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 hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	02/05/2018 14:21			
Date Of Accident	01/05/2018 20:55			
Exact Location Of Accident	INTERSCETION BETWEEN WOODLAND AVE 5 AND 6			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJQ7433E			
Insured/Policyholder				
Name Of Registered Owner	LEE MUI TIN			
NRIC No	S7640481Z			
Email Address	JOLEE-76@HOTMAIL.COM			
Mobile Phone No	(LOCAL) +65-97515522			
Alternative Phone No	OFFICE-97515522			
Vehicle Particulars				
Manufacturer	CHEVROLET			
Model	AVEO 5-1.4 T255 (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 YES

Policy Number VA1/GA039771

Cover Note Number

Driver

Name of Driver LEE MUI TIN NRIC No S7640481Z Date Of Birth 17/12/1976 Occupation **INDOOR Date Of Driving Pass** 17/03/2008

Driving Experience 10 YEARS AND 1 MONTH

Gender **FEMALE**

Mobile Number (LOCAL) +65-97515522

Fax Number

OFFICE-97515522 Contact Number

EMail Address JOLEE-76@HOTMAIL.COM Address 405 ANG MO KIO

Postcode 560405

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

-

General Information of the Accident

Type Of Accident COLLISION - HEAD ON 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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

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? NO

If Yes, against whom?

Circumstances of Accident

REFER TO REPORT ATTACHED

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 SJY795P
Vehicle Make/Model/Colour NISSIAN

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ZHANG XIANLI

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

ATCH PLAN		
	A DA	
DESCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT	
I was dening along	alands Avenue 5 on 1-MAY-201	around 20:12 Tallana
Chopped of the story Mob	CHANCE AVERUES ON 1-11/19-30	died was 5 and was died
and I'me watte juni	chion \$ intersection between wood	mands rive 3 with woodlonds
INED. I Was at the Seco	and vightmost lane of hoodlar	1) Ave 5 to turn into woodlands
	turned green and I started t	
checking for a coming in	raffic I fiel not notice the	venicle SJY-795P travelling
No Myuries Ware detecta	I we 5 and end up nitting into	
	*	
DECLARATION /We declare the foregoing particulars	are true in every respect.	
Policyholde Signature Date & Time: O-MPY-2018	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.

SKETCH PLAN

100 OR ANT NOTICE

- 1 -Please report correctly the details of the accident to speed up the claims process.
- 2 -1 his 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 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:
 - 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

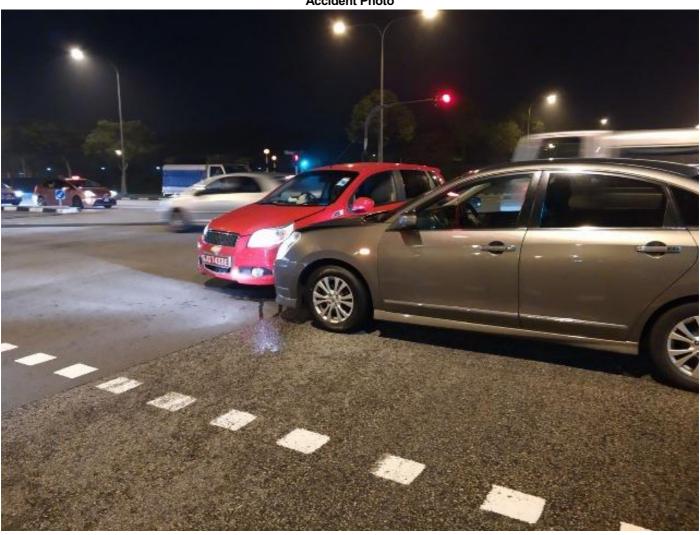
(ii) for complying with requirements under any regulations, laws or court orders.

