

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 withholding 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.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------------------------|
| Date Of Report | 14/05/2018 12:37 |
| Date Of Accident | 12/05/2018 16:45 |
| Exact Location Of Accident | PIE TWDS TUAS (12.1KM) LAMP POST 545 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | SJF9948G |
| Insured/Policyholder | |
| Name Of Registered Owner | GALARRAGA MACHUCA MARIA PAULINA |
| Passport No/FIN | F2403754K |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92209420 |
| Alternative Phone No | OFFICE-92209420 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | ALTIS |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | GA225069 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------------|
| Name of Driver | GALARRAGA MACHUCA MARIA PAULINA |
| Passport No/FIN | F2403754K |
| Date Of Birth | 07/02/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/04/2014 |
| Driving Experience | 4 YEARS AND 0 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92209420 |
| Fax Number | |
| Contact Number | OFFICE-92209420 |
| Email Address | NOEMAIL |

| | |
|---|-------|
| Address | - |
| Postcode | |
| 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 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? | YES |
| 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 |
| Number of Passengers (Including Driver) | 3 |
| Passenger 1 | NAME: : SEABROOK GEORGINA GENDER: : FEMALE |
| Passenger 2 | NAME: : GALVIZO LEMIE GENDER: : MALE |

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

I WAS DRIVING ALONG PIE TWDS TUAS. OUT OF SUDDEN, VEHICLE B HIT ONTO MY VEHICLE REAR.

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 | SHA7824T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| Vehicle Category | TAXI |
| Name of Driver | TAN KIM CHYE |
| NRIC/Passport Number | S6919916Z |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|---------------------------------|
| Name | GALARRAGA MACHUCA MARIA PAULINA |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SJF9948G |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | |
| Address | |
| Postcode | |

Sketch Plan Pg. 1

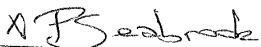
SKETCH PLAN

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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.



Policyholder's Signature

Date & Time:

14-05-2018

Driver's Signature

(If driver is not the policyholder)

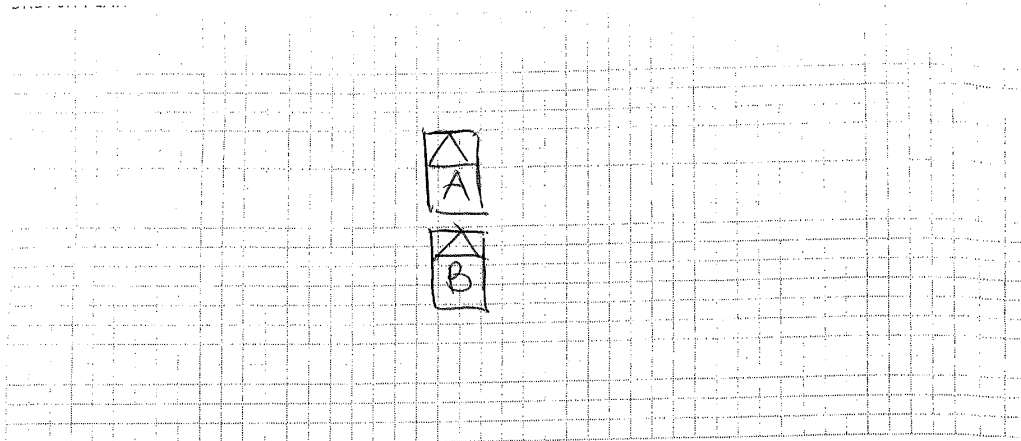
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS DRIVING ALONG PIE TUDS TUDS, OUT OF SUDDEN,
VEHICLE B HIT ONTO MY VEHICLE REAR.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X *Bealbrook*

Policyholder's Signature

Date & Time:

14-05-2018

01/2018, 01/2018, 01/2018, 01/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

