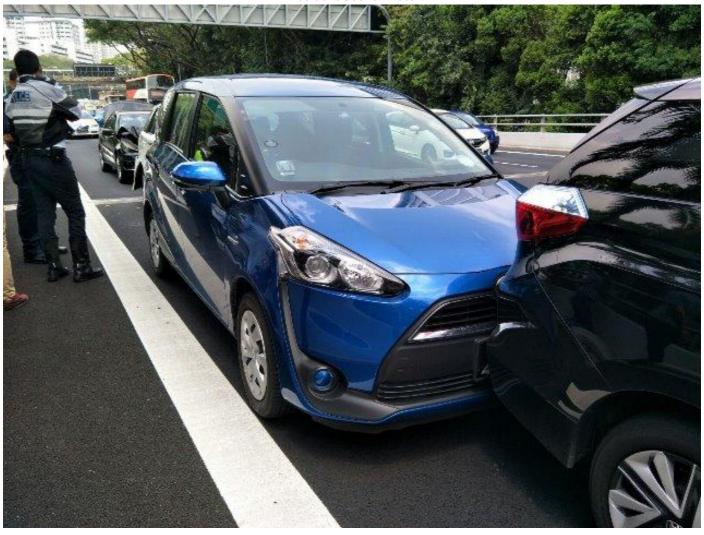


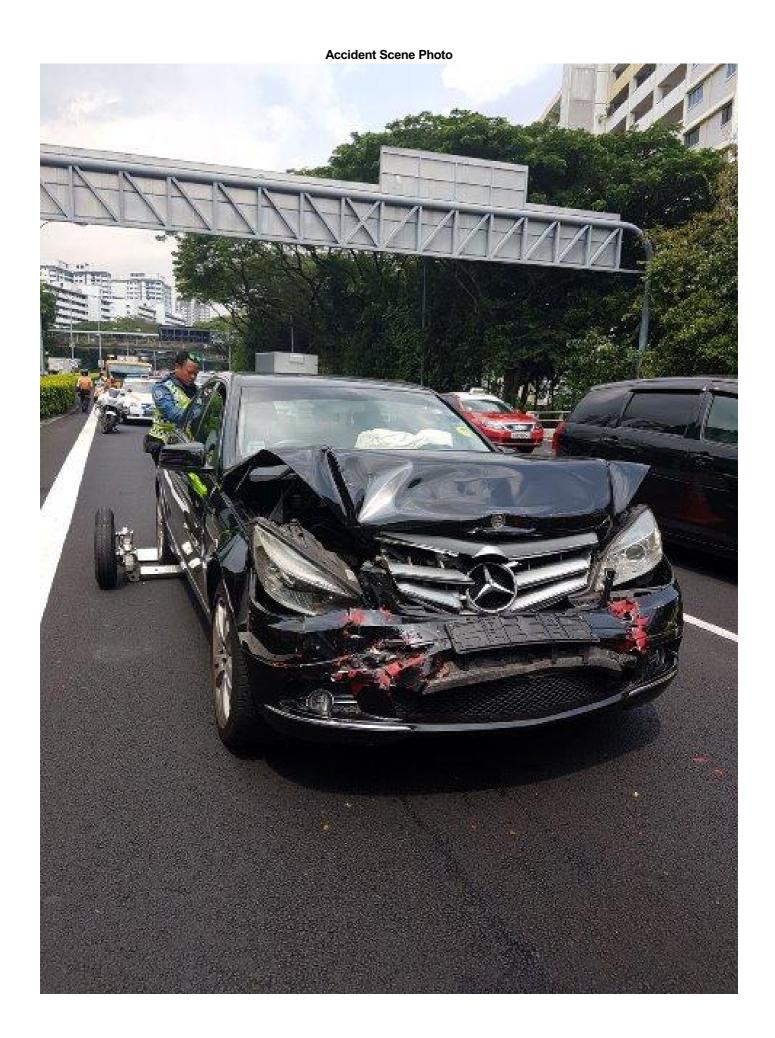






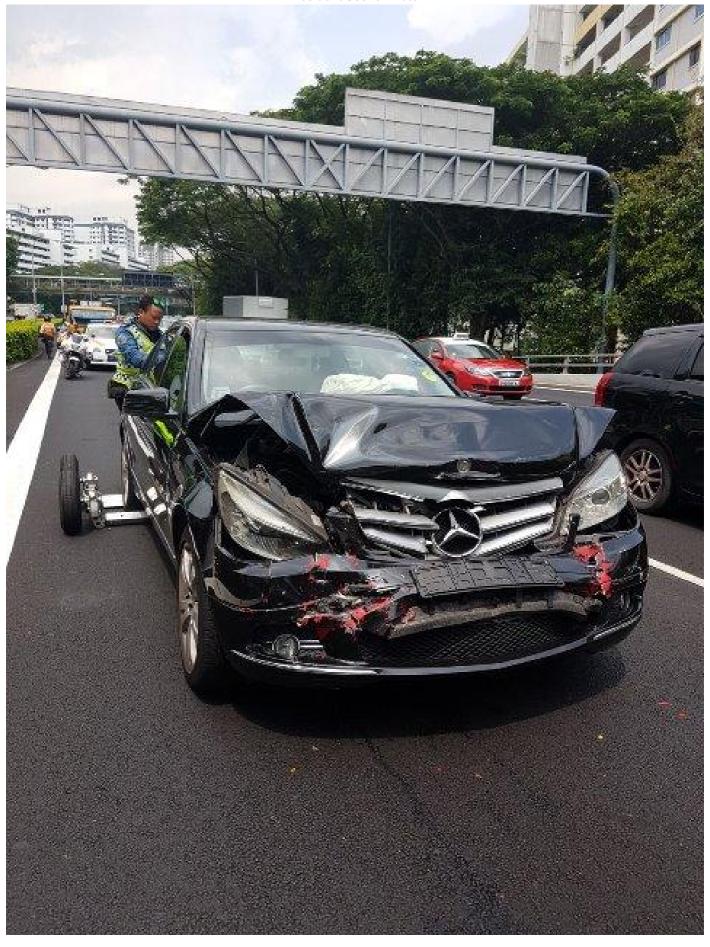






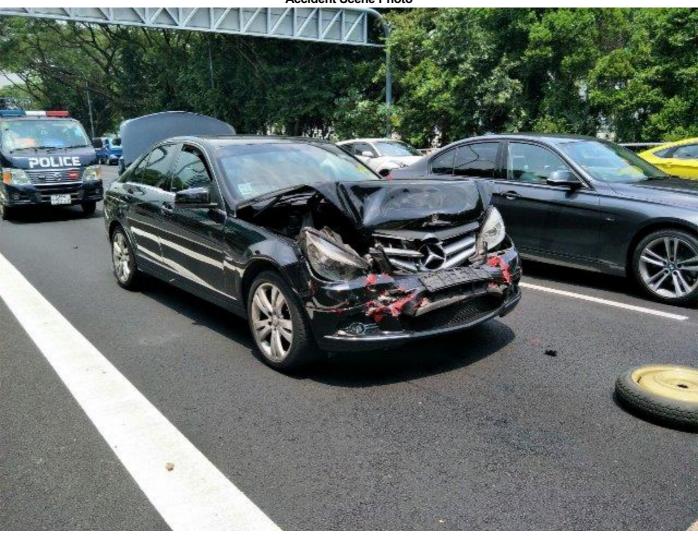








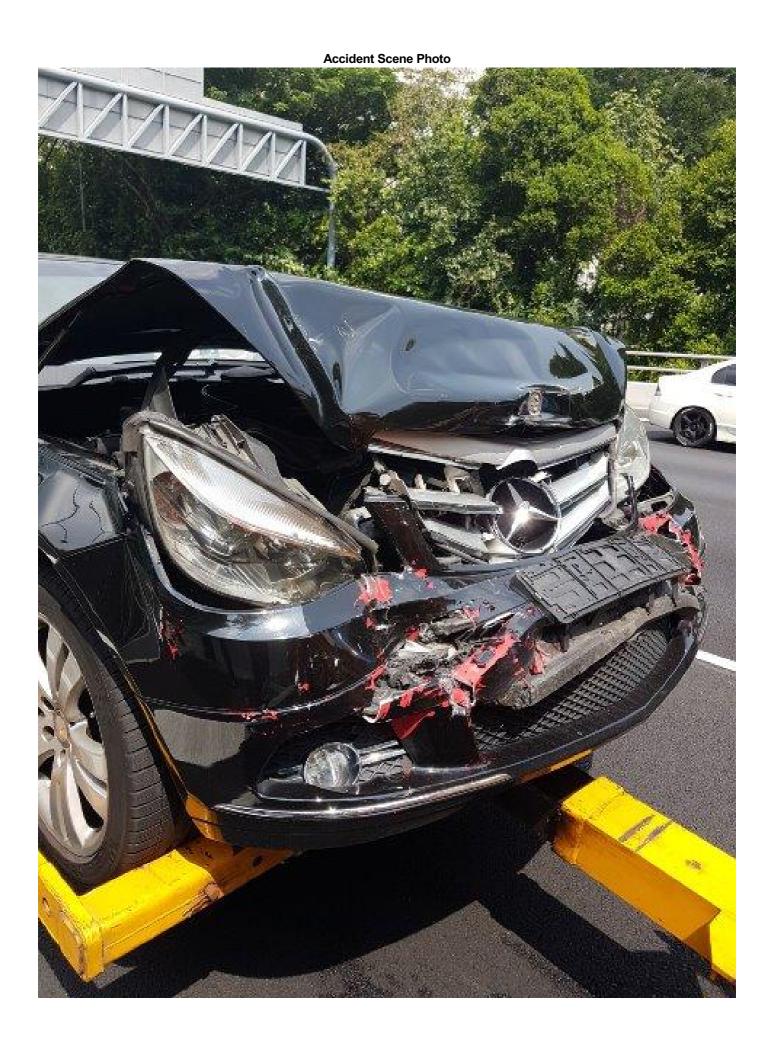












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

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

		ADD	DENDUM	
(A)	PARTICULARSOFPE	RSONMAKINGTHEAMEND	MENTS:	
	Original Report No :	MBM218043515	Vehicle Registration No:	SLV7964P
	Name(as shownin NRIC) :		NRIC/FIN/Passport No :	
	(*Vehicle Driver/Ve			
	Address			Singapore()
	Contact (Tel)		Mobile No.:	
	Email Address	<u> </u>		
	Date of Accident		Time of Accident :	
		MATION / AMENDMENTS:		
	make the following a	REVERT	TO OD	
	1			
	-			
	S 			
	<u> </u>			
	Policyholder / Driver Date:	's Signature	Reporting Centre Personame: NRIC/FIN No.: Date:	onnel's Signature