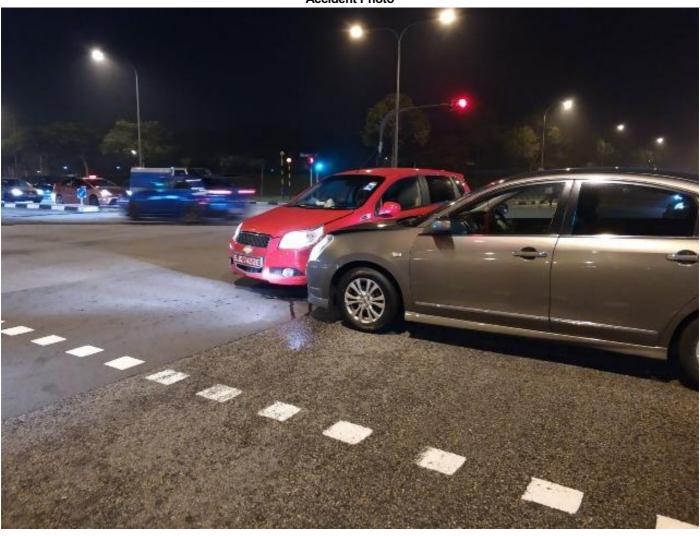
Policyholder's Signature Dile & Time:

02-MAY-2018

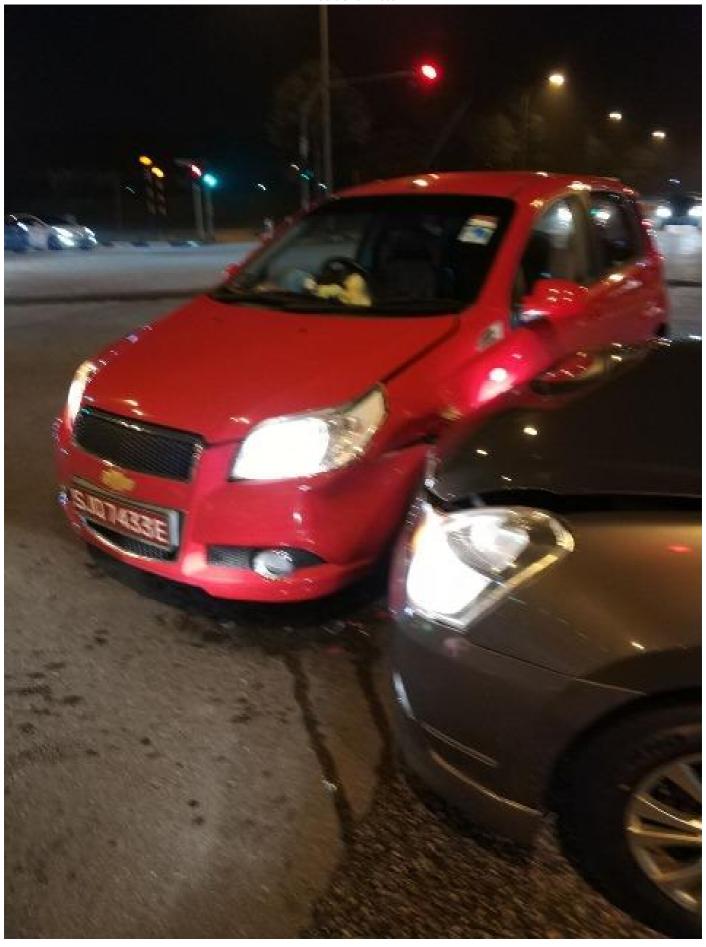
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