LETTER OF UNDERTAKING

I/We, GALARRAGA MACHUCA MARIA
PAULINA, the owner of vehicle no. SJF99K89

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within **14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, SME MOTOR PTE LTD

Signed and Acknowledge by:

Beobreak
.....
Nric no. and signature of policyholder

.....
Company Stamp

14-05-2018
.....
Date

Driving License

REPUBLIC OF SINGAPORE
FIN F2403754K



Name
GALARRAGA MACHUCA MARIA
PAULINA

Date of Birth 07-02-1978 Sex F
Nationality EDJADORKA



REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence No: F2403754K
Name: GALARRAGA MACHUCA MARIA PAULINA
Date of Birth: 07 Feb 1978
Valid From: 20 Apr 2014
Valid Till: 23 Apr 2019
0022969230

F2403754K

VISIT PASS

Immigration Regulations

FIN F2403754K



MULTIPLE JOURNEY VISA ISSUED

Date of Issue 02-06-2018 Date of Expiry 02-06-2019

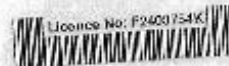


*ON VISITS TO SINGAPORE THE TRAVELLER MUST BE IN POSSESSION OF A VALID PASSPORT AND A RETURN TICKET TO HIS/HER COUNTRY OF ORIGIN.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EXPIRATION DATE

Class 1 Motor Cars < 3000kg with < 4 passengers, exclusive of the driver, and other motor vehicles < 2500kg 24 Apr 2014



Licence No: F2403754K

NP 428A

INSURANCE



redefining / insurance

MARIA P GALARRAGA
1 HACIENDA GROVE
#03-04 THE HACIENDA CONDO
SINGAPORE 457908

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 8880 4888 (International)
(65) 8880 4740
customer.care@axa.com.sg
www.axa.com.sg

New business

date
15/06/2017

your servicing distributor
DIRECT ACCOUNT-NON PIVOTAL / 03121

your servicing distributor contact

Policy Schedule

Your SmartDrive Third Party Only Third Party

Your policy snapshot

| | | | |
|---------------------|--|---------------|----------------|
| Policyholder name | MARIA P GALARRAGA | Policy number | VA2 / GA225069 |
| Cover | Third Party Only | FIN / NRIC | F2409754K |
| Period of insurance | from 18/06/2017 to 17/06/2018 (both dates inclusive) | | |

Premium breakdown

| | |
|-----------------------------|-------------------|
| Gross Premium after 20% NCD | SGD 744.17 |
| 7% GST | SGD 52.09 |
| Final Premium | SGD 796.26 |

(refer to Policy Wording for full terms and conditions)

Your benefits highlights

SmartDrive Third Party Only Third Party Benefits
Legal Liability

Vehicle details

| | | | |
|--------------------------------|----------------------------------|------------------------|------------------|
| Make & Model of Vehicle | TOYOTA COROLLA ALTIS 1.8 COROLLA | Year of manufacture | 2006 |
| Vehicle registration number | ALTIS 1.8 | Type of Use | Private use |
| Body type | SJF99488 | Engine capacity (c.c.) | 1598 |
| Seating capacity (excl driver) | SALOON | Engine number | 32Z4763334 |
| Off-Peak car | 4 | Chassis number | MR058ZE106107857 |
| | No | | |

| | |
|----------------------------------|---------------------------------|
| Insured's Estimated Market Value | Not Applicable |
| Limitation to use | As per Certificate of Insurance |
| Finance Loan Company | Nil |

Excess applicable (refer to Policy Wording for other applicable Excesses)

Windscreen Excess: Not Applicable

Drivers details

| | | | |
|-------------|-------------------|---------------|--------------------|
| Driver type | Driver name | Date of birth | Driving experience |
| Main Driver | MARIA P GALARRAGA | 07/02/1978 | 20 year(s) |

Additional clauses & endorsements to your policy

AXA Insurance Pte Ltd (1899103512 V)
25 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