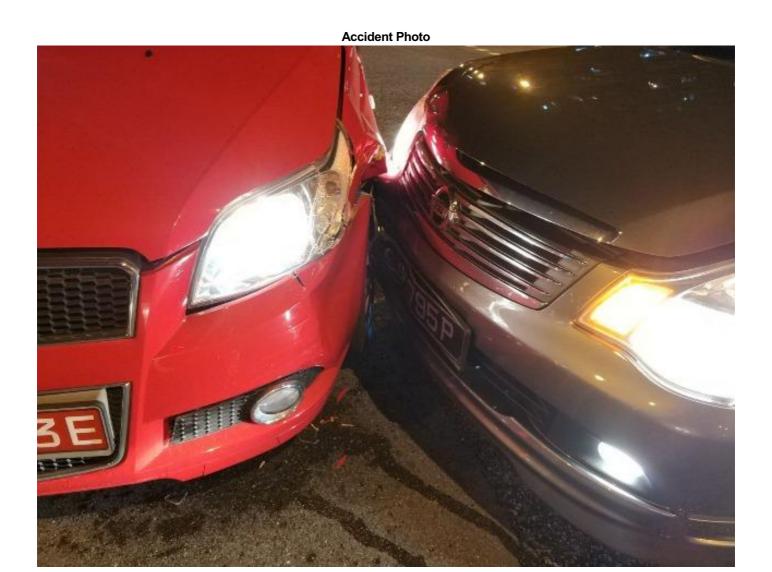


















redefining / insurance



LEE MULTIN BLK 719 WOODLANDS WENUE 6 #04-638 SINGAPORE 730719

Policy Schedule

Your SmartDrive Comprehensive Private APW

AXX Insurance Pts Ltd.

2 1800 880 4888 (Within Singapore) (63) 6890 4885 (Interrutional)

<u>(96)</u> (96) 6880 4740

🗵 custamer zweit ma com.sg

E yearseman

Beneval

23/05/2017

your servicing distributor MAXURANCE VENTURE / 03926

your servicing distributor contact 8100 2552

Your policy snapshot

Polloyhelder rome Gever LEEMUITIN

Philippromber FIR / ARIC WA1 / GAGS9771 S7G40481Z

Relied at Insurance

Comprehensive FIN / ARIC from 25/05/2017 to 24/05/2018 (sorth darken inclusive)

Premium brenkdown

Gross Prontium when 50% NCD

Total Discounts 7% GST

Final Prombon

900 722 91 - 800 207.84

930 36.05 880 551.12

Your benefits highlights

(refer to Policy Warding for full leaves and conditional

Intertibute Company and Art Benefits

- 24/7 Towing & Transportation in Singapore or Oversees
- Submarroad Repairs for byelve (1.5) Months.
- Loss or Damage
- Logal Listerity
- Loss of Personal Effects in Singagore up to \$3,000.
- Daily Transport Allowance of 850 for a maximum of five (5) days.
- Personal accident sensition up to \$30,000 for your named drivers while driving
- Medical and dental expanses up to \$500 per person for either you as the driver or your authorised down and a passenger.
- Resis Own Denrege Excuse Mediacition for AXA Premium Workshop.
- Windstreen Replacement with Excess OR Repair your windstreen at your professor location and get \$50 cash revent with no excess.

Vehicle details

Make & Hodel of Vehicle Vehicle registration number

Body type Seating expanny level driven Off-Peak par CHEVROLET MARO 1,4 5107433E BALCON

4 Yes Year of manufacture

Type of Usy Engine expectly (c.c.)

Engine number Chassis number 2009 Private use:

1399

F14D37434041 KL15A487198684045

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Loss (including eccessories and spare parts) As per Certificate of Insurance

DBS BANK LTD:

Excess applicable (nature to Policy Wording for other applicable Excessory)

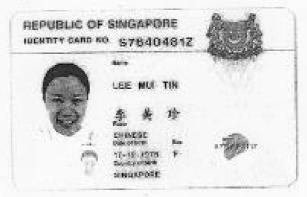
Basic Own Damage Excess. Windscreen Expess 900 0.00 800 100 00

ASA Internation Pte Uni (1999035(22M) 8 Shorton Way, #34-01, ASA Towas, 6 Agaptine OSASI 1 Customer Centre, #81-01

1012

Driving License





Identification Card