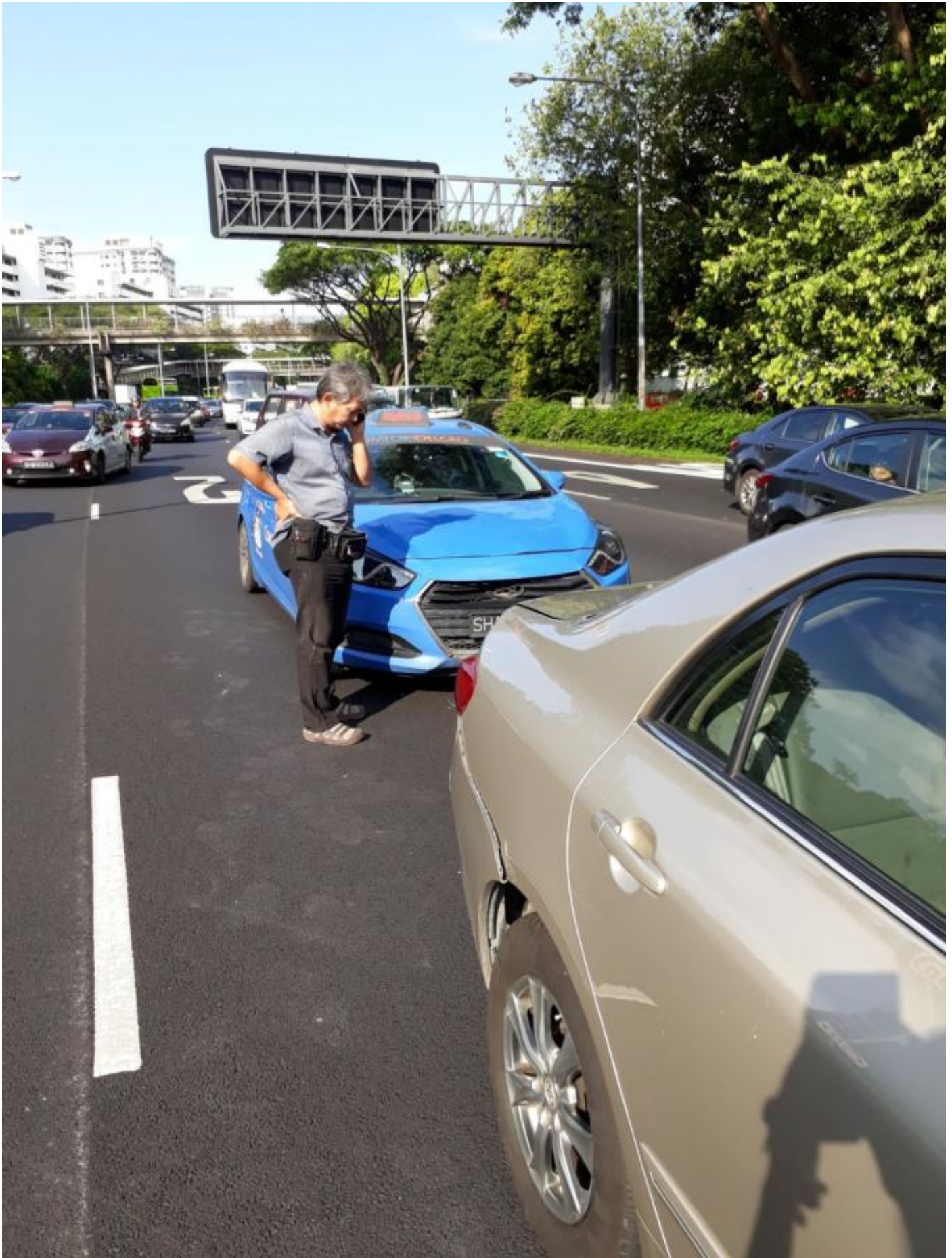
Accident Photo



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